

Auburn Washburn

Unified School District 437



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**BENEFITS
GUIDE
2017—2018**

WELCOME TO YOUR 2017 - 2018 BENEFITS!

We are pleased to have you as an employee and are happy to present you with a summary of your employee benefit plan. Auburn-Washburn USD 437 strives to offer you and your eligible family members a comprehensive and valuable benefits program. All eligible employees must complete enrollment be enrolled in the Auburn-Washburn USD 437 Group Benefit Plan. If you do not wish to be covered, you must decline coverage.

The benefits outlined in this benefit guide are the plans that are effective from October 1, 2017—December 31, 2018.

WHAT'S NEW FOR 2017—2018

Medical/Prescription Drug Coverage—BLUE CROSS BLUE SHIELD OF KANSAS (pages 4—9)

- Blue Cross Blue Shield of Kansas (BCBSKS) will be the medical carrier beginning October 1, 2017
- Deductible credit will be given by BCBSKS for this year only. This means that any deductible that members have paid on the CIGNA plan since January 1, 2017, will be applied to the elected plan with BCBSKS. A new deductible will start over on January 1, 2018.
- The district has decided to align the plan year with the benefit accumulation period of the plan. Therefore, **the next open enrollment period will be for an effective date of January 1, 2019.**

Dental Coverage—DELTA DENTAL (pages 12—13)

- The district has decided to align the plan year and benefit accumulation year to match the medical plan. Therefore, **the next open enrollment period will be for an effective date of January 1, 2019.**
- Beginning October 1, 2017, members will have the dental deductible to meet for basic and major services and will not have to re-satisfy the dental deductible again until January 1, 2019.
- Beginning October 1, 2017, members will have a 15-month period (October 1, 2017—December 31, 2018) that the annual dental benefit of \$1,500, per covered person, applies.

Important information about your Prescription Drug Coverage and Medicare can be found in the Legal Notices of this benefit guide on page 31. Please read the notice carefully and keep it where you can find it. This notice has information about the prescription drug coverage offered by Auburn-Washburn USD 437 through Blue Cross Blue Shield of Kansas and about your options (if applicable) under Medicare's prescription drug coverage.

Disclaimer

The information provided in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter.

WHO IS ELIGIBLE?

Eligibility Requirement	Hour Requirement	Effective date of coverage
12-Month Employees	Regularly scheduled to work four (4) or more hours per day	1st of the month following date of hire
9-Month Employees	Regularly scheduled to work 28.75 or more hour per week	1st of the month following date of hire

The following family members are eligible dependents: Legal Spouse and Dependent Children

HOW TO ENROLL

→ AUGUST NEW HIRES

- New employees hired with an August start date will meet with a representative from American Fidelity to make initial benefit elections, which will be effective September 1, 2017.

→ OPEN ENROLLMENT ELECTIONS

- All benefit eligible employees can access the American Fidelity self-enrollment portal from August 21, 2017—September 8, 2017, at <https://benefits.americanfidelity.com/usd-437-auburn-washburn>
- American Fidelity representatives will be available at scheduled school locations from August 28, 2017—September 8, 2017, to assist employees with benefit questions and enrollment.

→ NEW HIRES THROUGHOUT THE YEAR OR CHANGES DUE TO QUALIFYING LIFE EVENTS

- If enrolling for the first time, or making any changes due to a qualifying event, a form MUST be completed.

Where do I find these forms?

- Newly eligible employees will be provided the forms
- Contact the Business Office you have a qualified change in status

ONCE YOU HAVE MADE YOUR ELECTIONS YOU WILL NOT BE ABLE TO CHANGE THEM UNTIL THE NEXT OPEN ENROLLMENT PERIOD UNLESS YOU HAVE A QUALIFIED CHANGE IN STATUS. THE NEXT OPEN ENROLLMENT PERIOD WILL BE FOR AN EFFECTIVE DATE OF JANUARY 1, 2019.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status, loss of group coverage at another plan's open enrollment, individual becomes ineligible for Medicaid/Medicare/KanCare. You must notify the Business Office of any qualifying event within 30-days of

Enrollment forms are due back to the Business Office within 30-days from date of hire/eligibility or within 30-days if making a change due to a qualified change in status.

The mission of the Auburn-Washburn Employee Wellbeing Program is to encourage, promote, and support wellbeing for every employee, every day. Our vision is to encourage and promote healthy living by providing a caring, supportive environment where healthy behaviors can be modeled, developed, and sustained for staff and students alike. All district employees are eligible to take part in the wellbeing initiatives. Examples of possible initiatives include: wellbeing events, challenges, wellness consultation, exercise prescriptions, lunch-n-learn presentations, CPR training, and weekly “Minding your Wellbeing” health tips.

Wellbeing Programs & Services

Exercise Prescriptions

Through an individual consultation, an exercise program can be designed based on the individuals personal fitness goals. Programs also available for group exercise

Nutritional Consulting

The wellbeing coordinator will meet with the employee and implement a food diary to target problem areas in their diet. Recommendations for improved nutritional habits will be given after the analysis.

Wellness Consulting

Individual consultations through assessment and inquiry, collaborative problem-solving and goal setting to help employees become aware of where they are, where they want to go, and how to accomplish their goals.

Wellbeing Incentive Challenges

Throughout the year, 6 week challenges are implemented and designed to assist participants in living a healthy lifestyle.

American Red Cross CPR/AED/First Aid Certification

Certification class available onsite. Class TBA

National Health Observances

Monthly National Health Observances are celebrated throughout the year with additional incentives attached to promotion.

Health Presentations

Presentations available on all health/wellbeing topics. Designed for the target group and adapted for time allotted. Examples: lunch-n-learns, staff meetings, etc.

Work Station Assessment

The wellbeing coordinator will assess the work station and work with the employee to create an environment designed specifically for her/him.

Wellbeing Fair

Annual Wellbeing Fair with health screenings and local health resources.

District Fitness Options

Throughout the school year, employees have access to a few onsite fitness areas. Individual times can be set up for equipment orientation through the Wellbeing Coordinator. See website for additional information and hours specific to each area.

Indoor Walking Track, WRHS

Fitness Room, WRMS

Fitness Area, SEC warehouse

Integrated Wellbeing Website

District specific wellbeing website with current updates and health tips

<http://usd437employeewellness.weebly.com/>



Wellbeing Dimensions

Physical: The ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress.

Occupational: Preparing and making use of your gifts, skills and talents in order to gain purpose, happiness and enrichment in your life.

Emotional: The ability to understand your own feelings, accept your limitations, achieve emotional stability, and become comfortable with your emotions.

Spiritual: The sense that life is meaningful and has a purpose; to establish peace and harmony in our lives .

Environmental: The capability to live in a clean and safe environment that is not detrimental to health.

Intellectual: The ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction and community betterment.

Social: The ability to relate to and connect with other people in our world.

For more information contact:

Coletta J. Meyer, MCHES
Wellbeing & Benefits Coordinator
Auburn-Washburn USD437
5928 SW 53rd St. Topeka, KS 66610
Office: 785.339.4014
Email: meverco2@usd437.net

Employee Wellbeing Website
<http://usd437employeeewellness.weebly.com/>

*“Encourage, promote, and support wellbeing
for every employee, every day.”*

Auburn-Washburn
Employee Wellbeing

MEDICAL PLANS

The medical benefits are with Blue Cross Blue Shield of Kansas. Blue Choice is the name of the provider network. Using network providers saves you and the plan money! An online directory can be viewed at www.bcbsks.com; you will need to enter the code XSB when prompted for the ID prefix in the provider directory.

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount *Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays		
	Option 1	Option 2
Deductible (Per calendar year benefit period)	\$1,500/\$3,000 individual/two-or-more persons	\$3,500/\$7,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	40% of allowed amounts after deductible has been met	40% of allowed amounts after deductible has been met
Annual Maximum Out-of-Pocket Maximum (includes copays, deductible and coinsurance)	\$4,000/\$8,000 individual/two-or-more persons	\$4,500/\$9,000 individual/two-or-more persons
	After the maximum out-of-pocket amount has been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.	

Doctor's Office Visits		
Home and office visits	\$40 copay per visit (includes eye exams)	Subject to deductible/coinsurance
Urgent Care	\$50 copay per visit	Subject to deductible/coinsurance
Preventive care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings Preventive immunizations Well-women visits/screenings Contraceptive methods (generics)	

Drug Coverage		
	Option 1	Option 2
Prescription Drugs & Mail order The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug.	BlueRx Card Generic \$15 copay retail \$37.50 copay mail order Brand: \$100/\$200 deductible, then 50% coinsurance; Mail order is subject to retail deductible/coinsurance	Subject to deductible, then 50% coinsurance after deductible has been met

Medical Services	
Emergency medical transportation	Subject to deductible/coinsurance
Inpatient surgery physician/surgical	Subject to deductible/coinsurance
Inpatient facility fee	Subject to deductible/coinsurance
Outpatient surgery physician/surgical	Subject to deductible/coinsurance
Outpatient lab and radiology	Subject to deductible/coinsurance
Advanced imaging	Subject to deductible/coinsurance

Option 1		Option 2
Medical Services		
Emergency room	\$250 copay, then subject to deductible/coinsurance	Subject to deductible/coinsurance
Accidental Injury Services	Subject to regular member cost share	Subject to deductible/coinsurance
Recovery/Special Needs		
Outpatient rehabilitation	Subject to deductible/coinsurance	
Hospice	Subject to deductible/coinsurance	
Home health care	Subject to deductible/coinsurance	
Mental Health		
Mental/behavioral health Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance	Subject to deductible/coinsurance
Outpatient Services	\$40 office visit copay	Subject to deductible/coinsurance
Other		
Maximum lifetime benefit	Unlimited	
Eligible dependents	Covered to age 26	

Exclusions:

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services or supplies related to sex transformations; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

Prescription drug exclusions apply. Please refer to the Prescription Drug Program Exclusions section of your contract for a complete list of excluded drugs or call Customer Service toll-free at (800) 432-3990

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.

Summary of Benefits and Coverage (SBC) for each deductible option are available online at **www.usd437.net** → Staff Site → Business Office Section → Employee Benefits

You may request the SBC in paper form, free of charge, upon request. Requests should be directed to: Business Office | 5928 SW 53rd St. | Topeka, KS 66610 | (785) 339-4000

MAINTENANCE DRUGS

If you are taking a prescription that fits one of the therapeutic classes identified below, then that drug is considered to be on the BCBSKS maintenance list. Maintenance drugs may be dispensed in supplies up to a maximum of 100-unit dose quantities, but not to exceed a supply sufficient for 100 consecutive days of therapy. Note: This does not apply to compound drugs.

Antianginal agents
Antiarrhythmic
Anticoagulants
Anticonvulsants
Antidiabetic
Antidiabetic aldose Reductase inhibitors
Antidiabetic alpha-glucosidase inhibitors
Antidiabetic Amino Acid Derivatives
Antidiabetic biguanides
Antidiabetic glucovance
Antidiabetic insulin sensitizing agents
Antidiabetic meglitinide analogues
Antidiabetic other combos
Antidiabetic sulfonylureas/combos
Antihyperlipidemic
Antihypertensive (includes rauwolfias)
Antiparkinson
Antirheumatic
Beta Blockers (not anti-glaucoma -blockers)
Calcium channel blockers
Cardiac Glycosides
Cobalamins
Diuretics
Estrogens and estrogen combinations
Folic Acid
Gout Agents
Hematopoietic Mixtures
Iron/combos
Mineral & electrolytes (including potassium)
Multiple vitamins (Not OTC)
Peripheral Vasodilators
Progestins
Prostatic Hypertrophy Agent
Thyroid
Vitamins
Xanthines

EXCLUDED DRUGS

Non-formulary products in these classes are excluded from coverage and prior authorization will not apply

- Brand Proton-Pump Inhibitors (PPIs)
- Non-Sedating Antihistamines (NSAs)
- Brand Doxycycline and Minocycline
- Brand Statin Drugs
- Brand Nasal Steroid Inhalers
- Brand Topical Antibiotics
- Brand Topical Retinoids
- Brand No-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Short and Intermediate Acting Insulins not manufactured by Novo Nordisk
- Glucose Test Strips not manufactured by Ascensia
- COX – 2 Inhibitors
- Erectile Dysfunction Drugs
- Nutritional Products: Dietary Supplements
- Miscellaneous Products: Avenova, diclofenac 3% gel, Glumetza (brand and generic formulations), Gralise, Horizant, Jublia, Kerydin, Lidocaine 5%, Solaraze, Rayos,

OTHER PHARMACY INFORMATION

- 1) BLOOD GLUCOSE MONITORING SUPPLIES—Ascensia Diabetes Care, formerly known as Bayer Diabetes Care, will be the only preferred glucose monitoring test supplies covered.
- 2) RETAIL PHARMACY NETWORK —The network does not include CVS and CVS affiliated pharmacies, including those located inside Target stores.

PRESCRIPTION DRUG LOOK-UP

1. Go to www.bcbsks.com
2. Scroll over **Prescription Drugs**
3. Click **Find Drugs (Formulary)**
4. Click on **BCBSKS Preferred Medication List**
5. **Enter your medicine or condition name** or download the **Preferred Medication List**
6. On this page you can also find other prescription drug information including the most up-to-date list of excluded drugs, quantity limits lists and non-formulary drugs that require prior authorization.



Enrollment in the medical insurance with Blue Cross Blue Shield of Kansas comes with other advantages to help you lead a healthy lifestyle.

HealthyOptions. makes it easier than ever to live a healthy lifestyle. **HealthyOptions.** has partnered with WebMD and Blue365 to provide members exclusive access to health information and other wellness resources. **Get started at www.bcbsks.com/BeHealthy**

Behavioral Health

Help for Anxiety, Depression and Other Behavioral Health Issues is Just a Few Clicks Away with [free online or phone behavioral health screening](#). Immediately see results assessing your levels of risk for:

- Alcohol abuse
- Depression
- Eating disorder
- Physical Health Issues
- Stress
- Substance Abuse

If your risk level for any of these issues is high, we'll prompt you to contact a clinician who will guide you through your screening results and offer additional support.

Disease Management

The goal is to improve the overall health of our members with chronic health conditions by providing them with education, tools and one-on-one support. We work toward this goal by offering disease management programs focused on:

- Asthma
- COPD
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol

The free disease management programs are designed to help members, ages 21 to 63, who have BCBSKS as their primary carrier.

Healthy Lifestyles

Your body runs 24 hours a day, ever-changing. In addition to the wealth of information available after you log-in to your Blue Access, here are a few local resources for you.

Quit Smoking - Find a smoking cessation class or clinic in your area.

Walking Works - Blue Cross and Blue Shield of Kansas, along with Blue Cross and Blue Shield Association, is promoting the health benefits of walking for individuals, which can in turn, help control health care costs for everyone.

To access our members only services, including exclusive health and wellness resources from WebMD and Blue365, please log in to BlueAccess.

Let your mobile device be your guide for Blue Cross and Blue Shield of Kansas health care provider information.

With the Blue National Doctor and Hospital Finder app you'll be able to quickly find an urgent care center or locate a contracting Blue Cross and Blue Shield provider. This app allows you to perform a nationwide search for a health care provider by specialty and name, either as a member or guest.

Blue National Doctor and Hospital Finder Apps

Let your mobile devices be your guide for Blue Cross and/or Blue Shield participating healthcare provider information.

- Find urgent care.
- Locate physicians, hospitals or other healthcare professionals nationwide.
- Take advantage of GPS navigation search.
- View results on a map, email or SMS text.

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Download the app for iPhone, iPod Touch or iPad*

Available on the App Store

Download the app for Android**

Available on Android Market



For more information go to: bcbs.com/mobile

www.bcbsks.com

Find a doctor, hospital or pharmacy.

If you're looking for a doctor, hospital, pharmacy or other medical professional that contracts with Blue Cross, you've come to the right place. The BCBSKS convenient online Provider Directory can also help you search for a new provider located near you.

Access online electronic contracts.

Access your health plan contract securely online in the BlueAccess® section of the BCBSKS homepage. Simply click on the "contract/certificate" link on the right hand side of the screen once you've entered BlueAccess®.

Discover useful health and wellness information.

Spotlighting HealthyOptions, the BCBSKS's health and wellness program, this section includes an array of information, tools and research sources encouraging members to take charge of their health.

Member BlueAccess®

BCBSKS provides access 24/7 via their online portal. Once you have received your member ID card you can register for your BlueAccess secure account.

Once you login to your BlueAccess® secure account you can:

- Review your detailed health care claims information
- Sign up for e-mails that alert you when claims have been processed and ready to be viewed online
- Get details specific to your coverage, including year-to-date deductible and coinsurance amounts and co-payment information

Healthy Lifestyles

- Your body runs 24 hours a day, ever-changing. In addition to the wealth of information available after you log-in, here are a few local resources for you.
- Toolkits - Review, download and print effective and engaging tools designed to educate parents and children about childhood obesity and diabetes prevention with our Physicians Toolkit on Childhood Obesity.
- Second Opinion is an award-winning, health education television series sponsored by the Blue Cross Blue Shield Association on behalf of several Blue plans. In Kansas, the program airs on KTWU Topeka, KPTS Wichita and SHPTV Bunker Hill. Blue Cross and Blue Shield of Kansas has underwritten the series for the past several years.
- Featuring panels of doctors, other medical professionals and patients, the program focuses on candid discussions of real-life medical issues and treatment options. The series presents health and wellness information in a way that engages and empowers consumers.
- For more information on Second Opinion or to view past episodes, please visit their official website: <http://secondopinion-tv.org>
- **HealthyOptions – A Healthy Life is a Happy Life - *Looking for help to live an active vibrant life? You've come to the right place. Your Wellness Journey Starts Here.*** Living a healthy, happy life starts with having the right tools. BCBSKS understands your well being goals are unique to you. So, no matter where you are on your journey to optimum health, you'll find relevant resources and tools designed to help you make informed healthy choices and live your best life. <https://www.bcbsks.com/BeHealthy/Wellness-Library/>

BCBSKS

Case Management

BCBSKS case management program is designed to assist members in evaluating their current health care needs. A case manager will work with a member and the member's health care team to coordinate services to meet needs in a quality and cost-effective manner. Based on the member's Blue Cross and Blue Shield of Kansas contractual benefits, the case manager also will research resources that promote quality and cost-effectiveness health care.

Situations that may benefit from the case management program could include but are not limited to:

- Complex wound management
- Head injuries and strokes
- High risk pregnancies
- Multiple trauma
- Palliative and end of life care
- Premature/High risk infant
- Progressive neuromuscular diseases
- Severe burns
- Spinal cord injuries
- Transplants
- Ventilator dependency

The BCBSKS case management program emphasizes educating members about their current health status and in collaboration with the member and their health care team, coordinates services to meet the members' complex needs including:

- Assisting members/families with concerns regarding their health care needs and benefit plan
- Provides self management support to members
- Identifying appropriate sites for services
- Facilitating access to contracting providers
- Assisting with discharge planning services
- Assessing available community resources

Participation in the case management program is free and voluntary, and the member may elect to withdraw at any time. Any information gathered during the course of the program will remain strictly confidential.

BCBSKS

Disease Management

BCBSKS disease management programs are designed to help improve quality of life and overall health. Their registered nurses will help by providing one-on-one support, coaching and education via telephone calls to members who have any of these chronic health conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)/chronic bronchitis/emphysema
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol

BCBSKS disease management programs emphasize educating members about their health conditions and working with them to take a more active role in their health care. With the help of a registered nurse, enrolled members will receive education, tools and one-on-one support to help manage the disease.

The BCBSKS free disease management programs are available for members, ages 18 and older, who have BCBSKS as their primary carrier. For more information call 1-800-520-3137 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

12-MONTH EMPLOYEE MEDICAL PREMIUM CONTRIBUTIONS

BCBSKS - \$3,500 HDHP				
Employee Monthly Contribution	Non-Tobacco & Screening Participation	Non-Tobacco Only Participation	Biometric Screening Only Participation	No Wellness Participation
Employee Only	\$0.00	\$20.00	\$20.00	\$40.00
Employee + Spouse	\$515.40	\$535.40	\$535.40	\$555.40
Employee + Child(ren)	\$446.74	\$466.74	\$466.74	\$486.74
Family	\$961.99	\$981.99	\$981.99	\$1,001.99

BCBSKS - \$1,500 HDHP				
Employee Monthly Contribution	Non-Tobacco & Screening Participation	Non-Tobacco Only Participation	Biometric Screening Only Participation	No Wellness Participation
Employee Only	\$136.88	\$156.88	\$156.88	\$176.88
Employee + Spouse	\$808.82	\$828.82	\$828.82	\$848.82
Employee + Child(ren)	\$719.62	\$739.62	\$739.62	\$759.62
Family	\$1,391.55	\$1,411.55	\$1,411.55	\$1,431.55

Auburn-Washburn USD 437 will continue to offer an incentive to a participant in the medical plan as a continued effort to encourage healthy habits. The district will contribute \$409.96 to the monthly premium for the medical plan. As an eligible employee, you have the opportunity to reduce your monthly medical premiums by \$40.

- Eligible employees will receive \$20 towards medical premiums if he/she is a non-tobacco user or participates in an approved Tobacco Cessation Program. Employees will be required to complete the Non-Tobacco Affidavit during enrollment. If, at the time of enrollment, an employee is not currently a non-tobacco user and has not yet started a Tobacco Cessation Program, but starts to participate in a Tobacco Cessation Program by December 1, 2018, that employee would be eligible for the \$20 premium reduction. Employees in this situation should contact the Wellbeing & Benefits Coordinator—Coletta Meyer—to provide proof of participation.
- Employees can receive an additional \$20 towards medical premiums if he/she completes a biometric screening—either at the on-site wellness screening day or providing proof from your own healthcare provider that the screening has been completed.

All eligible employees will receive the full \$40 (\$53.34 for 9-month employees) wellness premium incentive, automatically, until January 1, 2018. If an employee chooses to not participate in one, both, or either of the wellness activities by December 1, 2017, then the employee will no longer receive the premium incentive beginning January 1, 2018.

9-MONTH EMPLOYEE MEDICAL PREMIUM CONTRIBUTIONS

BCBSKS - \$3,500 HDHP				
Monthly Contribution	Non-Tobacco & Screening Discounts	Non-Tobacco Only Discount	Biometric Screening Only Discount	No Wellness Participation
Employee Only	\$0.00	\$26.67	\$26.67	\$53.34
Employee + Spouse	\$687.20	\$713.87	\$713.87	\$740.54
Employee + Child(ren)	\$595.65	\$622.32	\$622.32	\$648.99
Family	\$1,282.65	\$1,309.32	\$1,309.32	\$1,335.99

BCBSKS - \$1,500 HDHP				
Monthly Contribution	Non-Tobacco & Screening Discounts	Non-Tobacco Only Discount	Biometric Screening Only Discount	No Wellness Participation
Employee Only	\$182.51	\$209.18	\$209.18	\$235.85
Employee + Spouse	\$1,078.43	\$1,105.10	\$1,105.10	\$1,131.77
Employee + Child(ren)	\$959.49	\$986.16	\$986.16	\$1,012.83
Family	\$1,855.40	\$1,882.07	\$1,882.07	\$1,908.74

9-Month employees are eligible to receive the wellness activity premium incentives as outlined on page 10. As an eligible employee, you have the opportunity to reduce your monthly medical premiums by \$53.34 (\$26.67 per wellness activity). For 9-month employees: If benefits become effective after October 1st, then your wellness premium(s) will be pro-rated based on your coverage effective date.

Auburn-Washburn USD 437 offers dental coverage through Delta Dental of Kansas to you and your eligible dependents.

Plan Feature	Member Responsibility
Benefit Accumulation Period: October 1, 2017—December 31, 2018	
<u>DIAGNOSTIC</u> Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <u>Oral evaluations</u> —once (1) each six (6) months <u>Bitewing x-rays</u> —bitewings once (1) each six (6) months for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over <u>Full mouth x-rays or panoramic x-rays</u> —once each five (5) years	You pay 0%
<u>PREVENTIVE</u> Provides for the following: <u>Prophylaxis</u> (Cleanings) - once (1) each six (6) months <u>Topical Fluoride</u> —once (1) each six (6) months for dependent children under age nineteen (19) <u>Space Maintainers</u> —for dependent children under age fourteen (14) and only for premature loss of primary molars <u>Sealants</u> —once per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.	You pay 0%
Deductible Limitations (<i>applies to basic and major services only</i>)	Individual \$25 Family \$75
<u>BASIC SERVICES (subject to deductible)</u> <u>Ancillary</u> —Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain <u>Oral Surgery</u> —Provides for extractions and other oral surgery including pre and post-operative care <u>Regular Restorative Dentistry</u> —Provides amalgam (silver) restorations, composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12) <u>Endodontics</u> —Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth <u>Periodontics</u> —Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis; surgical periodontal procedures	You pay 50%
<u>MAJOR SERVICES (subject to deductible)</u> <u>Special Restorative Dentistry</u> —When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns <u>Prosthodontics</u> —Includes bridges, partial and complete dentures, including repairs and adjustments	You pay 50%
Dependents covered to	To age 26
Annual Maximum for each covered person	\$1,500

Limitations apply - see certificate for plan specifics



You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. Since nearly 4 out of 5 dentists nationwide contract with Delta Dental, the chances are excellent your dentist is already a member.

If you have any questions about whether your dentist participates with Delta Dental, contact Customer Service at **(316) 264-4511** or toll-free at **(800) 234-3375**.

You may also locate a dentist using the 'Locate a Dentist' link at www.deltadentalks.com

From Delta Dental's website www.deltadentalks.com you can:

- Locate a participating Delta Dental Premier/PPO dentist anywhere in the United States
- Check your eligibility and plan information
- Print an ID card
- Check claim status
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness

To Locate a Dentist

1. Go to www.deltadentalks.com
2. Click on 'Subscribers' across the top of the page
3. Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
4. #1 - Product Selection, click on '**Delta Dental Premier**' or '**Delta Dental PPO**'
5. #2 - Your Location, type in either your city and state OR your zip code
6. You may also sort the number of results, enter your dentist's name or choose by specialty
7. Click on 'Search for a Dentist'

It's easy to make the most of your dental benefits wherever you are. Delta Dental's mobile app gives you access to dentist search, claims and coverage and your ID card right on your mobile device. There's even a toothbrush timer built in to ensure a daily oral health routine!

Getting Started

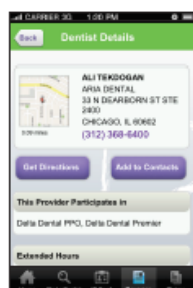
Delta Dental's mobile app is available for mobile devices using iOS (Apple) or Android. To download and install the app on your device, visit the App store (Apple) or Google Play (Android) and search for Delta Dental.

Using the App

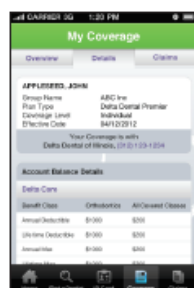
Delta Dental of Kansas subscribers can log in using the username and password you use to log in to the website. Launch the app on your device, then click the Login button. Enter your username and password, and click Login.

App Features

Find a dentist



Check benefits & claims



Mobile ID card



Toothbrush timer



Dental Premium Contributions

Employee Monthly Contribution	12-Month Employee	9-Month Employee
Employee Only	\$31.33	\$41.83
Employee + Spouse	\$61.54	\$82.05
Employee + Child(ren)	\$59.19	\$78.92
Family	\$100.43	\$133.90

VISION PLAN

Auburn-Washburn USD 437 offers vision coverage through Vision Care Direct to you and your eligible dependents.

Our vision plans focus on providing the highest quality eye exam while allowing employees the freedom to choose.

Vision Plans & Allowance Frequency	Exam	Materials - Lenses	Materials - Frames
Exam Only	Every 12 months	N/A	N/A
Gold Materials Only 130 PK	N/A	Every 12 months	Every 12 months
Gold Complete 130 PK	Every 12 months	Every 12 months	Every 12 months

Vision Allowance Options from Participating In-Network Providers* (After fees at time of service/up to plan limits) Allowances are significantly higher by using the Vision Care Direct network providers. Open Access Vision Allowances are available (see Allowance Summary on Page 2).	
Provider Network	Vision Care Direct
Exam	Member pays \$15 exam fee at time of service.
Comprehensive Exam	Included
Flexible Exam Option	In lieu of a Vision Care Direct Exam (see Allowance Summary on Page 2)
Eyewear	Member pays \$15 materials fee at time of service plus excesses above allowances and add-ons.
Frame	\$130 allowance
Standard Single Vision Lens	Included
Standard Bifocal Lens	Included
Standard Trifocal Lens	Included
Progressive Lens	Allowance equal to retail price of standard trifocal
Polycarbonate for Kids	Included after \$25 PK fee for dependent children up to age 18
Contact Lenses	In lieu of glasses. Professional fees may be extra. Materials fee does not apply for contact lenses.
Elective	\$130 allowance
Medically Necessary**	\$250 allowance

*For a complete listing of allowances, exclusions and limitations, please reference the Allowance Summary.

** Medically necessary contacts require prior authorization from your Doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary.

Locate a VCD provider in your area at www.VisionCareDirect.com.

Open Access is available at a significantly reduced reimbursement amount.



Allowance Summary

Description of Allowances dependent on selection at time of enrollment.

EXAM (Not applicable on Materials Only plans)

Description of Allowance	Plan Includes	Member Responsibility	Open Access Maximum
Comprehensive eye-health vision examination includes refraction, and dilation if indicated.	100% after exam fee	\$15	Up to \$50

Flexible Exam Option

	Open Access Maximum
In the event that a member has an eye exam included with another plan, Vision Care Direct allows the exam reimbursement to be used for other services or materials in lieu of a Vision Care Direct eye exam. An explanation will be provided to you by your provider at time of service in regards to the amount and how it was applied to your additional services or materials.	No open access option

MATERIALS (Not applicable on Exam Only plan)

Description of Allowance	Plan Includes	Member Responsibility	Open Access Maximum
Spectacle Lens	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular	\$15	Up to maximum listed: Single: \$50 Bifocal: \$75 Trifocal: \$100 Lenticular: \$100 Progressive: \$100
Progressive lens allowance	Up to retail price of standard trifocal lens regardless of Rx	Overage	No open access option
Cosmetic upgrades and add-ons	Not included	Usual and customary fee	No open access option
Polycarbonate for Kids			
Polycarbonate lenses for dependent children up to age 18	100% for dependent children up to age 18	\$25	No open access option
Contact Lens			
In lieu of frames and spectacle lens (including multi-focal contacts). Allowance does not apply to fitting fees.	Elective: selected allowance Medically necessary: \$250	Professional fitting fees and overage above allowance Materials fee does not apply	Up to \$80 for elective or medically necessary
Frame Allowance	Any frame from provider's inventory	Overage above allowance	Up to \$60

GENERAL LIMITATIONS AND EXCLUSIONS

This vision plan is designed for routine eye care and materials expense incurred while the membership is in force. Plan allowances cannot be combined with any other discounts, promotional offers or other advertised specials including, but not limited to, discounts, coupons, or two-for-one materials specials offered by the providers at their individual offices. Members must choose between using their Vision Care Direct allowances or the provider's special offers. Unused allowances do not roll over into next allowance period. We do not provide allowances for the following:

- Services and materials not included on Allowance Summary including cosmetic items and add-ons
- Orthoptics or vision training and any associated supplemental testing
- Subnormal vision aids, non-prescription or aniseikonic lenses
- Contact lenses for cosmetic enhancement such as changing eye color except as included in the Allowance Summary
- Oversized 61 and above lens or lenses
- Experimental or non-conventional treatment or device
- Medical or surgical treatment of the eyes
- Any injury or illness covered by Workers Compensation or similar law
- Two pairs of glasses in lieu of bifocals, trifocals, or progressives
- Care for services or materials received while traveling in a foreign country without a detailed receipt in English
- Charges incurred after membership ends

Vision Premium Contributions

Employee Monthly Contribution	Exam Only Plan	Gold Material Only 130 PK Plan	Gold Complete 130 PK
Employee Only	\$4.60	\$11.88	\$16.48
Employee + 1	\$7.36	\$19.02	\$26.38
Employee + Child(ren)	\$8.50	\$21.94	\$30.42
Family	\$14.44	\$37.32	\$51.76

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts

You can continue to save money on taxes when you participate in Flexible Spending Accounts (FSAs). These accounts allow you to set aside money from your paycheck, pre tax, to use for both qualified medical expenses and dependent care expenses. You elect the amount you wish to put aside prior to your employer's plan year. That amount cannot be changed unless an allowable election change event occurs. When utilizing the FSA properly, you can save hundreds of dollars in tax each year.

Health Care FSA

A Health Flexible Spending Account (Health FSA) may be used to pay for common medical expenses throughout the year. You determine how much money you may spend on eligible medical expenses and then set that amount aside pre-tax in a Health FSA. Throughout the year, when you purchase those items, you may reimburse yourself from the account.

Examples of typical health care FSA expenses are:

- Prescriptions
- Co-payments and deductibles
- Orthodontia
- Vision care
- Hearing services, including hearing aids and batteries

Carryover Provision - You are able to carry over up to \$500 of unused contributions from one plan year to the next, which may be used to reimburse eligible medical expenses incurred anytime during the next plan year.

Limited Purpose Health Flexible Spending Account

An option for Health Savings Account (HSA) participants is a Limited Purpose Health FSA (LPHFSA). A LPHFSA may reimburse out-of-pocket vision and dental expenses while core medical expenses, including vision and dental expenses, would be reimbursed from your HSA. If your employer participates in an HSA program, see if a LPHFSA is available to you.

Annual Maximum Contribution:
\$2,600

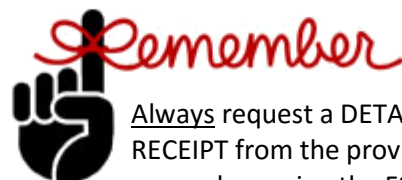
Dependent Care FSA

(Dependent Day Care FSA) is used to reimburse yourself, with tax-free funds, for eligible dependent care expenses incurred while you are working. Your contribution is withheld from your paycheck before tax, which in turn reduces your overall tax. Examples include:

- Day care and nursery schools
- After-school programs (children under age 13)
- Pre-school programs
- Elder Care Services
- Before and after-school programs

Annual Maximum Contribution
\$5,000*

**\$2,500 if married and filing separately*



Always request a DETAILED RECEIPT from the provider, even when using the FSA Debit Card. The IRS requires you keep them for your tax records, and you will also need them if your FSA vendor requests substantiation that an expense is a qualified FSA expenditure.

How to get Reimbursed

When it's time to make a purchase for an eligible expense, you can either pay out of pocket or use your Health FSA Card. Paying out of pocket allows you to choose your form of payment. Upon making your purchase, you'll submit a claim, along with documentation of the expense to receive reimbursement.

If you choose to use your Health FSA Card, payment will come directly from your account, and you will not be out of pocket at the time of purchase. However, you will still need to submit documentation to show proof of purchase of an eligible expense.

By enrolling in direct deposit, you can ensure a quicker reimbursement! You may sign up for direct deposit through your online or mobile account, or by completing a paper request form available on americanfidelity.com.

See your American Fidelity Representative today to learn more!

Health Savings Account

A health savings account (HSA) is a plan designed to help you manage the rising costs of health care by allowing you to set aside money to pay for out-of-pocket medical expenses and to save for retirement. You can think of it as a personal savings account for medical expenses – unused funds will earn interest until they are withdrawn at retirement. You set aside money on a **pre-tax basis** – this means as long as you use the money for qualified expenses, you won't pay income taxes on it.

2017 HSA CONTRIBUTIONS	Individual	Family
Annual Maximum Contribution Limits	\$3,350	\$6,750
Employee Catch-up Contributions (over age 55)	\$1,000	\$1,000

You are eligible to participate in a HSA if you:

- Have coverage under a **QUALIFYING HIGH DEDUCTIBLE HEALTH PLAN (QHDP)**
- Are **NOT** enrolled in Medicare
- Are **NOT** eligible to be claimed as a dependent on someone's tax return
- Are **NOT** covered by any other non-qualifying health plan
- Have **NOT** received VA benefits in the last 3-months
- Are **NOT** participating in a healthcare FSA account through Auburn-Washburn USD 437 or covered under any other FSA account (i.e. spouse's FSA).

You must enroll in Option 2 medical plan in order to take advantage of a Health Savings Account (HSA). An HSA may not be used if you enroll in Option 1. Additionally, you may not use both a HSA and FSA Healthcare accounts.

General Information about HSAs

- HSAs roll over from year-to-year. There is no use-it-or lose it.
- Your contributions to an HSA are non-taxable.
- The HSA belongs to the accountholder. If employment is terminated, the account funds may be rolled over to another employer's plan. The employee may also set up an individual account.
- Disbursements for qualified medical expenses are non-taxable.
- You should always keep receipts for any medical expenses. You may need receipts for tax purposes or to show that funds from your HSA were used to pay for qualified medical expenses.
- Funds in the employee's account grow tax-deferred until age 65. There is no dollar limit on the amount that may accumulate in an HSA.
- For funds spent on non-qualified items, the employee is subject to regular tax plus a 20% penalty before age 65. After age 65, taxes must be paid but the 20% penalty no longer applies.

Silver Lake Bank is pleased to offer Health Savings Accounts. Health Savings Account pre-tax contributions will be deducted from a participant's paycheck and routed to the participant's HSA account.

Opening the Account

Stop in at any Silver Lake Bank location to open your HSA. Silver Lake Bank will collect from you the information required to complete the HSA Application and Agreement. This information includes owner information, contribution details and your beneficiary designation.

Main Bank, Topeka
Jayhawk Plaza
201 NW Hwy 24
Topeka, KS 66608

Topeka
Gage Bank
2011 SW Gage Blvd.
Topeka, KS 66604

Silver Lake
Silver Lake Bank
209 Railroad St.
Silver Lake, KS 66539

Silver Lake Bank offers a variety of account options, including HSA Checking, HSA Money Market Investment Account and HSA Certificate of Deposit Accounts. A monthly service charge may apply and will depend on your monthly average collected balance.

ACCIDENT ONLY INSURANCE

Whether you're a weekend warrior with an active lifestyle or just a busy family, accidents can happen to you anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference. You cannot plan for when an accident will happen, but you can start preparing for an unexpected medical expense! American Fidelity Assurance Company's Limited Benefit Accident Only Insurance Plan provides coverage for you and your family to help with those unforeseen accident expenses. Start providing financial protection today for you and your family if an accident suddenly occurs.

WELLNESS BENEFIT		Basic	Enhanced	Enhanced Plus
WELLNESS				
Annual Routine Physical Exam <i>Requires a 12-month waiting period before use and one exam per policy per calendar year</i>		\$50	\$75	\$75
ACCIDENT BENEFIT		Basic	Enhanced	Enhanced Plus
EMERGENCY ACCIDENT TREATMENT				
Emergency Accident Treatment		\$150	\$200	\$250
Emergency Accident Follow-up Treatment <i>(up to four treatments)</i>		\$50	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT				
Non-Emergency Accident Initial Treatment		\$75	\$100	\$125
Non-Emergency Follow-up Treatment <i>(up to two treatments)</i>		\$50	\$50	\$50
MEDICAL IMAGING				
MRI, CT, CAT, PET, US		\$200	\$200	\$200
X-Rays		\$50	\$100	\$150
HOSPITAL CONFINEMENT				
Hospital Admission		\$500	\$1,000	\$1,500
Intensive Care Unit <i>(up to 15 days)</i>		\$300	\$600	\$900
Hospital Confinement <i>(up to 365 days)</i>		\$100	\$200	\$300
AMBULANCE				
Ground		\$300	\$300	\$300
Air		\$1,500	\$1,500	\$1,500
TREATMENT				
Outpatient Hospital or Ambulatory Surgical Center		\$150	\$250	\$350
Anesthesia		\$150	\$200	\$250
TRANSPORTATION BENEFITS				
Transportation <i>Patient only, per round trip for up to 3 round trips per calendar year</i>		\$300	\$300	\$300
Family Member Lodging and Meals <i>Per day per accident; up to 30 days per confinement</i>		\$100	\$100	\$100
ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT				
ACCIDENTAL DEATH & DISMEMBERMENT				
BASIC	PRIMARY	SPOUSE	CHILD	
Common Carrier	\$50,000	\$50,000	\$25,000	
Other Accident	\$15,000	\$15,000	\$7,500	
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500	
ENHANCED	PRIMARY	SPOUSE	CHILD	
Common Carrier	\$100,000	\$100,000	\$50,000	
Other Accident	\$30,000	\$30,000	\$15,000	
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000	
ENHANCED PLUS	PRIMARY	SPOUSE	CHILD	
Common Carrier	\$200,000	\$200,000	\$100,000	
Other Accident	\$60,000	\$60,000	\$30,000	
Dismemberment	\$2,000 to \$60,000	\$2,000 to \$60,000	\$1,000 to \$30,000	

Benefit amounts for the following benefits are the same for Basic, Enhanced, and Enhanced Plus Plans for all Persons: Primary, Spouse, and Child(ren).

Basic / Enhanced / Enhanced Plus	
INJURY TREATMENT	
Fractures Benefit <i>Depending on open or closed reduction, bone involved, or chip fracture</i>	\$25 to \$3,000
Lacerations Benefit <i>Not requiring sutures</i>	\$25
<i>Sutured lacerations up to two inches</i>	\$100
<i>Sutured lacerations totaling two to six inches</i>	\$200
<i>Sutured lacerations totaling over six inches</i>	\$400
Appliances Benefit <i>Crutches, leg braces, etc.</i>	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit <i>Injury with surgical repair, for one or both eyes</i>	\$250
<i>Removal of foreign body by a physician, for one or both eyes</i>	\$50
Dislocations Benefit <i>Depending on open or closed reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.</i>	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns <i>Skin grafts are 25% of benefit</i>	\$100 to \$10,000
Internal Injuries Benefit <i>Resulting in open abdominal or thoracic surgery</i>	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments, and Rotator Cuff Benefit <i>One tendon, ligament, or rotator cuff</i>	\$500
<i>More than one tendon, ligament, or rotator cuff</i>	\$750
Blood, Plasma, and Platelets	\$250
Exploratory Surgery without Surgical Repair	\$250
Physical Therapy <i>Per treatment up to eight treatments</i>	\$25
Prosthesis	\$500
Emergency Dental Work <i>Broken teeth repaired with crown</i>	\$150
<i>Extraction of broken teeth (regardless of number)</i>	\$50

*Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider. **The premium and amount of benefits provided vary based upon the plan selected.

MONTHLY PREMIUMS	Basic	Enhanced	Enhanced Plus
Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

*The premium and amount of benefits provided vary based upon the plan selected.

The insured, age 18 through 64, at age of policy issue.
Spouse, age 18 through 64, at age of policy issue.

CANCER INSURANCE

A cancer diagnosis may be both a physical and emotional drain. Thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment. The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance may offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by other medical insurance.

	Basic	Enhanced	Enhanced Plus
SCREENING BENEFITS			
Diagnostic and Prevention Benefit <i>(one per calendar year)</i>	\$60	\$75	\$90
Cancer Screening Follow-Up Benefit <i>(one per calendar year)</i>	\$60	\$75	\$90
TREATMENT BENEFITS			
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per 12-month period) (Actual Charges)</i>	up to \$15,000	up to \$20,000	up to \$25,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$200	\$300	\$400
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$75	\$100	\$125
Blood, Plasma, and Platelets Benefit <i>(per day)</i> <i>(per calendar year max)</i>	\$150 \$7,500	\$200 \$10,000	\$250 \$12,500
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$1,000 \$3,000	\$1,500 \$4,500	\$2,000 \$6,000
HOSPITALIZATION BENEFITS			
Hospital Confinement Benefit*** <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$200 \$400	\$300 \$600	\$400 \$800
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$100 monthly max for Basic; \$150 for Enhanced; \$200 for Enhanced Plus)</i>	\$200 \$50	\$300 \$50	\$400 \$50
Attending Physician <i>(per day while Hospital Confined)</i>	\$40	\$50	\$60
U.S. Government/Charity Hospital or HMO <i>(per day in lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300	\$400 \$400
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS			
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80	Coach fare or \$.50/mile by car \$100
SURGICAL TREATMENT BENEFITS			
Surgical Benefit <i>(per surgical unit - \$3,000 max for Basic; \$4,000 max for Enhanced; \$5,000 max for Enhanced Plus per operation)</i>	\$30	\$40	\$50
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Cancer Benefit <i>(per day)</i>	\$400	\$600	\$800
Second & Third Surgical Opinion Benefit <i>(per diagnosis)</i> <i>(Additional \$300 for 3rd)</i>	\$300	\$300	\$300

	Basic	Enhanced	Enhanced Plus
CONTINUING CARE BENEFITS			
Prosthesis Benefit			
Non-Surgical (per device - 1 per site, lifetime max of 3)	\$150	\$200	\$250
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,500	\$2,000	\$2,500
Hair Prosthesis (once per life)	\$150	\$200	\$250
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100	\$125
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25
Hospice Care Benefit (per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced; \$22,500 lifetime max for Enhanced Plus)	\$75	\$100	\$125
Home Health Care Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100	\$125
Medical Equipment Benefit (per calendar year per Covered Person)	\$100	\$150	\$200

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit (per unit - maximum \$10,000)	\$2,500
Heart Attack/Stroke Benefit (per unit - maximum \$10,000)	\$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

⁺The premium and amount of benefits provided vary based upon the plan selected.

⁺⁺Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit (per day up to 30 days)	\$600
Ambulance Benefit (per admission in an ICU)	\$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays \$100 per admission for ambulance charges, or age 70 or older, \$50 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**

Base Plan Monthly Premiums*

	BASIC PLAN			ENHANCED PLAN			ENHANCED PLUS PLAN		
	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family
18-40	16.30	24.40	31.80	21.00	31.40	40.80	25.80	38.50	50.10
41-50	23.60	35.20	45.70	30.80	45.80	59.50	38.10	56.80	73.80
51-60	32.60	48.70	63.30	42.40	63.30	82.30	52.70	78.60	102.20
61+	44.20	65.90	85.80	57.30	85.60	111.30	71.00	106.00	137.90

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

	CANCER ONLY											
	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

	HEART ATTACK/STROKE ONLY											
	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

Hospital Intensive Care Unit Rider Monthly Premiums

	ICU RIDER		
	Individual	One Parent Family	Two Parent Family
18-40	3.40	5.10	6.60
41-50	4.20	6.30	8.20
51-60	5.50	8.20	10.70
61+	7.10	10.60	13.80

*The premium and amount of benefits provided vary based upon the plan selected.

Surviving a critical illness, such as a heart attack or stroke, may come at a high price. Although many medical plans provide coverage for costs arising from a critical illness, there are still various out-of-pocket expenses that can affect anyone's finances. Copayments, transportation, everyday expenditures, and lost income can add up quickly.

Group Limited Benefit Critical Illness Insurance from American Fidelity Assurance Company can assist with the expenses that may not be covered by traditional medical insurance. The plan is designed to pay a lump sum benefit amount to help cover expenses if you are diagnosed with a covered critical illness.

How It Helps

- **Various Coverage Options**
Choose the coverage amount that best suits your needs – a lump sum benefit of \$10,000, \$20,000, or \$30,000.
- **Benefit Payments Made Directly to You**
Your benefit payments may be deposited directly into your bank account, to be used for any expense you wish.
- **Health Screening Benefit**
Receive a benefit for your covered health screening test. This benefit features eight qualified tests, including a stress test, echo cardiogram, electrocardiogram(EKG), blood glucose testing, and more.

WELLNESS SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to,

- Electrocardiogram (EKG) • Stress Test
- Blood Glucose Testing • Echocardiogram

HEALTH SCREENING BENEFIT

(per calendar year per Covered Employee and Covered Spouse)

\$50

Knowing everyone's financial situation is different, American Fidelity offers multiple lump sum benefit amounts. Depending on the plan selected by your employer, the following Benefit Amounts may be available. The Employee Benefit Amounts can range from \$10,000, \$20,000 or \$30,000. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount; and for your eligible child(ren) the benefit amount will be 25% of the Employee Benefit Amount.

Critical Illness Benefits

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	—
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a Covered Accident) Pays full lump sum benefit amount.	100%	—
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	—

Pre-Existing Condition Limitation

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Occurrence Date occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Condition means a disease, Accident, Sickness, physical condition or mental illness for which a Covered Person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accident, Sickness, physical condition or mental illness.

Exclusions apply. Visit with your American Fidelity Representative today to learn more!

Short-term Disability Income Insurance

Plan Highlights

- Benefits are paid directly to you, not to a doctor or your employer.
- Benefits are payable year-round.
- Convenient payroll deduction.
- Benefit payments may be directly deposited into your bank account.
- Benefits are paid due to a covered Injury or Sickness.
- Optional Riders available including: Critical Illness Rider, Accident Only Spousal Rider and Hospital Indemnity Rider



Voluntary Short-term Disability Income Insurance

Plan Features	Plan 1	Plan 2	Option 3
Benefits Begin	1st day injury 8th day sickness	15th day injury 15th day sickness	31st day injury 31st day sickness
Benefits Payable	Up to 180 days	Up to 180 days	Up to 150 days

Important Benefits Include:

Hospital Confinement Benefit

The Hospital Confinement Benefit will be paid each day you are confined as a patient in a hospital due to an Injury or Sickness, for up to 60-days. The amount payable is two (2) times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The hospital confinement must be at least 18 continuous hours in duration. This benefit will begin on your first day of Hospital Confinement.

Hospital Confinement Benefit

Plan 1—Injury: \$100 per injury/Sickness: \$50

Plan 2—Injury: \$100 per injury/Sickness: \$50

Plan 3—Injury: \$300 per injury/Sickness: \$50

If you need personal treatment by a Physician due to an Injury or Sickness, this policy will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to sickness, you must have returned to active employment for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the injury benefit.

Donor Benefit

If you are disabled as a result of being an organ or tissue donor, the policy will pay your benefit as any other sickness under the terms of the plan.

Accidental Death Benefit

A lump sum of ten (10) times the monthly disability benefit (Plan 1 and 2); \$50,000 (Plan 3) amount will be paid if you die as the result of an injury and death occurs within 90-days after the injury. The benefit will be increased 1% for each full month that your Certificate was continuously in force just prior to death. The total increase shall not be more than 60% of the benefit amount.

Pre-existing Condition Limitation

No disability benefit will be payable if disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12-months. This provision will not apply if you have:

- Gone treatment-free;
- Incurred no expenses;
- Taken no medication; and
- Received no diagnosis or advice from a Physician,

for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-existing Condition that begins after you have been continuously covered under the Policy for 12-months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by American Fidelity.

Exclusions apply. See your American Fidelity Representative to learn more.

SHORT-TERM DISABILITY INCOME INSURANCE

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outline below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

Annual Salary	Monthly Disability Benefit	Hospital Confinement Benefit	MONTHLY PREMIUMS		
			Plan 1	Plan 2	Plan 3
\$3,429.00 - \$5,142.99	\$200	\$400	\$5.40	\$4.76	\$2.40
\$5,143.00 - \$6,857.99	\$300	\$600	\$8.10	\$7.14	\$3.60
\$6,858.00 - \$8,571.99	\$400	\$800	\$10.80	\$9.52	\$4.80
\$8,572.00 - \$10,285.99	\$500	\$1,000	\$13.50	\$11.90	\$6.00
\$10,286.00 - \$11,999.99	\$600	\$1,200	\$16.20	\$14.28	\$7.20
\$12,000.00 - \$13,714.99	\$700	\$1,400	\$18.90	\$16.66	\$8.40
\$13,715.00 - \$15,428.99	\$800	\$1,600	\$21.60	\$19.04	\$9.60
\$15,429.00 - \$17,142.99	\$900	\$1,800	\$24.30	\$21.42	\$10.80
\$17,143.00 - \$18,857.99	\$1,000	\$2,000	\$27.00	\$23.80	\$12.00
\$18,858.00 - \$20,571.99	\$1,100	\$2,200	\$29.70	\$26.18	\$13.20
\$20,572.00 - \$22,285.99	\$1,200	\$2,400	\$32.40	\$28.56	\$14.40
\$22,286.00 - \$23,999.99	\$1,300	\$2,600	\$35.10	\$30.94	\$15.60
\$24,000.00 - \$25,714.99	\$1,400	\$2,800	\$37.80	\$33.32	\$16.80
\$25,715.00 - \$27,428.99	\$1,500	\$3,000	\$40.50	\$35.70	\$18.00
\$27,429.00 - \$29,142.99	\$1,600	\$3,200	\$43.20	\$38.08	\$19.20
\$29,143.00 - \$30,857.99	\$1,700	\$3,400	\$45.90	\$40.46	\$20.40
\$30,858.00 - \$32,571.99	\$1,800	\$3,600	\$48.60	\$42.84	\$21.60
\$32,572.00 - \$34,285.99	\$1,900	\$3,800	\$51.30	\$45.22	\$22.80
\$34,286.00 - \$35,999.99	\$2,000	\$4,000	\$54.00	\$47.60	\$24.00
\$36,000.00 - \$37,714.99	\$2,100	\$4,200	\$56.70	\$49.98	\$25.20
\$37,715.00 - \$39,428.99	\$2,200	\$4,400	\$59.40	\$52.36	\$26.40
\$39,429.00 - \$41,142.99	\$2,300	\$4,600	\$62.10	\$54.74	\$27.60
\$41,143.00 - \$42,857.99	\$2,400	\$4,800	\$64.80	\$57.12	\$28.80
\$42,858.00 - \$44,571.99	\$2,500	\$5,000	\$67.50	\$59.50	\$30.00
\$44,572.00 - \$46,285.99	\$2,600	\$5,200	\$70.20	\$61.88	\$31.20
\$46,286.00 - \$47,999.99	\$2,700	\$5,400	\$72.90	\$64.26	\$32.40
\$48,000.00 - \$49,714.99	\$2,800	\$5,600	\$75.60	\$66.64	\$33.60
\$49,715.00 - \$51,428.99	\$2,900	\$5,800	\$78.30	\$69.02	\$34.80
\$51,429.00 - \$53,142.99	\$3,000	\$6,000	\$81.00	\$71.40	\$36.00
\$53,143.00 - \$54,857.99	\$3,100	\$6,200	\$83.70	\$73.78	\$37.20
\$54,858.00 - \$56,571.99	\$3,200	\$6,400	\$86.40	\$76.16	\$38.40
\$56,572.00 - \$58,285.99	\$3,300	\$6,600	\$89.10	\$78.54	\$39.60
\$58,286.00 - \$59,999.99	\$3,400	\$6,800	\$91.80	\$80.92	\$40.80
\$60,000.00 - \$61,714.99	\$3,500	\$7,000	\$94.50	\$83.30	\$42.00
\$61,715.00 - \$63,428.99	\$3,600	\$7,200	\$97.20	\$85.68	\$43.20
\$63,429.00 - \$65,142.99	\$3,700	\$7,400	\$99.90	\$88.06	\$44.40
\$65,143.00 - \$66,857.99	\$3,800	\$7,600	\$102.60	\$90.44	\$45.60
\$66,858.00 - \$68,571.97	\$3,900	\$7,800	\$105.30	\$92.82	\$46.80
\$68,572.00 - \$70,285.99	\$4,000	\$8,000	\$108.00	\$95.20	\$48.00
\$70,286.00 - \$71,999.99	\$4,100	\$8,200	\$110.70	\$97.58	\$49.20

Benefits available for monthly compensation over \$71,999.99.

See your American Fidelity Representative today to learn more!

Optional Riders with the election of Short-term Disability Income Insurance

Critical Illness Rider

American Fidelity will pay a one-time lump sum benefit amount based on diagnosis of the following conditions:

- Heart Attack (physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms)
- Stroke
- Kidney Failure
- Paralysis
- Major Organ Transplant

Critical Illness Rider	
Benefit Amount	Monthly Premium
\$10,000	\$9.80
\$15,000	\$13.18
\$20,000	\$16.56
\$25,000	\$19.94

In addition to the Exclusions of the Short-term Disability Insurance Plan, to which this Rider is attached, no benefits will be paid for any loss caused by or resulting from: (a) a Critical Illness when the date of diagnosis occurs during the waiting period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12-consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, injury, sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a Physician, during the 12-month period immediately before the effective date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, injury, sickness, physical condition or mental illness.

Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30-days from the effective date of this Rider.

Accident Only Spousal Rider

American Fidelity will pay a monthly indemnity amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits will begin on the 31st consecutive day after the injury and will continue for up to 2-years. Spouse means the person you are lawfully married to who is less than age 70.

Exclusions apply. See your American Fidelity Representative to learn more.

Accident Only Spousal Rider		
Monthly Indemnity Amount	Annual Salary	Monthly Premium
\$500	Up to \$10,000	\$4.00
\$1,000	\$10,001—\$20,000	\$8.00
\$1,500	\$20,001—\$30,000	\$12.00
\$2,000	\$30,001 and over	\$16.00

Hospital Indemnity Rider

American Fidelity will pay a daily benefit amount for an Inpatient Hospital confinement up to a maximum of 90-days. Inpatient means you are admitted as a resident patient to a hospital for at least 18 continuous hours and are being charged for room and board facilities.

Hospital Indemnity Rider	
Daily Benefit Amount	Monthly Premium
\$100	\$6.00
\$150	\$9.00

This benefit will not be payable for an injury or sickness incurred in the first 12-months of coverage if the injury or sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive hospital stays will be considered as one confinement if they are separated by less than 90-days of confinement to a hospital.

AF Term Life® Insurance

Why You Need AF Term Life® Insurance

Would your family be well taken care of if you were not there to provide for them? Would they have enough money to make mortgage and car payments, save for your children's education, and still afford a comfortable lifestyle? AF Term Life® Insurance from American Fidelity Assurance Company is a renewable and convertible term life insurance policy that covers you during your peak-earning years when you need it the most. The policy covers you during a specific period of time, either 10, 20, or 30 years. You decide which term best meets the needs of you and your family.

How It Helps

- **A Policy You Own**—Unlike most group policies offered through your employer, the plan is portable, meaning you can take it with you if you leave employment for any reason.
- **Simplified Application Process**—Apply with minimal health questions and no medical tests.*
- **Tax-Free Death Benefit**—The benefit amount is generally paid tax free.**

**Issuance of the policy may depend on the answers to a few medical questions. **Please consult your tax advisor for your specific situation. This product may contain limitations, exclusions, and waiting periods. American Fidelity life plans do not qualify under Section 125 Plans.*

Permanent, Portable, Individual Life Insurance.

Did You Know?

More Americans rely on employer-sponsored life insurance coverage than individual coverage.¹ Your employer may provide you with Group Life Insurance — but, do you have permanent, portable, individual life insurance you can take with you after your employment ends? Life insurance at retirement can be very costly.

Consider a PureLife Plus® Policy!

- Secure your life insurance premium today at a younger issue age with a permanent and portable product.
- Permanent life insurance to age 121.
- Minimal cash value - premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.³
- Limited right to partial refund of premium if future premium required to continue coverage increases.⁴ (Conditions apply)
- Portable when you leave employment as long as necessary premiums are paid when due.
- Coverage available for employee, spouse/domestic partners, child(ren) and grandchild(ren).⁵

1 LIMRA: Employers Pessimistic About Benefit Costs Under PPACA February 12 2013. 2 Life insurance is not available for purchase under the Section 125 plan. 3 Guarantees are subject to product terms, exclusions and limitations and the insurer's claims-paying ability and financial strength. 4 After the Guaranteed Period, premiums can be lower, the same or higher than the Table Premium. 5 Coverage not available in WA on children and grandchildren. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

Whole Life Insurance

Why You Need Whole Life Insurance

It's important to make sure your loved ones will be cared for in the event of a tragedy — a situation we don't normally consider — but a reality for which we all must plan. A permanent life insurance policy may help ease the financial cost placed on your family in the event of your death. Whole Life Insurance from American Fidelity Assurance Company is an individual whole life insurance policy that provides lifelong protection.* Your benefit may allow your family to meet many important financial needs such as funeral costs, daily living expenses, and more.

How It Helps

- **Guaranteed Premium and Protection**—The premium and amount of benefit stays the same as long as the policy is in force, provided premiums are paid.
- **Portable Coverage**—Unlike most group policies offered through your employer, the plan is portable, meaning you can take it with you if you leave employment for any reason.
- **Several Coverage Options**—Policies available for you, your spouse, children, and grandchildren.

EMPLOYEE ASSISTANCE PROGRAM

Auburn-Washburn USD #437 is dedicated to the overall well-being of the employees that choose to provide their time and commitment to the children of the communities that the District serves. We understand that life can provide challenges—at home, at work and within the other circles that we choose to be involved in. That is why the District provides **all employees** with access to resources available, through the Employee Assistance Program offered through New Directions, **at no cost to the employees.**

New Directions Employee Assistance Program

New Directions is one of the fastest growing behavioral health care companies in the nation. To help meet its mission of improving health through positive change, New Directions offers an Employee Assistance Program (EAP). The EAP supports nearly 2 million Americans employed across the U.S. as well as their families, providing them the tools they need to overcome life challenges that can affect their health, daily life or job performance.

With full accreditation from the NCQA as a Managed Behavioral Health Organization and by URAC for Health Utilization Management and Case Management, New Directions meets and exceeds national standards in providing workers and their loved ones convenient, affordable and helpful care to live their best lives.

The EAP offered through New Directions helps employees conquer obstacles they face, offering helpful resources for any stage of a life challenge - from beginning to better.

With New Directions' comprehensive EAP services, employees and their dependent family members can successfully identify and resolve a wide range of issues at no cost to them and without a referral to their medical plans. Using a solution-based approach, EAP experts and tools can help individuals address almost any issue, including:

- Relationship and family challenges
- Life changing events
- Legal or financial challenges
- Work and life coaching
- Excessive worry
- Feeling sad/blue
- Substance use
- Workplace challenges

Everyone knows that different obstacles require different courses of action. For life challenges that are not chronic, employees and their families can receive custom counseling for each individual need. The employee assistance program offered through New Directions offers **up to 6 face-to-face counseling sessions** for situations that may require more than just a phone-call.



EMPLOYEE ASSISTANCE PROGRAM

Comprehensive care for improved wellness and productivity.

Dedicated Helpline

Trouble can arise at any time. Employees have 24/7/365 access to licensed behavioral health professionals via a toll-free line.

Session Request Tool

We're a mobile society. That's why employees can use their EAP login to quickly and confidentially complete a request for an EAP counseling session with the provider of their choice.

Assessments and Referrals

Our experts lead employees to the counseling, health plan, legal, financial and community services they need for any life challenges they face.

Short-term Counseling

Different obstacles require different courses of action. For life challenges that are not chronic, employees and their families can receive custom counseling for each individual need.

Crisis Management Services

Emergencies can happen any time – and can be overwhelming. On-site support is available before, during or after critical situations, so employees can have the expert care they need.

Dedicated Account Management

Recognizing that organizations are unique, New Directions' account liaisons provide ongoing consultation and program evaluation.

Online Tools and Resources

Anytime, from anywhere, employees can access hundreds of resources designed to help them understand, manage and improve their health. Our resources include legal support and family resource services, work and life wellness materials, relationship resources and promotional materials for employer use and education.

Legal and Financial Referrals

Some employees have legal or financial issues that make focusing on work challenging. Qualified professionals are always available to answer questions and provide advice on issues ranging from traffic accidents to debt consolidation.

ENHANCED PROGRAMS AVAILABLE THROUGH THE EMPLOYEE ASSISTANCE PROGRAM

Work-Life Plus+

Balancing work and family life can be difficult and frustrating. Work-Life Plus+ is designed to help with these competing demands. With one phone call, employees consult with a professional, who offers referrals, handbooks and supportive tip sheets based on their needs.

Financial Wellness

When money concerns are on the mind, it can be hard for people to be at their best. The Financial Wellness program offers a holistic approach of education, coaching and tools to help employees overcome challenges and reach their financial goals.

Health Coaching

Guidance is crucial in building and maintaining a healthy lifestyle. Our experts provide individual input and advice to employees for health, wellness and lifestyle improvements.

New Directions Employee Assistance Program

Phone Number
800-624-5544

Website Login Information

1. Go to **www.ndbh.com**
2. Select for **Individual and Family Members**
3. Select **Employee Assistance Program**
4. Enter the Company Code: **AuburnWashburn**

Auburn-Washburn USD 437 provides employees the opportunity to purchase optional term life insurance coverage through MetLife.

Optional Term Life Insurance Coverage through MetLife			
	Employee	Spouse	Child(ren) Coverage
Maximum Life Amount	The lesser of \$200,000 or four (4) times your Basic Annual Earnings, as determined by your employer.	Up to \$50,000 Legal spouses to age 70	\$10,000, Dependent children ages 14 days to 19 years old, or 25 years if full-time student.
Purchase Increments	\$10,000	\$5,000	\$10,000

You must be actively at work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse's and eligible children's coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

Features of the plan:

- The options for **Portability or Conversion** is offered on the MetLife Optional Term Life Insurance Coverage
- **Accelerated Benefits Option**—if you become terminally ill and are diagnosed with six (6) months or less to live, you have the option to receive up to 50% of your life insurance proceeds.
- **Waiver of Premium for Total Disability**—if you become Totally Disabled, you may be eligible for waiver of your optional term life insurance premium until you reach age 65 or recover from your disability, whichever is sooner. Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 12-month waiting period of continuous disability. Waiver of premium is only available after you have participated in the optional term life plan for one year and is not available on dependent (spouse/child) coverage).

Participating MetLife Optional Term Life Insurance Coverage policy holders have access to **professional and in-person resources when it matters**. Some of the MetLife resources include:

- Face-to-Face Will Preparation Services
- Face-to-Face Estate Resolutions Services
- WillsCenter.com—Self-service online legal document preparation (www.willscenter.com)
- Funeral Planning Services (www.metlife.com/funeralguide)
- MetLife Infinity® - securely store your important documents, audio files, photos and videos and designate individuals to receive your collection electronically in the event of your death or at another time you indicate (<https://metlifeinfinity.com>)

EMPLOYEE RATES - 12-Month Employees

Employee Age Bracket	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Rate per \$1,000	\$0.06	\$0.09	\$0.12	\$0.15	\$0.23	\$0.38	\$0.70	\$0.87	\$1.34	\$2.06

SPOUSE RATES - 12-Month Employees

Employee Age Bracket	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
Rate per \$1,000	\$0.11	\$0.08	\$0.10	\$0.13	\$0.15	\$0.19	\$0.29	\$0.50	\$0.82	\$1.40	\$2.49

EMPLOYEE RATES - 9-Month Employees

Employee Age Bracket	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Rate per \$1,000	\$0.08	\$0.13	\$0.16	\$0.20	\$0.30	\$0.50	\$0.93	\$1.17	\$1.80	\$2.76

SPOUSE RATES - 9-Month Employees

Employee Age Bracket	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
Rate per \$1,000	\$0.15	\$0.11	\$0.13	\$0.17	\$0.20	\$0.25	\$0.39	\$0.67	\$1.09	\$1.86	\$3.31

With the transition to on-line enrollment for Section 125 benefits, 403(b) annuity elections are now managed as a separate process. 403(b) elections are not included in the on-line enrollment. Follow the instructions on this page if you wish to start a 403(b) annuity. If you already have a 403(b) annuity through the district, you will be receiving a form through the district mail for you to make your 2017-18 election.

The District provides employees the opportunity to invest in a 403(b) account through payroll deduction. Bay Bridge Administrators manages this program for our district. Bay Bridge handles the monthly remitting to participating investment providers as well as monitors all 403(b) plan activity. This includes ensuring contributions are within legal limits, rollovers and transfers meet regulations and loans are properly administered.

Following is the list of 403(b) investment providers who may receive salary reduction contributions under the District's Plan:

- American Fidelity Assurance Company
- Aspire Financial Services
- Metropolitan Life Insurance
- Security Benefit
- Valic
- Voya Retirement Insurance and Annuity Company
- Ameriprise Financial Services
- AXA Equitable Life Insurance
- Primerica Shareholder Service
- Thrivent Financial
- Waddell and Reed

If you wish to invest in a 403(b) account you will need to select an investment provider from the above list, contact a representative of the investment provider for assistance setting up your account, complete a Bay Bridge Salary Reduction Agreement (SRA), and submit the SRA to the Business Office. *The Salary Reduction Agreement can be found on the District Website under Business Office/Employee Benefits.*

Employees have the opportunity to enroll in a 403(b) annuity on either of the following dates:

October 1	SRA must be submitted to the Business Office by September 9
January 1	SRA must be submitted to the Business Office by December 9

For more information you can access the BBA website at www.bbadmin.com/retirement and follow these instructions:

- Select your state from the drop down menu
- Select your employer from the drop down menu

This website includes the list of approved providers, plan document, employee handbook, plan summary description, salary reduction agreement and a transaction authorization form.

If you have questions please contact the Business Office at Shuler Education Center at 339-4000.

<http://sfr.baybridgeadministrators.com>



Auburn-Washburn has partnered with the Topeka YMCA to provide day care for children of Auburn-Washburn USD 437 staff. The facility is located adjacent to Jay Shideler Elementary School. The center provides care for children in two different programs:

- 12-months (walking) to 2 ¹/₂ years
- 2 ¹/₂ years to kindergarten

The program for children ages 2 ¹/₂ years to kindergarten utilizes the district pre-school curriculum. A transition room is used to help students move from the younger to older group.

Auburn-Washburn USD 437 is dedicated to providing safe and secure facilities to all employees, students and our youngest patrons. That is why, per district policy, all doors are locked at the start of the school day, including those at the YMC Auburn-Washburn Center. Once the doors are locked, anyone wishing to enter the building must use the buzzer which will alert the office staff. Once the office staff allows a person entry into the building the person must check in at the office.

Daycare Rates	
Age Group	Price Per Week
12-months (walking) to 2 ¹ / ₂ years	\$150.00
2 ¹ / ₂ years to kindergarten	\$130.00

We understand that making childcare arrangements is a big decision. For more information about the services offered please call (785) 339-4690 or email childcare@usd437.net



CONTINUATION OF HEALTH PLAN**COVERAGE**

A federal law, commonly referred to as COBRA (for Consolidated Omnibus Budget Reconciliation Act) gives you and your covered dependents the right to continue health plan coverage in certain circumstances when it would otherwise end. These include termination of employment or reduction in hours causing loss of plan eligibility of the covered employee, as well as for covered dependents, the death of the covered employee, a divorce or legal separation from the covered employee, or ceasing to be an eligible dependent child of the employee.

IT IS VERY IMPORTANT THAT YOU NOTIFY AUBURN-WASHBURN USD #437 IF YOU EXPERIENCE A DIVORCE/LEGAL SEPARATION OR HAVE A DEPENDENT WHO NO LONGER MEETS THE ELIGIBILITY RULES OF THE PLAN.

If you do not notify HR of one of these events within 60 days, your covered dependents will lose the right to continue their coverage under COBRA. More details are available in the COBRA notification material sent to new health plan participants.

NOTICE OF SPECIAL ENROLLMENT PROVISIONS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, provided that you request enrollment within 30 days after you or your dependents lose eligibility for that other coverage (or employer contributions toward that coverage end).

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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment, contact Auburn-Washburn USD 437.

WOMEN'S HEALTH AND CANCER RIGHTS**ACT OF 1998**

If you had or are scheduled to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined, in consultation with attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications during all stages of the mastectomy, including lymphedemas.

These benefits will be provided, subject to the same deductible, copays, and coinsurance applicable to other medical and surgical benefits under the plan.

SPECIAL RULES FOR MOTHERS AND NEWBORNS

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or (96 hours).

HIPAA Privacy

The Auburn-Washburn USD #437 Medical Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about the uses of protected health information (PHI) and your privacy rights. PHI use and disclosure by Auburn-Washburn USD #437 Medical Plan is regulated by federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A paper copy may be requested through Auburn-Washburn USD #437.

NOTICE OF CHIPRA POLICY

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).

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

For additional state information or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/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

NEW HEALTH INSURANCE MARKETPLACE

COVERAGE OPTIONS AND YOUR HEALTH

COVERAGE

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way 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.

Is my current health insurance coverage changing through my employer?

NO. The Health Insurance Marketplace is another option for obtaining health insurance coverage.

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.

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 in October for coverage starting as early as January.

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 9.69 percent 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. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Auburn-Washburn USD 437. 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, as well as 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.

Employer Name: **Auburn-Washburn USD #437**
 Employer EIN: **48-0722041**
 Employer Address: **5928 Southwest 53rd Street**
Topeka, KS 66610
 Employer Phone Number: **(785) 339-4000**

Who can we contact about employee health coverage at this job? **Business Office**

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

- As your employer, we offer a health plan to:
 - 12-Month Employees, regularly scheduled to work four (4) or more hours per day
 - 9-Month Employees, regularly scheduled to work 28.75 or more hours per week
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Spouse and dependent children to age 26
- This coverage is intended to meet the minimum value standard, and the cost of this coverage to you is meant 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Auburn-Washburn USD 437 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. BCBSKS has determined that the prescription drug coverage offered on both plans, 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 15 to December 7.

However, if you decide to drop your current creditable coverage with Auburn-Washburn USD 437 since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Auburn-Washburn USD 437 coverage will not be affected. You may keep your Auburn-Washburn USD 437 coverage and this plan may coordinate with Part D coverage. In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be able to keep these important benefits if you choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Auburn-Washburn USD 437 coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Auburn-Washburn USD 437 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. 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the **Business Office at (785) 339-4000**. NOTE: You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Auburn-Washburn USD 437 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).

Employee Customer Service Contacts		
Company	Website	Phone Number
Blue Cross Blue Shield of Kansas	www.bcbsks.com	800-432-3990
Delta Dental of Kansas	www.deltadentalks.com	800-234-3375
America Fidelity	www.americanfidelity.com	800-662-1113 Topeka Branch 785-232-8100
New Directions EAP	www.ndbh.com Select for Individual and Family Members Select Employee Assistance Program and enter the company code: AuburnWashburn	800-624-5544
MetLife	www.metlife.com	888-252-3607
Benefit Consultants		
Company	Contact	Phone Number
Hays Companies of Kansas	Ruth Shank—rshank@hayscompanies.com	316-448-5198
Hays Companies of Kansas	Jennifer Kurth—jkurth@hayscompanies.com	316-448-5114
Auburn-Washburn USD #437		
Wellbeing & Benefits Coordinator	Coletta Meyer—meyerco2@usd437.net	785-339-4014



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Benefits Office.

**AUBURN WASHBURN
UNIFIED SCHOOL DISTRICT 437
SHULER EDUCATION CENTER**

5928 SW 53rd St.

Topeka, KS 66610

P (785) 339-4000 | F (785) 339-4025



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