



**Unified Government of Wyandotte County/Kansas City, Kansas**  
 701 North Seventh Street, Ste. 646, Kansas City, Kansas 66101  
 (913) 573-5660

## Health Insurance Premiums

January - December 2024

### United Health Care

**Non-union, AFSCME, FOP 40, UFCW, IBEW, SEIU and Teamsters employees**

Plan Type	Coverage Type	Unified Government Contribution	Employee Base Annual Salary	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$949.59	\$30,000 and below	\$14.15	\$7.08
			\$30,001 - \$60,000	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,292.45	\$30,000 and below	\$447.62	\$223.81
			\$30,001 - \$60,000	\$461.80	\$230.90
			\$60,001 and over	\$475.95	\$237.98
HDHP with H.S.A	Employee Only	\$853.19	\$30,000 and below	\$14.15	\$7.08
			\$30,001 - \$60,000	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,033.26	\$30,000 and below	\$393.36	\$196.68
			\$30,001 - \$60,000	\$407.54	\$203.77
			\$60,001 and over	\$421.69	\$210.85

**LiUNA-PSEU employees**

Plan Type	Coverage Type	Unified Government Contribution	Employee Base Annual Salary	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$935.42	\$60,000 and below	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,288.90	\$60,000 and below	\$451.16	\$225.58
			\$60,001 and over	\$465.32	\$232.66
HDHP H.S.A	Employee Only	\$839.01	\$30,001 - \$60,000	\$28.32	\$14.16
			\$60,001 and over	\$42.48	\$21.24
	Family	\$2,029.72	\$30,001 - \$60,000	\$396.90	\$198.45
			\$60,001 and over	\$411.06	\$205.53

**FOP4 employees**

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$921.26	\$42.48	\$21.24
	Family	\$2,285.37	\$454.70	\$227.35
HDHP with H.S.A	Employee Only	\$824.85	\$42.48	\$21.24
	Family	\$2026.18	\$400.44	\$200.22



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## Health Insurance Premiums

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### United Healthcare

**IAFF64 employees**

Plan Type	Coverage Type	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Traditional	Employee Only	\$929.39	\$34.35	\$17.18
	Family	\$2,287.40	\$452.67	\$227.35
HDHP with H.S.A	Employee Only	\$824.85	\$34.35	\$17.18
	Family	\$2026.18	\$398.41	\$199.21

### Delta Dental

	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Employee Only	\$31.88	\$0.00	\$0.00
Family Coverage	\$74.91	\$14.34	7.17

### Eyemed Vision Care

	Unified Government Contribution	Employee Monthly Premium	Employee Cost per Pay Check
Employee Only	5.37	\$0.00	\$0.00
Family Coverage	\$11.60	\$2.08	\$1.04

If you have questions, call Human Resources at 913-573-5660 or email [benefits@wycokck.org](mailto:benefits@wycokck.org)

# 2024 Plan Coverage Options

Type of Coverage	H.S.A.	Traditional
Network Deductible	Single Family	\$700 \$1,400
Co-Insurance (what the plan pays after deductible)	100%	90%
Out-of-Pocket Maximum	Single Family	\$6,850 \$13,700
U.G. HSA Contribution	Single Family	N/A N/A
Preventive Services	100%	100%
Primary Office Visit	100% after Ded	\$30 copay
Specialist	Premium Provider Non-Premium Provider	\$30 \$60
Pharmacy (mail order 2.5 times retail copay)	\$10/40/80 after Ded	\$10/40/80
Diabetic Supplies & Medications	100% after Ded	100%
ER Services	100% after Ded	\$300 copay + Ded + co-insurance
Urgent Care	100% after Ded	\$30 copay + co-insurance
Inpatient Hospital	100% after Ded	\$400 copay + Ded + co-insurance



## UG Employer H.S.A. Pro-rated Contribution

Effective date of health insurance coverage	# Months	HSA Family	HSA Individual
December	1	\$125	\$63
November	2	\$250	\$125
October	3	\$375	\$188
September	4	\$500	\$250
August	5	\$625	\$313
July	6	\$750	\$375
June	7	\$875	\$438
May	8	\$1,000	\$500
April	9	\$1,125	\$563
March	10	\$1,250	\$625
February	11	\$1,375	\$688
January	12	\$1,500	\$750

Please note-the UG employer H.S.A. contribution will be wired to Surency on the first payday AFTER your effective date. It will then take the bank a day or two to post it to your account. This also applied to employee contribution if elected.



## Employer Health Savings Account (H.S.A.) Seed Money

**Five-year plan (decrease of \$150 per year family and \$75 per year single)**

	1st yr	2nd yr	3rd yr	4th yr	5th yr
<b>Single coverage</b>	\$750	\$675	\$600	\$525	\$450
<b>Family coverage</b>	\$1500	\$1350	\$1200	\$1050	\$900

Current employees who elect to enroll on the HDHP during a future Open Enrollment will receive the contribution amount based on the year they enroll onto the HDHP (pro-rated amount if the change is after January)

# HSA eligibility requirements

- No coverage by another, non-high deductible health plan, such as a spouse's plan
- Not enrolled in Medicare (this includes any parts of Medicare A, B, D etc.)
- Do not receive health benefits under TRICARE
- No Veterans Administration (VA) benefits within the past 3 months
- Not claimed as a dependent on another person's tax return
- No FSA or HRA health care coverage

**REMEMBER:** Funds withdrawn for **non-qualified expenses** are included in income & **subject to income taxes plus 20% penalty**  
20% additional penalty applies **except** when taken after:

You become eligible for Medicare (age 65)

You become disabled or die

# 2024 Out of Pocket (OOP) Comparison (family coverage)

	Charge	HDHP / H S A	Traditional	Employee Impact
Preventive Care - 3 Visits	\$ 300	\$ -	\$ -	
Lab Work	\$ 800	\$ 800	\$ 710	
3 Doctor Office Visits	\$ 240	\$ 240	\$ 90	
5 Prescriptions	\$ 152	\$ 152	\$ 120	
Outpatient Procedure	\$ 20,000	\$ 2,008	\$ 2,630	
<b>Subtotal</b>	<b>\$ 21,492</b>	<b>\$ 3,200</b>	<b>\$ 3,550</b>	
Employer Seed Money from H S A Funds		\$ 1,050	N/A	
Employee Out-of-Pocket (OOP) Cost Before Premium		\$ 2,150	\$ 3,550	
Annual Employee Family Premium (DOES NOT GO TOWARD OOP MAX)  Traditional Plan Family Premium Ranges from \$5,371.-\$5,711  HDHP with H S A Family Premium Ranges from \$4,720-\$5,060				
<b>Total Employee Cost Including Premium</b>		<b>\$6,870-</b>	<b>\$8,921-</b>	
		<b>\$7,210</b>	<b>\$9,261</b>	





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-314-0335 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<u>Network</u> : <b>\$1,600</b> Individual / <b>\$3,200</b> Family <u>Out-of-Network</u> : <b>\$3,300</b> Individual / <b>\$6,600</b> Family Per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive care</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<u>Network</u> : <b>\$2,400</b> Individual / <b>\$4,800</b> Family <u>Out-of-Network</u> : <b>\$4,300</b> Individual / <b>\$8,600</b> Family Per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://myuhc.com">myuhc.com</a> or call 1-866-314-0335 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Virtual visits - 0% <u>coinsurance</u> by a Designated Virtual Network Provider. No virtual coverage <u>out-of-Network</u>
	Specialist visit	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
<b>If you need drugs to treat your illness or condition</b>  More information about <u>prescription drug coverage</u> is available at <a href="http://welcometouhc.com">welcometouhc.com</a>	Tier 1 – Your Lowest Cost Option	Retail Up to 31-day supply: \$10 <u>copay</u> Retail Up to 90-day supply: \$25 <u>copay</u> Mail-Order: \$25 <u>copay</u>	Not Covered	<u>Provider</u> means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply. You may need to obtain certain drugs, including certain <u>specialty drugs</u> , from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use an <u>out-of-Network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u> . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your <u>plan</u> . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable <u>copay</u> and/or <u>coinsurance</u> may be applied.
	Tier 2 – Your Mid-Range Cost Option	Retail Up to 31-day supply: \$40 <u>copay</u> Retail Up to 90-day supply: \$100 <u>copay</u> Mail-Order: \$100 <u>copay</u>	Not Covered	
	Tier 3 – Your Mid-Range Cost Option	Retail Up to 31-day supply: \$80 <u>copay</u> Retail Up to 90-day supply:	Not Covered	

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		\$200 <u>copay</u> Mail-Order: \$200 <u>copay</u>		Prescription drug costs are subject to the annual <u>deductible</u> .
	Tier 4 – Your Highest Cost Option	Not Applicable	Not Applicable	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-Network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	0% <u>coinsurance</u>	*0% <u>coinsurance</u>	* <u>Network deductible</u> applies
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	*0% <u>coinsurance</u>	* <u>Network deductible</u> applies
	<u>Urgent care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-Network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-Network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Inpatient services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-Network</u> or benefit reduces to 50% of <u>allowed amount</u> .
<b>If you are pregnant</b>	Office visits	No Charge	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Inpatient <u>preauthorization</u> applies <u>out-of-Network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .
<b>If you need help recovering or have</b>	<u>Home health care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Limited to 40 visits per calendar year. <u>Preauthorization</u> is required <u>out-of-Network</u> or benefit reduces to 50% of <u>allowed amount</u> .

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>other special health needs</b>	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Limited to 30 visits per therapy, per calendar year. <u>Preauthorization</u> required <u>out-of-Network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Habilitative services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Services are provided under and limits are combined with <u>Rehabilitation Services</u> above. <u>Preauthorization</u> required <u>out-of-Network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required <u>out-of-Network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-Network</u> for DME over \$1,000 or no coverage.
	<u>Hospice services</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-Network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
<b>If your child needs dental or eye care</b>	Children's eye exam	0% <u>coinsurance</u>	Not Covered	No coverage <u>out-of-Network</u> .
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

### Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care</li><li>• Glasses</li></ul>	<ul style="list-style-type: none"><li>• Long-term care</li><li>• Non-emergency care when travelling outside - the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Private duty nursing</li><li>• Routine foot care – Except as covered for Diabetes</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"><li>• Chiropractic (Manipulative care) – 30 visits per calendar year</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li></ul>	<ul style="list-style-type: none"><li>• Routine eye care (adult)</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com). Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-314-0335.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-314-0335.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-314-0335.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-314-0335.

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).



*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

The plan would be responsible for the other costs of these EXAMPLE covered services.

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ <b>The plan's overall deductible</b>	\$1,600	■ <b>The plan's overall deductible</b>	\$1,600	■ <b>The plan's overall deductible</b>	\$1,600
■ <b>Specialist coinsurance</b>	0%	■ <b>Specialist coinsurance</b>	0%	■ <b>Specialist coinsurance</b>	0%
■ <b>Hospital (facility) coinsurance</b>	0%	■ <b>Hospital (facility) coinsurance</b>	0%	■ <b>Hospital (facility) coinsurance</b>	0%
■ <b>Other coinsurance</b>	0%	■ <b>Other coinsurance</b>	0%	■ <b>Other coinsurance</b>	0%
<p><b>This EXAMPLE event includes services like:</b>  <u>Specialist</u> office visits (<i>pre-natal care</i>)                      Childbirth/Delivery Professional Services                      Childbirth/Delivery Facility Services  <u>Diagnostic tests</u> (<i>ultrasounds and blood work</i>)  <u>Specialist</u> visit (<i>anesthesia</i>)</p>		<p><b>This EXAMPLE event includes services like:</b>  <u>Primary care physician</u> office visits (<i>including disease education</i>)  <u>Diagnostic tests</u> (<i>blood work</i>)  <u>Prescription drugs</u>  <u>Durable medical equipment</u> (<i>glucose meter</i>)</p>		<p><b>This EXAMPLE event includes services like:</b>  <u>Emergency room care</u> (<i>including medical supplies</i>)  <u>Diagnostic test</u> (<i>x-ray</i>)  <u>Durable medical equipment</u> (<i>crutches</i>)  <u>Rehabilitation services</u> (<i>physical therapy</i>)</p>	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,600	<u>Deductibles</u>	\$1,050	<u>Deductibles</u>	\$1,600
<u>Copayments</u>	\$10	<u>Copayments</u>	\$900	<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$0	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$1,670</b>	<b>The total Joe would pay is</b>	<b>\$1,950</b>	<b>The total Mia would pay is</b>	<b>\$1,610</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC Civil Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج داخل مخلص المزاي والتغطية هنا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániliti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-633-2446 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<u>Network</u> : \$700 Individual / \$1,400 Family <u>Out-of-Network</u> : \$1,500 Individual / \$4,500 Family Per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive care</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<u>Network</u> : \$6,850 Individual / \$13,700 Family <u>Out-of-Network</u> : \$6,850 Individual / \$13,700 Family Per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://myuhc.com">myuhc.com</a> or call 1-866-633-2446 for a list of <u>network providers</u> .	You pay the least if you use a <u>provider</u> in the Designated <u>Network</u> . You pay more if you use a <u>provider</u> in the <u>Network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .





All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Specialist</u> visit	Designated Network: \$30 <u>copay</u> per visit, <u>deductible</u> does not apply. Network: \$60 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Preventive care/screening/immunization</u>	No Charge	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <u>prescription drug coverage</u> is available at <a href="http://welcometouhc.com">welcometouhc.com</a></p>	Tier 1 – Your Lowest Cost Option	Retail Up to 31-day supply: \$10 <u>copay</u> deductible does not apply. Retail Up to 90-day supply: \$25 <u>copay</u> deductible does not apply. Mail-Order: \$25 <u>copay</u> deductible does not apply.	Not Covered	<p><u>Provider</u> means pharmacy for purposes of this section.            Retail: Up to a 31 day supply.            Mail-Order: Up to a 90 day supply.            You may need to obtain certain drugs, including certain <u>specialty drugs</u>, from a pharmacy designated by us.            Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost.            If you use an out-of-<u>network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u>.            Certain preventive medications (including certain contraceptives) are covered at No Charge.            See the website listed for information on drugs covered by your <u>plan</u>. Not all drugs are covered.            You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.            If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable <u>copay</u> and/or <u>coinsurance</u> may be applied.</p>
	Tier 2 – Your Mid-Range Cost Option	Retail Up to 31-day supply: \$40 <u>copay</u> deductible does not apply. Retail Up to 90-day supply: \$100 <u>copay</u> deductible does not apply. Mail-Order: \$100 <u>copay</u> deductible does not apply.	Not Covered	
	Tier 3 – Your Mid-Range Cost Option	Retail Up to 31-day supply: \$80 <u>copay</u> deductible does not apply. Retail Up to 90-day supply: \$200 <u>copay</u> deductible does not apply. Mail-Order: \$200 <u>copay</u> deductible does not apply.	Not Covered	

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Tier 4 – Your Highest Cost Option	Not Applicable	Not Applicable	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$200 <u>copay</u> /service, then 10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required out-of- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$300 <u>copay</u> per visit, then 10% <u>coinsurance</u>	\$300 <u>copay</u> per visit, then *10% <u>coinsurance</u>	* <u>Network deductible</u> applies
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u> deductible does not apply	10% <u>coinsurance</u> deductible does not apply	None
	<u>Urgent care</u>	\$30 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$400 <u>copay</u> per admission, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required out-of- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$60 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required out-of- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Inpatient services	\$400 <u>copay</u> per admission, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required out-of- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
<b>If you are pregnant</b>	Office visits	No Charge	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	\$400 <u>copay</u> per admission, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Inpatient preauthorization applies out-of-network if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 40 visits per calendar year. <u>Preauthorization</u> is required out-of-network or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Rehabilitation services</u>	\$30 <u>copay</u> per visit, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Limited to 30 visits per therapy, per calendar year.
	<u>Habilitative services</u>	\$30 <u>copay</u> per visit, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Services are provided under and limits are combined with <u>Rehabilitation Services</u> above.
	<u>Skilled nursing care</u>	\$400 <u>copay</u> per admission, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required out-of-network or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required out-of-network for DME over \$1,000 or no coverage.
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required out-of-network before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
<b>If your child needs dental or eye care</b>	Children's eye exam	\$30 <u>copay</u> per visit, then 10% <u>coinsurance</u> , <u>deductible</u> does not apply.	30% <u>coinsurance</u>	None
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](http://welcometouhc.com).

## Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care</li><li>• Glasses</li></ul>	<ul style="list-style-type: none"><li>• Long-term care</li><li>• Non-emergency care when travelling outside - the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Private duty nursing</li><li>• Routine foot care – Except as covered for Diabetes</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"><li>• Chiropractic (Manipulative care) – 30 visits per calendar year</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li></ul>	<ul style="list-style-type: none"><li>• Routine eye care (adult)</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com) or Kansas Insurance Department at 1-800-432-2484 or [ksinsurance.org](http://ksinsurance.org)

### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-633-2446.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-633-2446.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-633-2446.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-633-2446.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

<b>Peg is Having a Baby</b> (9 months of in- <u>network</u> pre-natal care and a hospital delivery)		<b>Managing Joe's type 2 Diabetes</b> (a year of routine in- <u>network</u> care of a well-controlled condition)		<b>Mia's Simple Fracture</b> (in- <u>network</u> emergency room visit and follow up care)	
■ <b>The <u>plan's</u> overall <u>deductible</u></b>	<b>\$700</b>	■ <b>The <u>plan's</u> overall <u>deductible</u></b>	<b>\$700</b>	■ <b>The <u>plan's</u> overall <u>deductible</u></b>	<b>\$700</b>
■ <b><u>Specialist</u> <u>copay</u></b>	<b>\$30</b>	■ <b><u>Specialist</u> <u>copay</u></b>	<b>\$30</b>	■ <b><u>Specialist</u> <u>copay</u></b>	<b>\$30</b>
■ <b><u>Hospital (facility)</u> <u>copay</u></b>	<b>\$400</b>	■ <b><u>Hospital (facility)</u> <u>copay</u></b>	<b>\$400</b>	■ <b><u>Hospital (facility)</u> <u>copay</u></b>	<b>\$400</b>
■ <b><u>Other</u> <u>coinsurance</u></b>	<b>10%</b>	■ <b><u>Other</u> <u>coinsurance</u></b>	<b>10%</b>	■ <b><u>Other</u> <u>coinsurance</u></b>	<b>10%</b>
<b>This EXAMPLE event includes services like:</b> <u>Specialist</u> office visits ( <i>pre-natal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <u>Diagnostic tests</u> ( <i>ultrasounds and blood work</i> ) <u>Specialist</u> visit ( <i>anesthesia</i> )		<b>This EXAMPLE event includes services like:</b> <u>Primary care physician</u> office visits ( <i>including disease education</i> ) <u>Diagnostic tests</u> ( <i>blood work</i> ) <u>Prescription drugs</u> <u>Durable medical equipment</u> ( <i>glucose meter</i> )		<b>This EXAMPLE event includes services like:</b> <u>Emergency room care</u> ( <i>including medical supplies</i> ) <u>Diagnostic test</u> ( <i>x-ray</i> ) <u>Durable medical equipment</u> ( <i>crutches</i> ) <u>Rehabilitation services</u> ( <i>physical therapy</i> )	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b> <i>Cost Sharing</i>		<b>In this example, Joe would pay:</b> <i>Cost Sharing</i>		<b>In this example, Mia would pay:</b> <i>Cost Sharing</i>	
<u>Deductibles</u>	\$700	<u>Deductibles</u>	\$300	<u>Deductibles</u>	\$700
<u>Copayments</u>	\$30	<u>Copayments</u>	\$1,300	<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$1,100	<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$70
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$30	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$1,890</b>	<b>The total Joe would pay is</b>	<b>\$1,630</b>	<b>The total Mia would pay is</b>	<b>\$1,070</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC Civil Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج داخل مخلص المزاي والتغطية هنا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。



توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániliti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



# UnitedHealthcare Programs

## Cardiometabolic



Teladoc® offers personalized cardiometabolic digital health programs, including connected devices and coaching, that help lead to sustained improvement in members' health.

## Flexible programs to improve your health on your terms

Personalized support at no cost to you.



### Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

#### Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

### Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

#### Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

### Diabetes Prevention program

Take your first step toward a healthier tomorrow, and reduce your risk of type 2 diabetes. With the Diabetes Prevention program, you'll get access to a team of expert coaches, a library of online lessons and a smart scale—at no cost to you.

#### Program includes:

- Expert coaches to help with diet, nutrition, activity and more
- A smart scale that syncs to the app and web portal
- An all-in-one app to track weight, activity and food

## Musculoskeletal



Kaia provides digital therapeutics designed to treat musculoskeletal pain with customized programs built to improve strength and mobility. It's all bolstered by on-demand health coaching and physical therapy support.

## Download the Kaia app for on-demand, personalized support to help relieve pain and live healthier

Whether it's a stiff neck, aching shoulders or more severe back issues, it can be hard to enjoy life when pain shows up. That's where Kaia steps in. It's a new app here to show how pain relief is possible — **at no extra cost** as part of your health plan.

### Connecting with Kaia connects you with so much

- ✓ **On-demand pain relief care** in the convenience of an app
- ✓ **1-on-1 health coaching** with certified professionals
- ✓ **Workouts tailored to you** with some as short as 15 minutes
- ✓ **No extra cost**—this is included as part of your health plan
- ✓ **Bite-sized lessons** to help you recognize where pain is coming from
- ✓ **Strengthening exercises** plus relaxation techniques for pain management



## Second opinion services



2nd.MD connects patients with board-certified, leading doctors across the country for an expert second opinion via video or phone within days.

## Offering

2nd.MD provides virtual second opinions with outcomes rooted in this solution approach: helping decrease medical and Rx cost trend.

- Data-driven outreach: Ability to help identify and impact members in their time of need
- Speed to consult: Virtual second opinions delivered within days, not weeks
- Interactive experience: Live member interactions, from specialty nurse intake to video consults with specialists
- Independent review: Unbiased second opinions from a national network of specialists

## Women's health



Maven offers a digital first solution providing coaching and education support; spanning family planning, maternity, parenting and pediatrics, through menopause.

## Maven Maternity

Maven offers 24/7 support for pregnancy and postpartum. You can book virtual appointments or message providers. Join groups, access clinically vetted articles and take classes, too.

The best part? Your Maven membership is free through your employer. There are no out-of-pocket costs for Maven visits and resources.

## One Pass Select lets employees choose the best health options for them

One Pass Select is a subscription-based fitness and well-being program that supports a healthier lifestyle. Employees can have access to thousands of gyms and online classes with:

- ✓ No long-term contracts or annual gym registration fees
- ✓ Flexible fitness options and the ability to use locations nationwide (not limited to 1 gym)
- ✓ The ability to add family members (ages 18+) at a 10% monthly discount
- ✓ The option to change tiers monthly
- ✓ A grocery delivery subscription and additional member perks



## Real Appeal

Real Appeal is a lifestyle program designed to help you build healthy habits.\*

It focuses on helping you take **small steps** that may have **long-term results**, and it provides support for key areas such as:



Nutrition



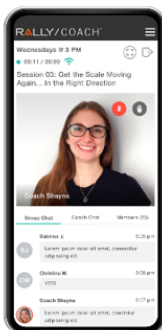
Motivation



Fitness



Change



# Summary of Dental Plan Benefits

## UNIFIED GOVERNMENT OF WYANDOTTE COUNTY

### Group #90102

Effective for January 1, 2024

#### Maximum Benefit(s) Per Person:

The Maximum Benefit for all Covered Services for each Enrollee in any one Contract Year is: One Thousand Five Hundred Dollars (\$1,500.00).

The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Five Hundred Dollars (\$1,500.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Contract Year.

#### Deductible Limitations:

No benefits hereunder are subject to any Deductible amount.

#### Eligible Children Ages:

Children are eligible to age twenty-six (26).

Benefit % Paid			
Delta Dental PPO	Premier / Non-Participating		
<b>DIAGNOSTIC &amp; PREVENTIVE (Not Subject to Deductible)</b>			
100%	100%	<b>Diagnostic:</b>	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> <li>• <u>Oral evaluations</u> - two (2) times per Contract Year.</li> <li>• <u>Biteewing x-rays</u> - bitewings two (2) times per Contract Year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over.</li> <li>• <u>Full mouth or panoramic x-rays</u> - once each five (5) years.</li> </ul>
100%	100%	<b>Preventive:</b>	Provides for the following: <ul style="list-style-type: none"> <li>• <u>Prophylaxis</u> (Cleanings) - two (2) times per Contract Year.</li> <li>• <u>Topical Fluoride</u> - two (2) times per Contract Year for dependent children under age nineteen (19).</li> <li>• <u>Space Maintainers</u> - for dependent children under age fourteen (14) and only for premature loss of primary molars.</li> <li>• <u>Sealants</u> - once (1) per tooth 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.</li> </ul>
<b>BASIC (Not Subject to Deductible)</b>			
100%	75%	<b>Ancillary:</b>	Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
100%	75%	<b>Oral Surgery:</b>	Provides for simple extractions.
80%	50%	<b>Oral Surgery:</b>	Provides for other oral surgery including pre and post-operative care.
100%	75%	<b>Regular Restorative:</b>	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
100%	50%	<b>Endodontics:</b>	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.
80%	80%	<b>Periodontics:</b>	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings.
80%	80%		b. Surgical periodontal procedures.
<b>MAJOR (Not Subject to Deductible)</b>			
50%	50%	<b>Special Restorative:</b>	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
50%	50%	<b>Prosthodontics:</b>	a. Includes bridges, partial and complete dentures.
50%	50%		b. Repairs and adjustments of bridges and dentures.
<b>ORTHODONTICS (Not Subject to Deductible)</b>			
50%	50%	<b>Orthodontics:</b>	Includes orthodontic appliances and treatment, interceptive and corrective, for adults, spouses and eligible dependent children under age twenty-six (26).

*This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.*

# Welcome to Delta Dental of Kansas

## We are the champions of your smile.

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular preventive dental care not only reduces the cost and pain generally associated with extensive dental work, but a healthy mouth also contributes to your overall well-being.

## CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a **Delta Dental PPO<sup>SM</sup>** or **Delta Dental Premier<sup>®</sup>** dentist. Nearly 4 out of 5 dentists nationwide contract with Delta Dental, so chances are excellent your dentist is already a member. You can search for an in-network dentist at [DeltaDentalKS.com](http://DeltaDentalKS.com), on the Delta Dental mobile app or by contacting customer service at 800.234.3375.

## MANAGING MY BENEFITS

At [DeltaDentalKS.com](http://DeltaDentalKS.com), you can log in to your member account to:

- Print ID cards
- Check your eligibility and benefit information
- Check your claim status
- Sign-up to receive your Explanation of Benefits electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Utilize the Dental Care Cost Estimator
- Schedule a dentist appointment\*
- Check your coverage and claims
- And more!



\*Availability may vary by geographic area and individual dentist participation. Appointment scheduling is powered by our partners at Brigher<sup>™</sup>.



Have questions about your plan?


Call us at  
800.234.3375

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# Unified Government

(Insight Network)

## SUMMARY OF BENEFITS

VISION CARE SERVICES	 IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>			
Exam	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>			
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
<b>FRAME</b>			
Frame	\$0 copay; 20% off balance over \$180 allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>STANDARD PLASTIC LENSES</b>			
Single Vision	\$25 copay	\$25 copay	Up to \$30
Bifocal	\$25 copay	\$25 copay	Up to \$50
Trifocal	\$25 copay	\$25 copay	Up to \$70
Lenticular	\$25 copay	\$25 copay	Up to \$70
Progressive - Standard	\$80 copay	\$80 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$110 - 200 copay	\$110 - 200 copay	Up to \$50
<b>LENS OPTIONS</b>			
Anti Reflective Coating - Standard	\$45	\$45	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85	\$57 - 85	Up to \$5
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	\$0 copay	Up to \$28
Scratch Coating - Standard Plastic	\$15	\$15	Not covered
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
<b>CONTACT LENSES</b>			
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$130 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	\$0 copay; 100% of balance over \$130 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$210
<b>OTHER</b>			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>			
	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>	
Exam	Once every 12 months	Once every 12 months	
Frame	Once every 24 months	Once every 24 months	
Lenses	Once every 12 months	Once every 12 months	
Contact Lenses	Once every 12 months	Once every 12 months	

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



# Savings plus convenience plus choice

PLUS Providers add another  
layer of coverage



**\$0**

Exam copay

**\$180**

Frame allowance

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more.

And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.



## The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit [eyemed.com](http://eyemed.com).

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS®

PEARLE  
EST. 1961  
VISION

OPTICAL



Human Resources  
 Unified Government of Wyandotte County/Kansas City, Kansas  
 J. Renee Ramirez, Director  
 701 North Seventh Street, Ste. 646  
 Kansas City, Kansas 66101  
 (913) 573-5660 • FAX (913) 573-5006

### Insurance Provider Contacts-2023

<p><b>MEDICAL - United Healthcare Choice Plus</b>          Customer Service-POS plan          (866)633-2446  <a href="http://www.myuhc.com">www.myuhc.com</a>          Group #701653  <b>United Healthcare Choice Plus H.S.A</b>          Customer Service-Health Savings Acct.          (866)314-0335</p>	<p><b>UG Road to Wellness Health Center</b>  <a href="http://www.UGRoadToWellness.com">www.UGRoadToWellness.com</a>  <b>(913) 573-WELL or (913) 573-9355</b></p> <p><b>Road to Wellness Pharmacy</b>  <b>(913)573-5290</b></p>
<p><b>Employee Assistance Program (EAP) - New Directions</b>          (800) 624-5544 or  <a href="http://www.ndbh.com/wyandotte/">www.ndbh.com/wyandotte/</a>          Company code: Wyandotte  <b>Available 24 hours every day</b>  <b>CONFIDENTIAL</b>  <b>A FREE benefit for you and your family. Services to help you reduce stress, adjust to a life change, improve relationships, lead others, care for loved ones, navigate the legal system, balance finances and live healthier.</b></p>	<p><b>DEFERRED COMPENSATION - MissionSquare</b>  <b>Jake Hoffman, Retirement Plans Specialist,</b>          1-202-759-7053 work # or  <a href="mailto:jahoffman@missionsquare.org">jahoffman@missionsquare.org</a> email          Web Site: <a href="http://www.missionsquare.org">www.missionsquare.org</a>          Client Services 1(800)669-7400</p>
<p><b>DENTAL - Delta Dental of Kansas</b>          Customer Service          Group #90102          (800)234-3375  <a href="http://www.deltadentalks.com">www.deltadentalks.com</a></p>	<p><b>FSA &amp; HSA - Surency</b>          Flexible Spending Accounts (FSA) AND Health Savings Account (HSA)          Customer Service          (866)818-8805  <a href="http://www.surency.com">www.surency.com</a></p>
<p><b>VISION - EyeMed Vision Care, LLC</b>          (866)800-5457          Group # 1018539  <a href="http://www.eyemed.com">www.eyemed.com</a></p>	<p><b>Courtney Sachen</b>  <b>Benefits Administrator</b>  <b>Human Resources Department-Unified Government</b>          Direct line: (913)573-5664          Secure fax: (913)573-5686          Email: <a href="mailto:csachen@wycokck.org">csachen@wycokck.org</a></p>
<p><b>RETIREMENT SYSTEM - KPERS and KP &amp; F</b>  <b>Kansas Public Employees Retirement System</b>          Web Site: <a href="http://www.kpers.org">www.kpers.org</a>          InfoLine: (888)275-5737          Fax: (785)296-6638          E-mail: <a href="mailto:kpers@kpers.org">kpers@kpers.org</a></p>	<p><b>REMINDER:</b> If you would like to make changes to your insurance during the middle of the year (add baby, spouse etc.) you have a 31 day window from the date of the event to submit the enrollment form(s) and proof of the event -if you miss the 31 day window you'll have to wait until the next Open Enrollment to make the change-with the exception of a divorce, which is a mandatory change.</p>



## Human Resources

Unified Government of Wyandotte County/Kansas City, Kansas

Renee Ramirez, Director  
701 North Seventh Street, Ste. 646  
Kansas City, Kansas 66101  
(913) 573-5660 • FAX (913) 573-5006

### Employee Benefits

## Change in Dependent Coverage

Employees must submit the benefit change event in Workday within **31 days** if you have any of the following changes to your insurance:

1. Marriage or divorce (ex-spouses are not eligible for our group insurance)
2. Birth of a child
3. Custody change
4. Adoption or placement for Adoption
5. Termination or part-time status of employment by your spouse
6. Your dependent changes full-time student status, graduates, or reaches the maximum age limit

If the employee does not submit the benefit change event in Workday within **31 days**, the employee must wait until the next annual open enrollment period (usually in October) to make the changes that will be effective January 1st of the following year.

These changes may affect one or more of the following:

1. Medical Insurance
2. Dental Insurance
3. Optical Insurance
4. Life Insurance
5. Beneficiary for your life insurance
6. Flexible Spending (Cafeteria) Plan

Accepting and submitting the Workday benefit change event within **31 days** makes the changes effective. You are not able to make changes with a phone call or on paper forms.



*UNIFIED GOVERNMENT OF  
WYANDOTTE COUNTY/KANSAS CITY, KANSAS*

**Life and Accidental Death & Dismemberment Insurance**

SUMMARY OF BENEFITS

This is a summary of your benefits and is not intended to be a detailed description of coverage. The Group Policy contains all the controlling terms and provisions of coverage.

➤ ***Basic Life Insurance – Provided by The Unified Government***

<i>Coverage Type</i>	<i>Amount</i>	<i>Contribution</i>	<i>Eligible</i>
Basic Life Insurance	\$10,000	100% Employer-paid	All full-time and “part-time A” employees
Basic AD&D Insurance	\$10,000		

Life Insurance:

- No exclusions or limitations for payment of benefits, no matter what the cause of death.
- Accelerated Death Benefit, up to 75.
- Standard Secure Access interest-bearing checking account for death proceeds
- Portability of coverage. (not applicable to retirees)
- Benefits reduce to 65% at age 70, to 45% at age 75, to 30% at age 80.
- No benefit termination due to age.

AD&D Insurance:

- 24-Hour Coverage
- Seat Belt/Airbag System Benefit up to \$10,000.
- Some AD&D Exclusions and Limitations apply.

➤ ***Dependent Life Insurance – Optional***

<i>Coverage Type</i>	<i>Amount</i>	<i>Contribution</i>	<i>Eligible</i>	<i>Rate</i>
Life Insurance: <ul style="list-style-type: none"> <li>▪ Spouse</li> <li>▪ Child</li> </ul>	\$2,000 \$1,000 per child	<ul style="list-style-type: none"> <li>▪ 100% Employee-paid</li> <li>▪ Payroll Deducted</li> </ul>	All full-time and “part-time A” employees	Flat .48 per month

- If you elect Dependent coverage, you automatically receive the Family Benefits Package (for surviving spouse and children for loss due to accident): includes child care, higher education and career adjustment benefits.
- Continued coverage for disabled child.
- Conversion of coverage.

**(continued on back)**



➤ **Employee Additional Life Insurance – Optional**

<b>Coverage Type</b>	<b>Amount</b>	<b>Contribution</b>	<b>Rates</b>																						
Employee Additional Life Insurance	<ul style="list-style-type: none"> <li>▪ Increments of \$10,000</li> <li>▪ \$500,000 max</li> </ul>	<ul style="list-style-type: none"> <li>▪ 100% Employee-paid</li> <li>▪ Payroll Deducted</li> </ul>	<p>➤ Premium rates for Additional Life Insurance coverage for you and your spouse are based on <b>employee</b> age as of the preceding January 1:</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><u>Age</u></th> <th style="text-align: left;"><u>Monthly Rate per Multiples of \$10,000</u></th> </tr> </thead> <tbody> <tr><td>Under 30</td><td>\$ .60</td></tr> <tr><td>30 – 39</td><td>\$ 0.85</td></tr> <tr><td>40 – 44</td><td>\$ 1.45</td></tr> <tr><td>45 – 49</td><td>\$ 2.65</td></tr> <tr><td>50 – 54</td><td>\$ 4.00</td></tr> <tr><td>55 – 59</td><td>\$ 6.65</td></tr> <tr><td>60 – 64</td><td>\$ 7.30</td></tr> <tr><td>65 – 69</td><td>\$12.75</td></tr> <tr><td>70 – 74</td><td>\$20.90</td></tr> <tr><td>75 or over</td><td>\$36.20</td></tr> </tbody> </table>	<u>Age</u>	<u>Monthly Rate per Multiples of \$10,000</u>	Under 30	\$ .60	30 – 39	\$ 0.85	40 – 44	\$ 1.45	45 – 49	\$ 2.65	50 – 54	\$ 4.00	55 – 59	\$ 6.65	60 – 64	\$ 7.30	65 – 69	\$12.75	70 – 74	\$20.90	75 or over	\$36.20
<u>Age</u>	<u>Monthly Rate per Multiples of \$10,000</u>																								
Under 30	\$ .60																								
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60 – 64	\$ 7.30																								
65 – 69	\$12.75																								
70 – 74	\$20.90																								
75 or over	\$36.20																								
<ul style="list-style-type: none"> <li>▪ If you did not enroll when you were first eligible, medical evidence will be required for all amounts. (please complete a Medical History Statement.)</li> </ul>																									

➤ **Employee Additional AD&D Insurance – Optional**

<b>Coverage Type</b>	<b>Amount</b>	<b>Contribution</b>	<b>Rates</b>
Employee Additional AD&D Insurance	<ul style="list-style-type: none"> <li>▪ Increments of \$10,000</li> <li>▪ \$500,000 max</li> </ul>	<ul style="list-style-type: none"> <li>▪ 100% Employee-paid</li> <li>▪ Payroll Deducted</li> </ul>	<p>➤ 40¢ (per multiples of \$10,000)</p>
<ul style="list-style-type: none"> <li>▪ If you did not enroll for AD&amp;D when you were first eligible, medical evidence is not required.</li> <li>▪ You must have Additional Life Insurance in order to purchase Additional AD&amp;D, and the amount cannot exceed more than your Additional Life coverage.</li> <li>▪ Coverage must be purchased in increments of \$10,000.</li> </ul>			

➤ **Spouse Additional Life Insurance – Optional**

<b>Coverage Type</b>	<b>Amount</b>	<b>Contribution</b>	<b>Rates</b>
Spouse Additional Life Insurance	<ul style="list-style-type: none"> <li>▪ Increments of \$10,000</li> <li>▪ \$250,000 max</li> </ul>	<ul style="list-style-type: none"> <li>▪ 100% Employee-paid</li> <li>▪ Payroll Deducted</li> </ul>	Please refer to rate table in Employee Additional Life section
<ul style="list-style-type: none"> <li>▪ You must elect Additional Life Insurance for yourself in order to elect Spouse coverage, and Spouse coverage cannot exceed 50% of Employee coverage.</li> <li>▪ Medical evidence will be required if you wish to increase your Spouse amount or if you did not enroll for Spouse coverage when you were first eligible. (please complete a Medical History Statement).</li> </ul>			

➤ **Spouse Additional AD&D Insurance – Optional**

<b>Coverage Type</b>	<b>Amount</b>	<b>Contribution</b>	<b>Rates</b>
Spouse Additional AD&D Insurance	<ul style="list-style-type: none"> <li>▪ Increments of \$10,000</li> <li>▪ \$250,000 max</li> </ul>	<ul style="list-style-type: none"> <li>▪ 100% Employee-paid</li> <li>▪ Payroll Deducted</li> </ul>	➤ 40¢ (per multiples of \$10,000)
<ul style="list-style-type: none"> <li>▪ You must elect Additional Life Insurance for yourself in order to elect Spouse coverage, and Spouse coverage cannot exceed 50% of Employee coverage.</li> <li>▪ Medical evidence is not required if you wish to increase your Spouse amount or if you did not enroll for Spouse AD&amp;D coverage when you were first eligible. Amount of AD&amp;D cannot exceed amount of Additional Life.</li> <li>▪ If you are a newly-eligible employee, your Spouse has a Guarantee Issue amount of \$20,000. Coverage must be purchased in increments of \$10,000.</li> </ul>			

➤ **Child Additional Life-only Insurance – Optional**

<b>Coverage Type</b>	<b>Amount</b>	<b>Who Pays?</b>	<b>Who is Eligible?</b>
Child Additional Life Insurance	<ul style="list-style-type: none"> <li>▪ Increments of \$2,000</li> <li>▪ \$10,000 max</li> <li>▪ Benefit amount is per child</li> </ul>	<ul style="list-style-type: none"> <li>▪ 100% Employee-paid</li> <li>▪ Payroll Deducted</li> </ul>	Employees who have enrolled for Additional Life
<ul style="list-style-type: none"> <li>▪ You must elect Additional Life Insurance for yourself in order to elect Child coverage, and Child coverage cannot exceed 50% of Employee coverage.</li> <li>▪ Medical evidence will be required if you wish to increase your Child amount or if you did not enroll for child coverage when first eligible. (please complete a Medical History Statement for each child).</li> <li>▪ If you are a newly-eligible employee, all Child amounts are Guarantee Issue – no medical evidence will be required.</li> </ul>			

**You and your Dependents will receive the same value-added plan features as the Basic Life and AD&D plans.**

# MissionSquare RHS Plan

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Your MissionSquare Retirement Health Savings (RHS) plan is designed to help you and your loved ones pay for future health care costs. Your RHS plan is a tax-advantaged saving and investing plan sponsored by your employer and administered by MissionSquare Retirement.

## Covering Future Health Care Expenses

Your ability to cover medical expenses is one key to a comfortable and secure retirement. Your RHS account gives you a head start on covering future health care costs, including gaps that Medicare doesn't cover. Out-of-pocket health care expenses such as premiums, deductibles, co-payments, and non-covered expenses average a few thousand dollars per year in retirement and have risen at a rate higher than inflation.

Use our [Retiree Health Cost Estimator](#) to estimate your health care costs at and through retirement, factoring in your current health status and savings options. Calculate how much you'll need to cover these costs.

## Consider These Benefits of Your RHS Account:



Tax advantages, including pre-tax contributions, tax-deferred earnings, and tax-free withdrawals for qualifying medical expenses<sup>1,2</sup>



Covers you, your spouse, and eligible dependents



You control the investment decisions, choosing from available options in your plan



View alongside your other MissionSquare accounts on your quarterly statement and online



Continuing tax-free benefits for your spouse and eligible dependents upon your death

<sup>1</sup> Contact your employer or MissionSquare representative to learn more about contribution rules and which expenses qualify.

<sup>2</sup> Tax benefits are based on federal tax law. Benefits may be subject to state and local taxes. Check with your benefits office and/or a qualified tax professional to learn more.

## Joining your **457 Deferred Compensation plan** can be an easy way to save for your future.

To connect with your plan, go to [www.missionsq.org/enroll](http://www.missionsq.org/enroll).

### Eligibility

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You are immediately eligible to join the plan upon hire.

### Enrollment

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Join your plan online anytime at  
<https://www.msqplanservices.org/myplan/306151>

OR

be automatically enrolled! Automatic enrollment takes place on the following month's first pay period 30 days after your hire date at 2% on a pre-tax basis.

### Contributions

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You decide the amount to contribute and can change your contribution amount at any time. Log in to account access to change your contributions. You can elect to make pre-tax and/or Roth after-tax contributions. You may also transfer, or roll over, other eligible retirement accounts to the plan. The IRS limits contributions. For current limits, visit [www.missionsq.org/contributionlimits](http://www.missionsq.org/contributionlimits).

### Vesting

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Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions and their earnings.

### Investments

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Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds. Carefully review your investment options before making your selections. You can make changes to your investments at any time.

### Withdrawals

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After you separate from service with your employer, you will be eligible to withdraw your money at any time. However, you will not be required to take any withdrawals until after age 73. While you are still employed, your withdrawal options are limited to attaining age 59.5, balances under \$5,000 (with no contributions made for a period of two years), or emergency withdrawals, as defined by the IRS.

### Loans

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Your plan allows you to borrow money from your account while you are still employed. The maximum loan amount is limited to half of your account balance or \$50,000, whichever is less.

### Account Management

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Log in to [www.missionsq.org/login](http://www.missionsq.org/login) to manage your account, sign-up for e-delivery and text updates, and connect all of your finances in one view.

Your MissionSquare representative:

**Jake Hoffman**  
Retirement Plans Specialist  
202-759-7053 | [jahoffman@missionsq.org](mailto:jahoffman@missionsq.org)

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**SUMMARY DESCRIPTION** The actual rules governing your plan are contained in state retirement laws and the federal tax code. This publication provides a summary of the rules and is not a complete description of the law. If there are any conflicts between what is written in this publication and what is contained in the law, the applicable law will govern. This plan introduction is designed to provide you with general plan information. If there is a conflict between the information in this summary and the Plan document, the Plan document will be the controlling document.

---

## Participation & Investment

Eligibility is defined by your employer who will provide you with enrollment material as needed. Participation is mandatory.

When you enroll, a [target-date fund](#) based on your age or other default investment option will be selected for you, but you can make changes at any time. You control how contributions and associated earnings are invested, choosing from [available investment options](#).

## Contributions

All contributions to your account are set aside *exclusively* for qualifying medical expenses for you, your spouse, and your eligible dependents. Contributions can be made by you and/or your employer, with your employer defining contribution types, amount, and frequency. Examples include:

- Employer contribution of a fixed percentage or dollar amount or a discretionary employer contribution
- Mandatory contributions of employee compensation
- Mandatory employee contributions of accrued sick and/or vacation leave

## Benefit Reimbursements

To request reimbursements, you must:

- Be eligible for benefits. Eligibility is defined by your employer and may generally apply at retirement, upon separation from service, or if you become disabled.
- Have medical expenses that qualify. (Refer to your program summary for a list of eligible expenses.)

## Survivor Benefits

In the event of your death, your account will be transferred to your surviving spouse and/or eligible dependents who can continue to use benefits for reimbursement of qualified medical expenses.

### Learn More

For general information, visit [www.missionsq.org/rhs](http://www.missionsq.org/rhs), or call:

- **MissionSquare Retirement Plan Services** (800) 669-7400, for account inquiries, other than claims
- **Meritain Health** (888) 587-9441, for claims-related inquiries once you're eligible to receive benefits
- **Your employer's benefits office**, for plan rules, such as benefit eligibility
- **Your MissionSquare Retirement representative**

To manage your account online, log into your account at [www.missionsq.org](http://www.missionsq.org).

# How To Transfer Your Account

To transfer/roll in your account, log in to access your account at [www.missionsq.org](http://www.missionsq.org), click **Overview**, and then select **Roll in Your Money**.

Have your existing account statement handy for the following information:

- Name of your previous plan provider.
- Anticipated account balance you wish to roll in.
- Type of account you're rolling in from.

## Steps to take:

1. Contact your current provider to get their transfer/roll-in form. Complete and sign the form.
2. Complete the NBS 403(b) Exchange Authorization Form or 457(b) Transfer Authorization Form available once you've accessed your account online. Complete sections 1, 2, and 5, and then send to NBS for their approval, signature, and return to you.
3. Obtain MissionSquare's Letter of Acceptance (LOA) in the **File Vault** under the **Messages and Alerts** menu, once you've accessed your account online.

Submit all the documents to your current plan provider. Once submitted and deemed in good order, allow 30 – 60 days for processing.



### We're here to help.

Our Roll-in Specialists are here to help you.

### We'll let you know when we've received your transferred funds.

We'll send you an email confirmation, and you can access your account to verify this information in the **Transaction History** section.

**For more information**, contact your MissionSquare Retirement representative.



Date: xx/xx/xxxx

## THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY KANSAS CITY, KS (#306151) AUTOMATIC ENROLLMENT NOTICE

Investing in a 457 plan is an excellent way to save for your retirement, as your contributions are invested on a tax-deferred basis and are not subject to federal income tax withholding until they are withdrawn from the account. The Unified Government of Wyandotte County Kansas City, KS is committed to helping you build retirement security and is offering an automatic enrollment provision.

### Plan Enrollment and Contribution Rate

If you have not already made an election to participate in the Plan, 30 days following the date of this notice in the first pay period of the following month, 2% of your pay will be withheld from each paycheck and contributed to the Plan. You will always be 100 percent vested in your contributions to the plan.

If you choose not to participate in the plan, you must notify MissionSquare Retirement by calling Investor Services at 800-669-7400 within 30 days from receiving this notice to avoid the initiation of automatic contributions. However, prior to or after your contributions have begun, you may elect to increase your contributions above the automatic 2% rate, decrease your contributions below the automatic 2% rate, or stop contributions to the Plan. By taking any of these steps you will no longer be automatically enrolled in the plan. Please see below for more information regarding stopping contributions to the plan.

### Investment Options

Your contributions will be automatically invested in the age-appropriate T Rowe Price Retirement Target Date Fund (the "Fund") unless you elect another investment option or options. Once your account is established, you may change how your contributions are invested and, if your plan permits, transfer all or part of your account to another investment option or options. Changing your investment options will not be treated as a decision to not be auto-enrolled or as a decision to cease automatic deferrals.

For information about the Fund, please read the T Rowe Price Disclosures Memorandum and the Fund's Fact Sheet carefully for a complete summary of all fees, expenses, investment objectives and strategies, and risks. These materials are available by calling 800-669-7400, or once your account is established, by logging in to Account Access at [www.missionsq.org](http://www.missionsq.org).

If the plan permits and according to your investment lineup, you may change the way your contributions are invested at any time by logging in to Account Access, <http://www.missionsq.org> contacting Investor Services. If you would prefer an investment other than the Fund for your future contributions, no fees or expenses will apply to change your allocation instructions. Investing involves risk, including possible loss of the amount invested. You should carefully consider the information contained in a fund's offering and disclosure documents before investing.

The following chart provides the available Fund your default contribution will be invested in based on the assumption you will retire at age 65\*.

<b>If you were born...</b>	<b>Milestone Fund Name</b>
1953 - 1957	T Rowe Price Retirement 2020
1958 - 1962	T Rowe Price Retirement 2025
1963 - 1967	T Rowe Price Retirement 2030
1968 - 1972	T Rowe Price Retirement 2035

1973 - 1977	T Rowe Price Retirement 2040
1978 - 1982	T Rowe Price Retirement 2045
1983 - 1987	T Rowe Price Retirement 2050
1988 - 1992	T Rowe Price Retirement 2055

As an illustration, if you were born in July 1973, your default investment option will be the T Rowe Price Retirement 2040 Fund.

*\*Calculations that produce a date beyond the currently available T Rowe Price Retirement Funds will default to the T Rowe Price Retirement 2055 Fund.*

### Stopping and Receiving a Refund of Contributions

If you wish to stop your participation in the plan, you should call Investor Services at 800-669-7400 or log into your account online.

If you elect to stop your contributions to the plan within 90 days from the date MissionSquare Retirement received your first contribution, you will receive a refund of contributions made through the Automatic Enrollment program plus or minus any associated investment earnings or losses. After the end of the 90-day period, Plan rules limit making withdrawals while you are still employed with The Unified Government of Wyandotte County Kansas City, KS. Since all refunded monies are taxable as normal income, MissionSquare Retirement will provide you with the appropriate tax reporting form.

### Other Withdrawals

After you leave employment with The Unified Government of Wyandotte County Kansas City, KS, you will be eligible to make withdrawals from your account, but you are generally not required to begin withdrawals until after you reach age 70½.

While you are still employed with The Unified Government of Wyandotte County Kansas City, KS, you may only take withdrawals for the following circumstances if so elected by your employer:

- After you reach age 70½
- Assets that you rolled-in from another retirement plan
- In certain unforeseeable emergency situations, as defined by the IRS, and permitted by the plan.

You may also be able to make a withdrawal under the following circumstance while still employed:

- Your balance is between \$1,000 and \$5000 (2020 limit) and no contributions have been made to the plan for at least two years

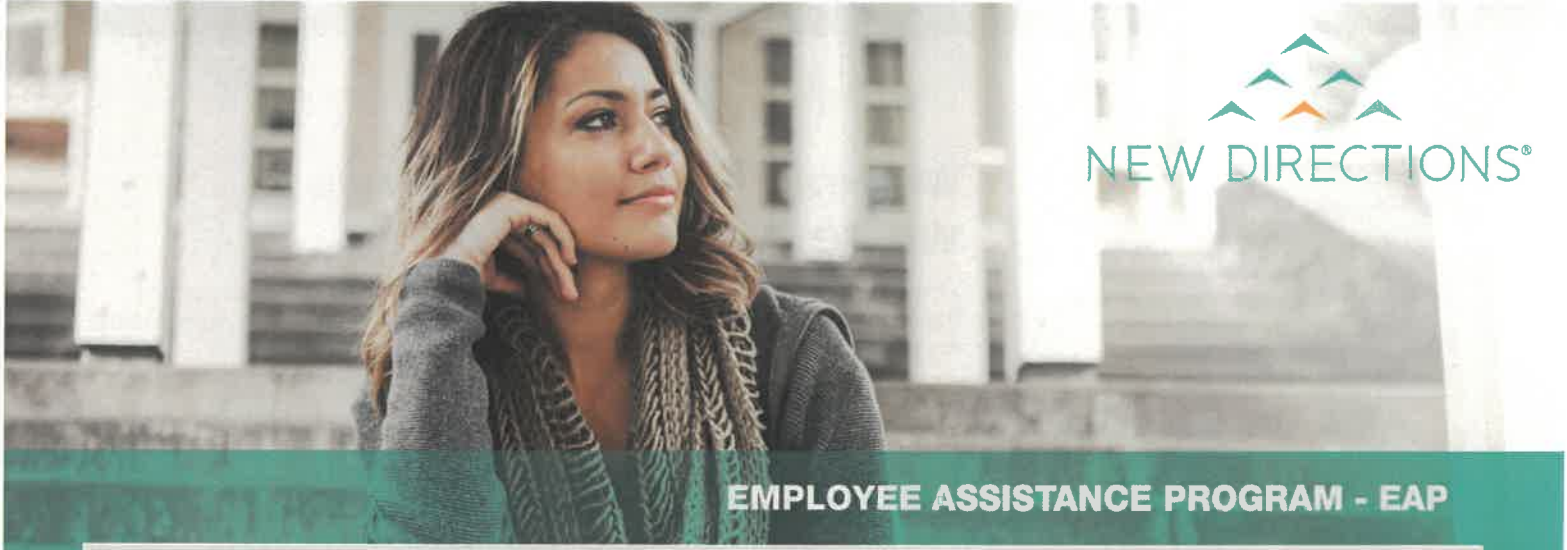
Withdrawals are generally taxable but, unlike other retirement accounts, the 10% penalty tax generally does not apply to distributions of 457(b) assets prior to age 59½.

### Updating Your Account

To change the amount of your contribution or investment selections, update your account information, or learn more about The Unified Government of Wyandotte County Kansas City, KS 457 Deferred Compensation Plan, please utilize MissionSquare Retirement's web site at [www.missionsq.org](http://www.missionsq.org) or contact us at 800-669-7400.



NEW DIRECTIONS®



## EMPLOYEE ASSISTANCE PROGRAM - EAP

# When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

### We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

### We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



**Support Line**  
Call anytime  
800-624-5544



**Mobile app**  
Search for New  
Directions EAP



**Web**  
Visit [ndbh.com](http://ndbh.com)  
for resources

### SERVICES

- ☑ **Counseling**
  - In-person
  - Telephone
  - Text messaging
  - In-the-moment
  - Video
- ☑ **Consultation on**
  - Finances
  - Legal needs
  - Managing employees
  - Life
- ☑ **Crisis support**
- ☑ **Coaching**
- ☑ **Adult and child care resources**
- ☑ **Personal and professional training**
- ☑ **Digital behavioral health tools**

**ndbh.com**  
**800-624-5544**

**Services are free and your employer will not know you reached out.**  
Flip this sheet over to see some common reasons people use EAP.

**“The EAP has been beneficial in so many ways I don’t know how I would have gotten through without it.”**

**Check out our app.**

Search for **New Directions EAP** in your app store.



## Whatever life throws your way, we’re here to help.

Stress, relationships, work and money. These are the most common reasons people reach out to the EAP every year. But no matter what issues you’re facing, the EAP is the perfect first step for you or your family members to:

### Reduce stress

Some stress can be a good thing, but too much can be debilitating and unhealthy. Counseling, assessments, coaching, apps, meditation practices, online tools and more can help you improve areas that need work.

### Handle a life curve ball

Divorce, adoption, losing a loved one, career changes and moving can all interrupt one’s daily life. Counseling, thousands of online tools, coaching and consultations can help you adjust.

### Cope after crisis

Mentally processing and coping after a traumatic event generally takes time and expert care. Counseling, education sheets and communication can help when a crisis occurs.

### Support and improve relationships

Raising kids, living with others or improving friendships can take guidance and investment. Counseling, videos, tip sheets and advice make this easier. Referrals to credible daycares, assisted living facilities, dog walkers, physicians, etc. can also help.

### Focus at work

We all experience feeling a lack of productivity and engagement at work sometimes. Trainings, advice and custom behavioral strategies can help you become more focused.

### Lead others

If you supervise people at work, it’s likely you handle difficult things like performance issues, troubled employees, HR law and hard conversations. Dedicated consultants can provide guidance so you can do your job and have less stress.

### Navigate the legal system

Handling a landlord, large purchase, estate or even an infraction can be easier with the help of a legal expert and thousands of online templates to put into action.

### Reduce debt

Money worries can be minimized with custom action plans developed with a financial expert to save, reduce debt or afford a life desired.

### Live a healthy life

Changing behaviors to quit smoking, lose weight, manage a disease or exercise more can be more manageable when broken into baby steps. Coaching, videos, counseling and digital tools can help you start living healthy.

**Take the first step and call today.**

**ndbh.com**  
**800-624-5544**

# Health Center Services



## Unified Government Road to Wellness Health Center

- Preventive care
- Acute (sick) care
- Chronic condition management
- Health coaching
- On-Site Pharmacy
- Lab services
- And more



**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
[my.marathon-health.com](https://my.marathon-health.com)





# Preventive Health



**Schedule an Appointment for:**

- Bone density
- Diabetes
- Lipid
- Thyroid
- And more



**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
**[my.marathon-health.com](https://my.marathon-health.com)**





# Acute (Sick) Care



**Schedule an Appointment for:**

- Common cold/flu
- Constipation
- Diarrhea
- Eye and skin infections
- Headache
- Joint pain or minor injuries
- Nausea
- Strep throat



**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
[my.marathon-health.com](https://my.marathon-health.com)



# Chronic Disease Management



Schedule an Appointment for:

- Diabetes
- Heart disease
- Cholesterol
- High blood pressure
- And more



**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
[my.marathon-health.com](https://my.marathon-health.com)



# Health Coaching



**Schedule an Appointment for:**

- Lose/gain weight
- Quit smoking/tobacco
- Reduce or manage stress
- Prevent or manage diabetes
- And more



**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
[my.marathon-health.com](https://my.marathon-health.com)



# On-Site Pharmacy



## Medications dispensed onsite

- Fill prescriptions from providers at the health center and outside prescribers
- Acute care medications
- Allergy medication
- Chronic condition medication
- And more

## CONTACT THE PHARMACY

Call 913-573-5290

Fax 913-371-0576



# Lab Tests



**Schedule an Appointment for:**

- Hemoglobin A1C
- Lipid Panel
- Glucose
- Rapid strep
- Mono
- Urinalysis



**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
**[my.marathon-health.com](https://my.marathon-health.com)**



# Pediatric Care



**Schedule an Appointment for:**

Marathon Health treats minor illnesses and injuries and can conduct sports physicals. They do not offer well child checkups, routine physicals, chronic disease management or immunizations for children under 16.



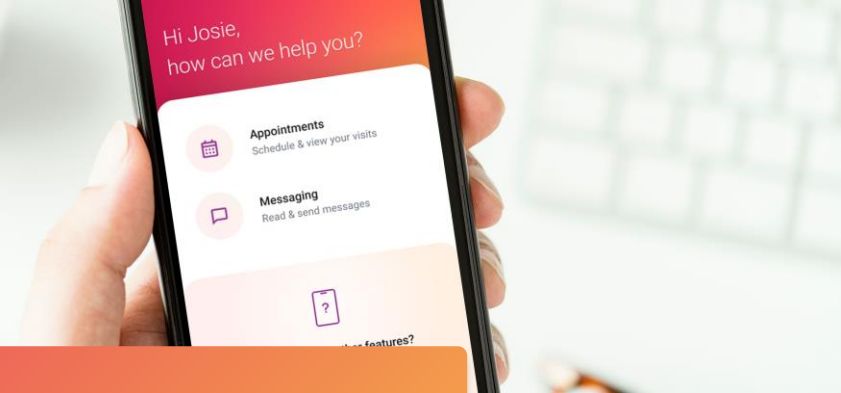
**WALK IN OR SCHEDULE  
AN APPOINTMENT**

Call 913-573-9355 or visit the portal  
[my.marathon-health.com](https://my.marathon-health.com)





# Marathon Health App



Download the app on any iOS or Android Device

- Schedule appointments
- Message your care team
- Request medication refills
- View your health records online



**DOWNLOAD THE APP**

Scan the code or visit  
[marathon-health.com/mobile](https://marathon-health.com/mobile)





## 2024 INCENTIVE PROGRAM GUIDE

Program start: January 1, 2024  
Program End: December 15, 2024

Full-time and part-time employees enrolled in the medical plan continue to be eligible to earn UP TO \$600 for participation in the Unified Government’s wellness program, with continued focus on our 4 key Well-Being Themes. All 2024 rewards will be distributed on your paycheck in January 2025, unless you elected during the 2024 Open Enrollment period to have your reward deposited pre-tax into your HSA. There are 3 steps to complete to be able to receive the full incentive award, with minimum points to earn with each step. You can choose to complete the steps in any order, but you MUST complete all activities in “Step 1” to be eligible for any rewards. More information about each step is listed on Page 2 and on the wellness portal at <https://my.marathon-health.com/login>.

**Step 1 – Complete all Core activities within the current year and earn \$75 (and become eligible for more rewards):**

- Health Risk Assessment
- Biometric Screening
- Identify a Primary Care Provider

\*These activities must be completed to be eligible for additional rewards.

**Step 2 – Complete Annual and Bi-Annual Well-being Activities (achieve 225 points and earn \$225):**

Includes annual flu shots, physical exams, filling a prescription at the Road to Wellness Pharmacy and more. \*See Page 2 or visit the wellness portal for a list of additional activities.

**Step 3 – Quarterly Well-being Activities:**

Participate in quarterly well-being activities to accumulate 50 points per quarter and receive \$50 for each quarter that you reach 50 points. (\$50 per quarter/\$200 max).

**BONUS: Earn an additional \$100 reward for staying engaged all year!**

**Spouses can earn points toward your incentive rewards!**

If your spouse is on the UG medical plan, they can help you meet your quarterly well-being points by completing the Spouse Wellness Evaluation listed below.

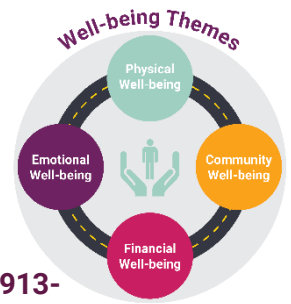
**Spouse Wellness Evaluation:**

- Annual Health Risk Assessment (25 points)
- Annual Biometrics and Labs (25 points)

A spouse can contribute up to 25 points per quarter to the employee’s quarterly point total for a maximum of 50 points per year. \*For spouse points to assist with the employee’s quarterly total, the employee must actively participate in all 4 quarters of the incentive program.

**Are you retiring this year?**

You have until your last day of employment to earn points for rewards. You can still use the Health Center as a retired employee! For more information, log into your wellness portal at [my.marathon-health.com](https://my.marathon-health.com).



Have a question? Contact YOUR Care Team at the UG Road to Wellness Health Center at 913-573-WELL (9355) or [wellness@marathon-health.com](mailto:wellness@marathon-health.com).

**INCENTIVE PROGRAM GUIDE: Enroll and complete all 3 steps to better well-being and earn up to \$600!**

Step 1 – Complete all Core activities and earn \$75 (STEP 1 IS REQUIRED TO EARN ADDITIONAL REWARDS in Steps 2 and 3)	Points
Health Risk Assessment	25
Biometric Screening or Verified Labs	25
Identify a Primary Care Provider (in the community or at the Road to Wellness Health Center)	25

Step 2 – Complete Annual/Bi-annual Wellness Activities to earn 225 points needed to earn \$225 at the end of the program year	Points
Annual Flu Shot	50
Annual Physical Exam	75
Dental Exam: can be completed twice a year	50
Eye Exam	25
And more! Visit the Marathon Health Portal for a comprehensive list of activities.	

Step 3 – Complete Quarterly Well-being Activities to earn 50 points/quarter and earn \$50 each quarter	Points
Health Coaching: in person or virtually	25
Online Well-being Classes (25 points/class)	50
Wellness Event Participation (Quarterly Challenges -25 points/challenge)	50
Quarterly Physical Activity or Step Tracking	50
And more! Visit the Marathon Health Portal for a comprehensive list of activities.	
NOTE: For 2024, Quarter 1: Jan-March 2024 \$50 max   Quarter 2: April-June 2024 \$50 max  Quarter 3: Jul-Sept 2024 \$50 max   Quarter 4: Oct-Dec 2024 \$50 max	

Follow these three simple steps to get started:

**1**

Log on to the Marathon Health Portal to get started

**2**

Click the "View Incentives" button on the homepage

**3**

View your activities and track your progress

**If you complete Steps 1-3 and earn \$500, you will earn an additional \$100 at the end of the program year!**  
**Bonus: Earn an additional \$100 reward for staying engaged all year (total of \$600)!**

To log on to the Marathon Health Portal, scan the QR code:

