



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM



2025 Employee Benefits

A summary of what's available, what's new and how to sign up.
See all the details at KansasHealthSystemBenefits.com.

Choose your 2025 benefits

Sign up (or decline) between **Monday, October 14,**
and **Friday, November 1,** by 5 p.m. CT.

Esta guía de inscripción de beneficios está disponible
en español en la página web de Benefits Connection
en KansasHealthSystemBenefits.com.

TAKE CARE OF → YOU

Sign up for 2025 employee benefits

This guide highlights the choices available and actions needed during annual benefits enrollment. You have important decisions to make about which benefits best fit into your budget and meet your health, financial and life needs. The benefits team is here to help – you can reach them using the resources listed on the back cover.

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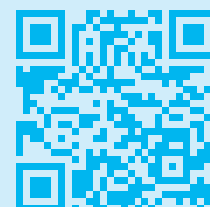
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TIP

Information at your fingertips

Throughout this book, you will be directed to the Benefits Connection website for deeper information. Bookmark the site and use it year-round to make the most of your benefits.

Benefits
Connection



Our formula for success starts with you



Dear health system employee,

Our people are vital to our success as an organization. And as the best health system in our region, we are especially committed to keeping our employees and their families healthy by providing access to the best care and services. We are also committed to keeping our medical benefits as affordable as possible despite some factors we cannot control.

This is an unprecedented time in healthcare. Rising costs for prescriptions, medical supplies and healthcare plans are impacting both healthcare providers and our patients. They are also impacting the medical benefits we offer our employees.

In 2025, the health system and our employees will share in higher costs for our medical benefits. The health system is paying the vast majority of these increases for more than 25,000 employees and their covered family members. You will see modest increases in premiums and your share for deductibles and out-of-pocket maximums will be higher (details are in the chart on page 11).

We know this is hard as you also have higher costs in other areas of your life. We encourage you to take control of your benefits budget:

- Reassess which medical plan works best for you and your family. Start with page 8 and, if you still need additional guidance, set up a personal meeting with a benefits expert (see back cover).
- Look for tips in this book for ways to minimize your benefits expenses and make the most of them, including those we provide free to you.
- Bookmark the Benefits Connection website and use it year-round for more tips: [KansasHealthSystemBenefits.com](https://www.kansashealthsystembenefits.com).
- Lean on your benefits team. They are available by phone and email, and will be onsite to answer your questions during the enrollment period (see back cover).

As you choose your benefits for 2025, please know how much we value what you do for our patients, our community and the health system. We are deeply grateful.



Tammy Peterman, MS, RN, FAAN
President, Kansas City Division
Executive Vice President,
Chief Operating Officer and
Chief Nursing Officer



Jeff Risinger
Senior Vice President
Chief Human Resources Officer

Take care of you

The University of Kansas Health System honors your commitment to providing the best care in the region by investing in your well-being with benefits that help you take care of yourself and your family.

Benefits needing action now:

- ❑ Medical insurance, including prescription coverage
- ❑ Vision insurance
- ❑ Dental insurance
- ❑ Pretax savings accounts
- ❑ Life and accidental death & dismemberment insurance
- ❑ Short- and long-term disability insurance
- ❑ Hospital indemnity, accident and critical illness insurance
- ❑ Identity theft protection
- ❑ Prepaid legal services



Covering your family members

You can add eligible dependents to many benefits. Have their full name, date of birth and Social Security number ready when you sign up. Full instructions to sign up are on page 23.

New for 2025: After enrollment, you will be asked for documents to confirm your dependent is eligible to receive coverage. Some examples include: Marriage certificate, birth certificate, adoption decree and certification from your spouse's employer whether medical insurance is available to them. If you have inadvertently added someone to your plan in the past who does not meet the criteria below, you should look now for other coverage.

Who's eligible

- **Legal spouse.** You may be required to pay a surcharge if your spouse has access to other medical benefits through an employer – see page 9.
- **Children under age 26,** born to or lawfully adopted by you or your spouse, and/or a child for whom you or your spouse is the legal guardian.
- **Disabled children age 26 or older,** born to or lawfully adopted by you or your spouse, who are incapable of self-support, provided the disability began before age 26.
- **A child for whom healthcare coverage is required** through a qualified medical child-support order or other court or administrative order.

TIP

Understand who you can add to your benefits

Take care of you beyond annual benefits enrollment

The health system invests in a variety of benefits that are available anytime of the year – not just during annual benefits enrollment. Some are free; some you can buy.

Free benefits for all employees, regardless of eligibility

Employee Assistance Program (EAP)

Confidential counseling for you and members of your household, including children. EAP offers other free services such as help with basic wills and financial power of attorney.

Wellness

It's About You provides resources to strengthen physical, mental and financial health.

Discounts

Save on purchases with Perks For You.

Tobacco cessation program

Quit For Life offers a science-based approach to stopping tobacco use.

Cash awards for professional certifications

Because achieving certification shows commitment, you'll be recognized with a cash award.

529 education savings plan

Deposit part of your paycheck to save for education costs including college, K-12 tuition, vocational schools and more.



Free or for-purchase benefits for eligible employees (0.5 FTE+)

Financial counseling and resources

Free financial coaching with Fidelity plus free tools for budgeting, saving, investing and retiring.

Childcare, back-up care, tutoring, senior care

Use Bright Horizons' free service to find a child-care center, back-up care, experienced tutor and more.

Pet insurance

Be prepared for unexpected vet costs.

Retirement savings

Save more with the 457(b) "boost" plan.

Tuition reimbursement

Get up to \$3,750 per year toward college courses.

Help with student loan forgiveness programs

Experts help you navigate the complex loan forgiveness programs.

Auto and home insurance

Discounts for auto and home insurance.

Buying program

Helps with major purchases by setting up interest-free payments through payroll deduction.

Free services

Estate planning (simple legal wills), emergency travel assistance, funeral planning and beneficiary assistance.

What's new for 2025

As healthcare costs rise nationwide, especially for prescription drugs, the health system is mindful to offer benefits that support employees in meaningful ways. Our benefits ensure access to quality care at the best possible price.

Changes start January 1, unless noted.

Coverage and costs

- The health system continues to pay most of the cost for healthcare expenses.
 - Medical plan premiums will increase.
 - Employee share of costs in the medical plan for deductibles and out-of-pocket maximums will be higher.
- Part-time employees between 0.5 and 0.59 FTE will share a greater portion of the expense, with higher medical premiums compared to full-time employees (0.6 FTE and above).
- Dependent eligibility will need to be confirmed – see page 4.

Mental health

- Applied Behavior Analysis therapy, previously covered for those age 19 and under, will be covered for all ages. Preauthorization is still required.
- Unlimited visits for physical, occupational and speech therapy for mental health or substance abuse disorders will be covered.

Physical/occupational/speech therapy

With the Signature Plan, the cost for care in the health system network is changing from a copay to a deductible plus coinsurance.

Prescription coverage

Updates to prescription coverage are designed to simplify how employees and their families use this benefit while helping manage the rapidly rising cost of medications. Details are on page 12.

Durable medical equipment

Durable medical equipment ordered from the health system's MyHealth at Home store will be covered at the health system network rates. This covers equipment ordered by a healthcare provider for extended use such as CPAP machines, breast pumps, oxygen tanks, crutches and more. Home delivery and setup can be provided.

Public Service Loan Forgiveness assistance

This new benefit is available now and helps guide employees through the government's Public Service Loan Forgiveness (PSLF) application process.

TIP

Get help

Meet with benefits experts one-on-one to have your questions answered and get help enrolling. Instructions to schedule a meeting, plus other support resources, are on the back cover.

Understanding your costs

The majority of your premiums and medical plan cost is paid for by the health system.

You share in healthcare costs in five ways:



1.

Premiums

The amount you pay for your health insurance, taken out of your paycheck before taxes. The health system pays most of the premium.

2.

Deductibles

The amount you pay for covered services before your insurance starts to help out. Consider if you have enough money in your budget – or in savings – to cover the deductible. See how a pretax savings account can help on pages 18-19.

3.

Copays

The set amount you pay for doctor visits and prescriptions. Copays do not apply to your deductible.

4.

Coinsurance

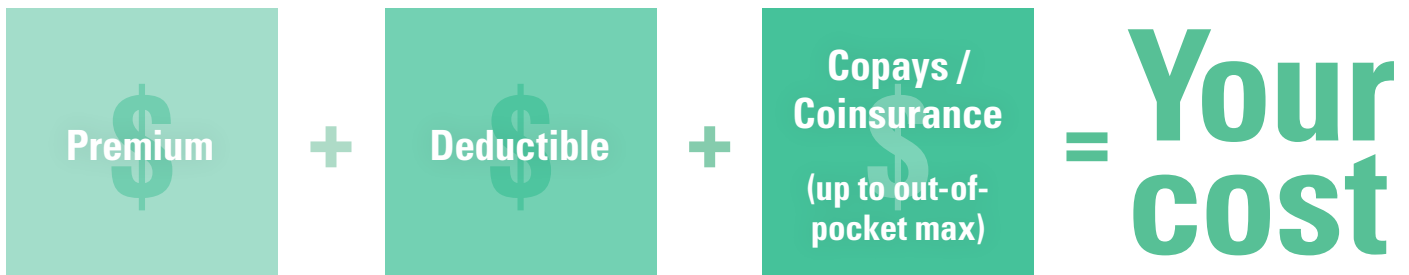
The percentage of total cost you pay for doctor visits, prescriptions and other services after your deductible is met.

5.

Out-of-pocket maximum

The most you will pay in a calendar year for covered medical care and prescriptions.

How much you'll pay:



TIP

Free preventive care

Remember some preventive care services – like your annual physical and certain screening exams – are always free.

Medical benefits

The health system offers two medical plans that use the Blue Cross Blue Shield network. Use the next few pages for help deciding which plan works best for you and your family.

HSA Advantage Plan



- Lower premiums
- Higher deductibles
- Deductible plus coinsurance for most services
- Aggregate deductible
 - Family deductible must be met before plan pays its share for any one covered member.
- Pretax savings
 - Eligible for Health Savings Account (HSA)
 - Health system contributes to your HSA (\$500 employee-only and \$1,000 for family coverage)

Signature Plan



- Higher premiums
- Lower deductibles
- Fixed copays for most in-network office visits
- Embedded deductible
 - Once member meets individual deductible, plan pays its share for that person, even if family deductible not met
- Pretax savings available through Flexible Spending Account



Both plans offer

- Free preventive services
- Prescription coverage
- Three provider network tiers – health system, in-network and out-of-network

TIP

What is your tipping point?

A high deductible plan (HSA Advantage) works best if you use less healthcare OR have extensive healthcare needs. These questions can help you decide:

1. Do you see a doctor more than four times a year or have a chronic illness?
2. Do you have ongoing prescription medications?
3. Do you have planned medical expenses in the next year, such as a new baby or knee replacement?

4. Do you reach your annual deductible by May?
5. Are you able to pay your deductible, or can you put enough into your HSA each paycheck to cover it?

If you answer yes to questions 1, 2 or 3 – and answer yes to questions 4 and 5 – then the HSA Advantage plan may save you money. To discuss this option with a benefits expert, schedule a one-on-one meeting using the instructions on the back cover.

Medical plan rates

Use the charts below to understand the premium you will pay for medical insurance, including prescription coverage, plus the larger portion the health system pays to support you. The amounts you'll pay for premiums, deductibles and out-of-pocket maximums are higher than last year and reflect rising plan costs for medical services and prescription medications. If your spouse is offered medical insurance through their employer, you will pay an extra \$50 per paycheck if you add them as a covered dependent.

Full-time employees (0.6-1.0 FTE)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$37.00	\$416.81	\$69.00	\$386.00
Employee + spouse	\$154.00	\$760.08	\$232.00	\$686.60
Employee + children	\$127.00	\$720.54	\$200.00	\$646.69
Employee + family	\$211.00	\$1,179.57	\$317.00	\$1,101.66

Great Bend (will align with health system premiums over time)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$37.00	\$416.81	\$69.00	\$386.00
Employee + spouse	\$119.00	\$795.08	\$232.00	\$686.60
Employee + children	\$100.00	\$747.54	\$170.00	\$676.69
Employee + family	\$152.00	\$1,238.57	\$317.00	\$1,101.66

Part-time employees (0.5-0.59 FTE)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$39.00	\$414.81	\$72.00	\$383.00
Employee + spouse	\$162.00	\$752.08	\$245.00	\$673.60
Employee + children	\$132.00	\$715.54	\$209.00	\$637.69
Employee + family	\$221.00	\$1,169.57	\$336.00	\$1,082.66

Great Bend (will align with health system premiums over time)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$39.00	\$414.81	\$72.00	\$383.00
Employee + spouse	\$124.00	\$790.08	\$245.00	\$673.60
Employee + children	\$103.00	\$744.54	\$178.00	\$668.69
Employee + family	\$160.00	\$1,230.57	\$336.00	\$1,082.66

*Taken from 24 paychecks per year.

Choose from 3 provider networks (for both the HSA Advantage Plan and the Signature Plan)

A provider network is a list of providers and hospitals/facilities a health insurance company (for us, it's Blue Cross Blue Shield) contracts with to provide healthcare services to its members at a discounted cost. You can save money by using providers in our medical plans' preferred networks whenever possible.

Health system network \$

- Best care in the region.
- Most affordable option.
- Includes all health system facilities.
- Includes all providers employed by the health system.
 - Liberty Hospital facilities will be in the health system network Jan. 1, 2025.
 - A list of providers at Liberty Hospital and legacy Olathe Health who are part of the health system network is at [KansasHealthSystemBenefits.com/HSPProviders](https://www.kansashealthsystembenefits.com/HSPProviders).

In-network \$\$

- Provides flexibility and choice that still helps you save money.
- **BlueSelect Plus** = access to more than 5,400 providers at 14 Kansas City-area facilities.
- **BlueCard PPO** = in-network coverage in greater Kansas and nationwide.

Note: Both networks exclude HCA and St. Luke's. To see a map of the network coverage areas, visit [KansasHealthSystemBenefits.com/CoverageMap](https://www.kansashealthsystembenefits.com/CoverageMap).

Out-of-network \$\$\$

- Enables going to providers not in-network.
- Most expensive option.
- Significantly higher deductibles, coinsurance and/or copay amounts, and out-of-pocket maximums.
- Money spent using out-of-network care has a separate deductible and out-of-pocket maximum (except for qualified emergency room visits).

Medical network resource guide



TIP

Get the most from your network

- ➔ You can save money by using providers and facilities in the health system network or in-network.
- ➔ The health system network will always be your lowest cost.

How the medical plans work

As you consider which plan is right for you, use the chart below to compare your out-of-pocket costs for different services under each plan.

HSA Advantage Plan				Signature Plan		
	Health system network	In-network*	Out-of-network	Health system network	In-network*	Out-of-network
Annual deductible [^]	\$1,800 individual (\$200 increase) \$3,600 family (\$400 increase)	\$4,000 individual (\$800 increase) \$8,000 family (\$1,600 increase)	\$6,400 individual (no increase) \$12,800 family (no increase)	\$500 individual (\$100 increase) \$1,000 family (\$200 increase)	\$2,000 individual (\$500 increase) \$4,000 family (\$1,000 increase)	\$4,000 individual (\$2,000 increase) \$8,000 family (\$4,000 increase)
Annual maximum out-of-pocket costs [^]	\$4,500 individual (\$500 increase) \$9,000 family (\$1,000 increase)	\$6,000 individual (\$2,000 increase) \$12,000 family (\$4,000 increase)	\$19,800 individual (no increase) \$39,600 family (no increase)	\$4,500 individual (\$500 increase) \$9,000 family (\$1,000 increase)	\$6,000 individual (\$2,000 increase) \$12,000 family (\$4,000 increase)	\$10,500 individual (no increase) \$21,000 family (no increase)
Member coinsurance	You pay 10%; plan pays 90%	You pay 30%; plan pays 70%	You pay 40%; plan pays 60%	You pay 10%; plan pays 90%	You pay 30%; plan pays 70%	You pay 40%; plan pays 60%
At the doctor's office						
Routine preventative care	You pay \$0; plan pays 100%	You pay \$0; plan pays 100%	40% coinsurance after deductible	You pay \$0; plan pays 100%	You pay \$0; plan pays 100%	40% coinsurance after deductible
Primary care	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$20 copay	\$30 copay	40% coinsurance after deductible
Specialist	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$40 copay	\$60 copay	40% coinsurance after deductible
Urgent care	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$40 copay	\$60 copay	40% coinsurance after deductible
At the hospital						
Emergency Department	10% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible**	10% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible**
- Inpatient services - Outpatient services	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Other medical benefits						
- Outpatient therapy (speech, hearing, PT, OT) - High-tech radiology (MRI, CT, PET scan)	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible ^{^^^}	30% coinsurance after deductible	40% coinsurance after deductible
Mental health & substance use						
Inpatient services ^{***}	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Outpatient services ^{^^}	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$20 copay for office visits; all other services 100% covered	\$30 copay for office visits; 30% coinsurance after deductible for all other services	40% coinsurance after deductible
Pharmacy						
See pages 12-14	Prescription medication coverage is a big factor in choosing a medical plan. Read ahead for important details on prescription drug coverage for each plan.					

*In-network providers are part of either BlueSelect Plus or BlueCard PPO Network.

**To ensure access to emergency care, coinsurance for qualified ER visits applied after deductible is met for in-network care.

***Preauthorization required; coverage of room and board may be denied. [^]Shows increase over 2024. ^{^^}Preauthorization required for ABA therapy. ^{^^^}Outpatient therapy was copay in 2024.

Prescription drug coverage

2025 updates

These changes take effect January 1 to help manage the rising cost of medications.



Fill all specialty medications with the health system pharmacy

To be covered, all specialty medications will be filled only by the health system pharmacy regardless of who prescribes it.



Access guidance savings program

Members who take certain medications will be entered into this program to take advantage of copay assistance offered by manufacturers. If enrolled:

- You will pay a reduced amount for your specialty or GLP1-RA medication as set by the manufacturer.
- Only what you actually pay will apply to your annual deductible and/or out-of-pocket maximum.
 - For example, if the regular price of your medication is \$100 and the manufacturer program price is \$5, only the \$5 you pay will be applied to your deductible and count toward your out-of-pocket maximum.



Simplified tiers based on medication cost

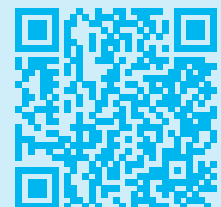
In 2025, the formulary expands to four tiers. The higher the tier number, the higher the cost of the medications in it. Explore your medications at [KansasHealthSystemBenefits.com/Formulary](https://www.kansashealthsystem.com/benefits/formulary).

TIP

Make the most of your pharmacy benefit

- ➔ 2025 updates.
- ➔ Money-saving tips.
- ➔ How to use the health system pharmacy.
- ➔ How to read the formulary.

Pharmacy
Resource
Guide



TIP**Manage your prescription costs**

- ➔ Ask for medication in tier 1, if available.
- ➔ Get acute medications from the health system pharmacy.
- ➔ Use generics whenever possible.

- ➔ If your medication isn't in the new access guidance savings program, check the manufacturer's website to see if other cost assistance is available.
- ➔ Use pretax dollars to pay medication costs. See pages 18-19.

How medication costs work in each medical plan

HSA Advantage Plan	Signature Plan
Uses primarily coinsurance: You pay 100% of the cost until your deductible is met, then a percentage until you reach your out-of-pocket maximum. See the tip to save on chronic medications.	Uses primarily set copay amounts, regardless of whether your deductible has been met.
The coinsurance percentage is the same for all medication cost tiers, but a drug in a higher-cost tier means you'll likely pay more out-of-pocket.	The higher the medication tier, the higher the copay.
Your coinsurance and the price of most medications, is lowest with the health system pharmacy.	Copays are lowest with the health system pharmacy.
If you use a pharmacy that is out-of-network: Pay 50% coinsurance after you meet your separate out-of-network deductible.	If you use a pharmacy that is out-of-network: Pay 50% coinsurance after you meet your separate out-of-network deductible.

Medication costs under the HSA Advantage Plan

For all medications (except those on the preventive drug list), you pay the full cost until you reach your annual deductible. After that, you pay coinsurance:

- ➔ **10% with health system pharmacy**
- ➔ **30% at in-network pharmacy**
(for acute medications only – all others must be filled by the health system pharmacy)

See next page to compare with the Signature Plan medication costs.

TIP**Savings for chronic conditions**

Many maintenance medications used to treat or reduce the risk of chronic conditions (such as insulin) are on the preventive drug list: [KansasHealthSystemBenefits.com/PreventRx](https://www.kansashealthsystem.com/benefits/preventrx).

- ➔ HSA Advantage Plan members pay the Signature Plan copay, typically far lower than deductible plus coinsurance.
- ➔ These copays do not apply to the HSA Advantage Plan deductible but do apply to the out-of-pocket maximum.

Medication costs under the Signature Plan

Acute medications (treat short-term symptoms for a specified period of time)

➔ Fill with health system pharmacy, Medical Park Pharmacy in Great Bend (at health system rate) or an in-network pharmacy (higher cost).

Cost tier	Health system pharmacy		In-network pharmacy*	
	Up to 34 day supply	35-102 day supply	Up to 34 day supply	35-102 day supply
Tier 1 \$	\$5.00	\$10.00	\$25.00	\$50.00
Tier 2 \$\$	\$30.00	\$60.00	\$55.00	\$110.00
Tier 3 \$\$\$	\$65.00	\$130.00	\$90.00	\$180.00
Tier 4 \$\$\$\$	N/A	N/A	N/A	N/A

Maintenance medications (prescribed for long-term, regular use to treat chronic health conditions)

➔ Must fill with health system pharmacy for at least 90 days as permitted and use free delivery.

Cost tier	Health system pharmacy		In-network pharmacy	
	Up to 34 day supply	35-102 day supply	Up to 34 day supply	35-102 day supply
Tier 1 \$	\$5.00	\$10.00	Only covered when filled by health system pharmacy.	
Tier 2 \$\$	\$30.00	\$60.00		
Tier 3 \$\$\$	\$65.00	\$130.00		
Tier 4 \$\$\$\$	\$100.00	\$200.00		

Specialty medications (treat chronic, complex health conditions)

➔ Must fill with health system pharmacy.

Cost tier	Health system pharmacy		In-network pharmacy	
	Up to 30 day supply	31-102 day supply	Up to 34 day supply	35-102 day supply
Tier 1 \$	\$20.00	Specialty medications may only be filled for 30 days or less.	Only covered when filled by health system pharmacy.	
Tier 2 \$\$	\$100.00			
Tier 3 \$\$\$	\$200.00			
Tier 4 \$\$\$\$	N/A			

* Visit [KansasHealthSystemBenefits.com/NetworkRx](https://www.KansasHealthSystemBenefits.com/NetworkRx) for list of in-network pharmacies.

Vision coverage

You have a choice of two vision plans through VSP: Basic or Plus. The Plus Plan offers lower copays and higher allowances for frames and contacts and has higher per-paycheck premiums.

When deciding which is best for you, consider:

- **Copays**
- **Frequency of new frames**
- **Premiums**
- **Allowances for frames/contact lenses**

TIP

VSP offers services and deals year-round for both plans, such as discounts on digital hearing aids and contact lens rebates.



How the vision plan works

	Basic Plan	Plus Plan
Exams and materials		
Eye exam (children may receive 2 well-vision exams per year if significant prescription change)	\$20 copay	\$0 copay
Retinal screening	\$39; \$25 at VSP Premier Max locations	\$39; \$25 at VSP Premier Max locations
Materials	\$30 copay	\$25 copay
Frames	Every other calendar year for adults (every calendar year for children)	Every calendar year
Frame allowance (prescription or nonprescription, e.g., sunglasses or blue-light glasses)	Up to \$175 after materials copay Featured VSP frames: \$225	Up to \$200 after materials copay Featured VSP frames: \$250
Standard lenses	Every calendar year	Every calendar year
Single vision, lined bifocal, lined trifocal, standard progressive, nonprescription	Covered after materials copay	Covered after materials copay
Antireflective coating	N/A	Covered after materials copay
Contact lenses	Every calendar year	Every calendar year
Fitting and evaluation	Up to \$40 copay	Up to \$40 copay
Elective contact lens allowance	\$150	\$200

Vision plan rates

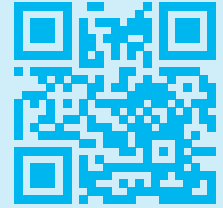
Per-Paycheck Premiums*	Basic Plan	Plus Plan
Employee only	\$3.41	\$10.45
Employee + spouse	\$5.47	\$16.75
Employee + children	\$5.37	\$16.45
Employee + family	\$8.83	\$27.01

*Taken from 24 paychecks per year.

Dental coverage

You can choose from two plans for dental insurance that use the Delta Dental provider networks. Both feature three provider network tiers: PPO, Premier and out-of-network.

Search for dentists in the PPO and Premier networks at [DeltaDentalKS.com](https://www.DeltaDentalKS.com).



2 dental plans to choose from

Basic Plan	Plus Plan
<ul style="list-style-type: none">• Lower premiums• Higher deductibles• Higher coinsurance• Does not include orthodontia services	<ul style="list-style-type: none">• Higher premiums• Lower deductibles• Lower coinsurance• Includes orthodontia services

TIP

Ways to save

- ➔ Preventive care is free in both dental plans, including unlimited cleanings.
- ➔ Select a **dentist in the PPO network** for the lowest out-of-pocket costs.

- ➔ **Right Start 4 Kids:** For kids 12 and under, both plans pay 100% of the cost of covered services, excluding orthodontia.



How the dental plan works

	Basic Plan	Plus Plan
Plan costs		
Annual deductible	\$50 individual \$100 family	\$25 individual \$50 family
Annual plan maximum, per individual	\$1,500	\$1,500
Preventive and diagnostic services		
Oral exams, X-rays, unlimited cleanings	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic services		
Oral surgery, fillings, endodontic treatment, periodontic treatment, denture and crown repairs	Plan pays 60% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible	Plan pays 80% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible
Major services		
Crowns, jackets, dentures, bridge implants	Plan pays 40% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible	Plan pays 50% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible
Orthodontia services		
Orthodontia (adult and child)	Not covered	Plan pays 50% after deductible
Lifetime orthodontia plan maximum (per individual)	Not covered	\$1,500

Dental plan rates

Per-Paycheck Premiums*	Basic Plan	Plus Plan
Employee only	\$7.76	\$10.82
Employee + spouse	\$21.31	\$28.58
Employee + children	\$19.52	\$27.20
Employee + family^	\$39.80 Great Bend: \$34.04	\$55.57 Great Bend: \$46.75

*Taken from 24 paychecks per year.

^Great Bend premiums will continue to align with the health system over time.

Pretax savings accounts

Pretax savings accounts are great ways to save money. They let you set aside money before it has been taxed for dependent care costs (through a child and elder care spending account) and healthcare costs (through HSA or FSA accounts).

Contributing lowers your taxable income and spreads the benefits of pretax dollars throughout the year, helping you save 30% or more on your healthcare and/or family care costs, depending on how much you contribute and your tax bracket.

The health system offers tax-advantaged accounts through Fidelity, the same partner who administers our retirement plans. Access your accounts anytime with Fidelity's NetBenefits, online and via a mobile app.

Child and elder care flexible spending account

Providing an easy way to save money on the cost of caring for your loved ones, so you can work.

Who's covered?

- ➔ Dependents under 13 years old
- ➔ Adult dependents unable to care for themselves

Is a child and elder care FSA right for you?

✓ Common eligible expenses



Before/after school programs



Preschool tuition



Day care for adult or child



Summer day camps

✗ Ineligible expenses



Services provided by one of your dependents



Overnight camps



Expenses paid for school (kindergarten and above)



Nursing homes, respite care or other residential care centers

TIP

Help to find caregivers

➔ The Employee Assistance Program, a free benefit for all employees, can help find child care resources.

➔ Benefits-eligible employees can find a child care center, in-home caregiver, experienced tutor, back-up care and more through the health system's partnership with Bright Horizons.



Choices for saving on medical expenses

HSA Health savings account



- Must be enrolled in HSA Advantage medical plan
- Higher contribution limits
- Health system contributes money
- Not tied to employment
- Unused funds roll over
- Can invest funds
- Can change election amount during the year

Healthcare FSA Healthcare flexible spending account



- For benefits-eligible employees not enrolled in HSA Advantage medical plan
- Lower contribution limits
- Tied to employment
- Unused funds forfeited each year
- Total elected amount available first of the year



Both offer pretax savings for eligible healthcare expenses

Financial protection

Life insurance

➔ Basic life insurance provided free of charge

The health system provides benefits-eligible employees basic life insurance (group term life) through The Hartford. This benefit gives your beneficiary 1.5 times your annual salary (rounded up to the next highest \$1,000), up to \$1,500,000.

Cost to you: \$0. The health system pays 100% of basic life insurance.

➔ Optional supplemental life insurance for purchase

Buying extra life insurance adds protection to what the health system provides.

- **Employee:** Lesser of 5 times salary or \$500,000 (increments of \$5,000). Guaranteed issue: \$200,000.
- **Spouse:** \$100,000 not to exceed 100% of the employee amount of basic and supplemental life insurance (increments of \$5,000). Guaranteed issue: \$30,000.
- **Dependent children:** \$5,000 or \$10,000 (ages 2 weeks to 26 years). All amounts guaranteed.

Cost to you: To know your cost, go to the Benefits Connection website and click “Enroll Now.”

➔ Optional whole life insurance for purchase

Benefits-eligible employees have the option to buy whole life insurance through Boston Mutual for you, your spouse, children and/or grandchildren. In addition to providing death benefits to your beneficiaries, this coverage builds cash value that can be used while you are living.

Cost to you: You can buy this coverage at any time of year. To know your cost, call the benefits help line at 888-494-9119.

Providing evidence of insurability (EOI)



Employees enrolling for amounts over guaranteed issue or electing supplemental life insurance coverage outside their initial eligibility period are required to provide proof of medical insurability.

Accidental death and dismemberment (AD&D) insurance

➔ Basic AD&D insurance provided free of charge

This benefit is paid by the health system to help protect you and your family if you suffer a debilitating injury or die because of a covered accident. AD&D would give your beneficiary a payment equal to the employee’s basic life insurance amount.

Cost to you: \$0. The health system pays 100% of basic AD&D insurance.

➔ Optional supplemental AD&D insurance for purchase

Supplemental AD&D provides extra protection in the case of an accident or death. You can purchase coverage in increments of \$10,000, up to \$500,000 (or 10 times your salary, whichever is less).

Cost to you: To know your cost, go to the Benefits Connection website and click “Enroll Now.”



TIP **Understand eligibility criteria for disability benefits**



Employees are eligible to apply for short-term disability benefits for disabilities that occur on or after the first day of the month following six months of eligibility.

Disability insurance

If you have a nonwork-related accident, pregnancy or illness and can't work, disability insurance provides eligible employees with financial protection.

➔ **Basic short-term disability (STD) insurance provided free of charge**
 This pays a percentage of your weekly income for up to 6 months. You are automatically enrolled when you meet the eligibility criteria.

Basic short-term disability insurance	
Benefits percentage	40% of weekly base earnings*
Maximum weekly benefit	Up to \$1,500
Employee cost	\$0

➔ **Buy-up short-term disability insurance**
 You can choose more STD coverage with a buy-up plan that's paid for by both you and the health system. Enrollment is during your initial eligibility period or annual benefits enrollment. Coverage after the initial eligibility period will be subject to evidence of insurability (EOI).

Buy-up short-term disability	
Benefits percentage	66 2/3% of weekly base earnings*
Maximum weekly benefit	Up to \$2,500
Employee cost	Premium based on weekly earnings. To know your cost, go to the Benefits Connection website and click "Enroll Now" during the enrollment period.

➔ **Long-term disability insurance provided free of charge**
 This provides income protection for employees who have exhausted their 6 months of covered short-term disability benefits.

Long-term disability	
Benefits percentage	60% of base earnings*
Maximum monthly benefit	\$15,000
Employee cost	\$0

*Taxed when paid to employee (applies to first 40% of buy-up option as well).

Optional benefits for purchase

For your peace of mind, the health system offers the following benefits for purchase.



Hospital indemnity insurance

When you are hospitalized, this insurance helps pay out-of-pocket expenses and extra bills. The benefit is paid directly to you in a lump sum based on the length and level of care needed.

Per-Paycheck Premiums*	
Employee only	\$11.81
Employee + spouse	\$24.51
Employee + children	\$22.80
Employee + family	\$37.13



Accident insurance

Accident insurance pays specific amounts for expenses caused by nonwork-related accidents and injuries. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the out-of-pocket expenses covered.

Per-Paycheck Premiums*	
Employee only	\$5.24
Employee + spouse	\$8.23
Employee + children	\$8.87
Employee + family	\$13.91

* Taken from 24 paychecks per year.



Critical illness insurance

This insurance works with medical insurance, helping you pay the direct and indirect costs of a critical illness or event. Conditions covered include heart attack, stroke, major organ transplant, kidney failure, paralysis and some types of cancer. The premiums will be determined by several things including demographics and the amount of coverage.

Cost to you*: To know your cost, go to the Benefits Connection website and click “Enroll Now.”



Identity theft protection

Allstate Identity Protection provides comprehensive personal data protection, ID theft and fraud protection, medical ID theft protection, child theft protection, and assistance and restoration.

Cost to you*: \$4.98 per pay period for employee-only coverage; \$8.98 for family.



Prepaid legal services

Whether you are buying a home, drawing up a will or need legal advice, MetLife Legal can give you easy access to experienced attorneys. You can also receive a wide range of covered legal services at an affordable price.

Cost to you*: Must purchase during the enrollment period. \$9.13 per pay period to cover you and your family members.

Benefits enrollment

Deadline → Nov. 1, by 5 p.m. CT

Sign up in 5 steps:

1. Log in

- Go to KansasHealthSystemBenefits.com and click “Enroll Now.”
- Enter username, the same username as your health system login.
- **NEW:** All passwords have been reset to the last 4 digits of your Social Security number; use this even if you have previously set up a unique password.
- Once logged in, click “Start Your Enrollment.”

2. Verify your information and who will be covered

- Enter or update your information, including eligible dependents (you’ll need name, birth date with year and Social Security number). After benefits enrollment, you will be asked for documents to confirm eligibility for each dependent. See who is eligible on page 4.

3. Choose your benefits

- Sign up or decline coverage for each benefit. For your reference, your benefit selections for the current year will be displayed.
- Click “View Plan Options” to sign up for the benefit and who will be covered.
- Click “Select” once you’ve made your choice.
- To decline a benefit, click “I don’t want this benefit (waive).”

4. Review and confirm

- Enter or update your beneficiaries for life insurance and AD&D insurance, naming who should get these benefits in the event of your death.
- Double-check and save all your benefit selections.

5. Finish

- Check “I agree,” and “I’m finished with my enrollment.”
- Click “Complete Enrollment.”
- **CRITICAL STEP:** Click the icon to either print or email your confirmation and save it for your records.

Read the 2025 health plan and CHIP (Children’s Health Insurance Program) notices at KansasHealthSystemBenefits.com/Notices or contact the HR Support Center for paper copies: AskHR@kumc.edu or 913-945-6500.

TIP

Making changes

You can only change your benefits during the year if you have a qualifying life event — such as marriage, birth or adoption of a child, or gain or loss of other coverage.

- ➔ Full information is on the Benefits Connection website, KansasHealthSystemBenefits.com, under “Qualifying life events.”
- ➔ You can make changes to your HSA contribution amounts, beneficiaries and some voluntary benefits anytime during the year.

Support

We know deciding which benefits to choose – or decline – can feel like a lot. Explore the resources below for support in making the best decisions for you and your loved ones.



KansasHealthSystemBenefits.com

The Benefits Connection website is open to you and your dependents anytime, from anywhere – no username or password is needed.



1-on-1 help

Meet with a benefits expert to have your questions answered and get help enrolling.

- Meet in person or by phone. Schedule a time on the Benefits Connection website. Reuniones en español disponibles.
- Stop by a benefits information table; no appointment needed.



Benefits help line: 888-494-9119 (Opción en español disponible)

Monday-Friday, 8 a.m.-5 p.m. CT, with expanded hours starting at 7 a.m. during the enrollment period.



Benefits help email: BenefitsConnection@kumc.edu.

Remember

You must sign up or decline benefits for 2025 by **Friday, November 1**, at 5 p.m. CT.

- If you do not sign up during the enrollment period, it will be too late to have benefits next year unless you have a qualifying life event.

TAKE CARE OF



YOU