



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

2027 Employee Benefits



Enrollment Guide

Choose your 2027 benefits

Enroll (or decline) between Monday, October 5,
and Friday, October 23, 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

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Dear colleague,

One of the largest investments we make as a health system is in comprehensive, competitive benefits to support you in your work, career and life. We do this because we care about you and appreciate that you invest your time and talent serving our patients.

We are committed to providing our more than 30,000 plan members affordable access to healthcare. We also continue to adapt our benefits to keep pace with changing markets, as well as our members' diverse and evolving needs.

In 2026, to manage costs and improve service, we undertook significant changes in how medical benefits are administered. We appreciate your engagement, questions and feedback.

In response to your feedback, we have:

- Added ways to get answers, including virtual benefits forums and Benni, our digital assistant on the Benefits Connection ([KansasHealthSystemBenefits.com](https://kansashealthsystembenefits.com)).
- Provided more paid time away to help you meet the needs of your family: Personal time in 2026 and, coming in 2027, the addition of paid leave for parents and caregivers.
- Kept your share of premium increases to a minimum.

Page 5 details all the changes and enhancements for 2027. Please review this guide carefully to understand your benefits options. Ask the benefits team for help and schedule a one-on-one meeting for guidance in selecting the options that best support your physical, mental and financial well-being. The inside back cover lists resources to help you make informed decisions.

We value you and are grateful you are part of our team. Thank you for all you do for our patients, community and each other.



**Tammy Peterman,
MS, RN, FAAN**

President, Chief Operating Officer
and Chief Nursing Officer



Jeff Risinger, PhD

Senior Vice President
Chief Human Resources Officer

About this guide

A guide for enrolling in 2027 benefits

This guide highlights the choices available and actions needed during 2027 annual benefits enrollment. It is not a comprehensive benefits guide. For a complete list of benefits, see pages 8-9. For full details on all benefits, visit and bookmark the Benefits Connection website at [KansasHealthSystemBenefits.com](https://www.kansashealthsystembenefits.com).

Benefits that **require your action now** and described in this guide include:

- ✓ Medical coverage, which includes prescription coverage
- ✓ Pretax savings accounts (HSA and FSAs)
- ✓ Dental coverage
- ✓ Vision coverage
- ✓ Life and accidental death and dismemberment insurance
- ✓ Short- and long-term disability insurance
- ✓ Hospital indemnity, accident and critical illness insurance
- ✓ Identity theft protection
- ✓ Prepaid legal services

You'll be making important decisions about the benefits that best meet your health, financial and life needs. The benefits team is here to help — you can reach them using the resources listed on the **inside back cover** of this guide.

TIP

Personal enrollment help

Schedule a one-on-one meeting with a benefits specialist who can answer your questions and help you enroll. This is especially helpful for guidance on big decisions like which medical plan to choose. Scan the QR code to schedule.



What's new for 2027

The health system is committed to keeping your benefits affordable, accessible and comprehensive. The 2027 updates are designed to support financial sustainability for both you and the organization while adding and enhancing benefits that meet the diverse needs of our team.

✓ **Minimal premium increases**

While many employers are raising premiums significantly, we've kept increases to your share of medical plan premiums to a minimum. Most will see increases ranging from just \$1 to \$4 per paycheck while a few will see up to \$8 per paycheck. Dental and vision premiums have increased by no more than a few cents to \$1.50 per paycheck. Deductibles, coinsurance, copays and out-of-pocket maximums will not increase.

✓ **GLP-1 coverage**

To protect the affordability of our employee medical plan for everyone who depends on it, GLP-1 medications will only be covered for members who are diagnosed with Type 2 diabetes.

✓ **More dental coverage for teens**

Right Start 4 Kids, which pays 100% for covered services, will expand to include teens age 13–18.

✓ **Paid parental and caregiver leave**

In a 2024 survey, employees asked for more paid time away to meet life's demands. In 2026, we introduced personal time, which can be used for any reason. In 2027, benefits-eligible staff will receive up to five days of paid parental and caregiver leave once every rolling 12 months. This time can be used to care for a newborn, newly adopted or foster child, or a seriously ill family member, including a parent, spouse or child.

✓ **Child and elder care FSA**

Those enrolled in the child and elder care flexible spending account (FSA) will receive a debit card.

✓ **New benefits partners**

We're bringing in new vendors so employees get more value from their benefits and can manage them more easily.

- + **Aflac** is our new vendor for a wide range of financial protection benefits, including most listed on pages 27-29. Aflac will also administer leaves of absence and disability for a streamlined, user-friendly experience.
- + **Judi Rx** is the new name for our pharmacy benefit manager (PBM), previously known as Capital Rx.
- + **MedicareConnect** is a new, no-cost program to support working and retiring adults age 64½ or older (or otherwise Medicare-eligible) who want to explore the advantages of Medicare coverage. This service is available for all employees and their family members.
- + **Guild** will administer the tuition reimbursement benefit and new tuition support benefit, creating a simpler application and process for staff using either program.

Get ready to enroll



Mark your calendar.

Annual benefits enrollment is October 5–23. All benefits-eligible employees must select or waive coverage by 5 p.m. on Friday, October 23, even if you aren't making changes.



Check out the Benefits Connection website at [KansasHealthSystemBenefits.com](https://kansashealthsystembenefits.com).

Find details about your medical, dental and vision coverage options, pretax savings accounts, financial protection and more.



Determine which plans best meet your needs in 2027.

Make a list of your predictable healthcare expenses, including routine visits, ongoing treatments and prescriptions, planned surgeries, vision or dental needs, plus any expected life change that may impact your needs. Set up a one-on-one meeting with a benefits specialist for guidance.



Maximize your pharmacy benefit.

Keep your costs down by using the health system pharmacy. Review your prescriptions with the prescriber to identify where generic options are available.



Decide if a healthcare or child and elder care pretax savings account is right for you.

Depending on how much in pretax dollars you set aside and your tax bracket, these accounts can lower your overall taxable income and save you money.



Take advantage of additional benefits.

You can purchase insurance for such things as critical illness, accident insurance and pet care. You also have access to benefits that come at no charge, like our employee assistance program. (See full list of benefits on pages 8 and 9.)



Prepare to enroll.

Go to [KansasHealthSystemBenefits.com](https://kansashealthsystembenefits.com) and click "Enroll Now." This will take you to bswift, the benefits enrollment website, where your password has been reset for the 2027 benefits year. Follow the prompts to log in and enroll. (See page 30 for detailed steps to enroll.)



Ask questions.

You have many ways to get help. These are all listed on the inside back cover of this guide.

Who's eligible

You can add eligible dependents to many health system benefits. Just have their full name, date of birth and Social Security number ready when you sign up. [See page 30](#) for instructions to enroll.



Legal spouse. You may be required to pay a surcharge if your spouse has access to other medical benefits through an employer. [See page 15.](#)



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.

Confirming dependent eligibility

The health system requests documents confirming that dependents are eligible to receive benefits. This applies to all benefits where a dependent is named, including medical, dental, vision and life insurance. This helps keep benefit costs as low as possible — ineligible dependents increase costs, which impacts premiums.

Only those enrolling dependents who were not covered in 2026 will be asked for documents confirming they meet eligibility requirements. Affected staff will receive detailed communication, including the documents needed and how/when to provide them. For now, get a head start on gathering documents — but don't send them yet. Later, you'll use a secure portal for uploading.

- **For spouse:** marriage certificate, most recent year's tax return(s)
 - Those newly adding their spouse to a medical plan will need to complete a verification form about your spouse's employment.
- **For child(ren):** birth certificate or adoption decree

Complete list of your benefits

As the leading health system in our region, we are especially committed to supporting and promoting the physical, mental and financial well-being of our employees and their families. That’s why the health system invests in a comprehensive benefits package that supports your needs at whatever stage you’re at in your life and career.

The best place to find details about your benefits is always the Benefits Connection website: **KansasHealthSystemBenefits.com**. Here is a list of all benefits offered by the health system:

 Benefits you need to act on during your enrollment window

Health and wellness

 Medical coverage (including prescriptions)

MedicareConnect

 Dental coverage

 Vision coverage

Hearing aid discounts for vision plan members

Vision discounts

Wellness

MyHealth at Home DME

Live tobacco-free

Mental health

EAP (Employee Assistance Program)

Financial well-being

Retirement

 Pretax savings accounts (HSA and FSAs)

 Life and accidental death and dismemberment insurance

 Disability insurance

 Hospital indemnity insurance

 Accident insurance

 Critical illness insurance

 Identity theft protection

 Prepaid legal services

Pet insurance

Auto and home insurance



Financial well-being (continued)

529 education savings plan

Student loan management

Personal financial coaching

Financial wellness tools

Financial tools just for healthcare workers

Grief support

Travel assistance

Workers' compensation

Home and career

Paid time away

Holidays

Personal time

Paid parental and caregiver leave

Leave of absence

Back-up family care

Family care discounts and support

Perks For You discounts

Tuition support (administered by Guild)

Certification cash rewards

Center for Career and Professional Growth

TIP

Information at your fingertips

Get to know all your benefits on the Benefits Connection website and share the link with your family; no login is needed. Bookmark this site and use it year-round to make the most of your benefits.

Benni, our digital assistant, can answer your questions in seconds 24 hours a day, 7 days a week.



Medical plan options

You can pick between two medical plans for health insurance coverage — **HSA Advantage Plan** and **Signature Plan**. Both plans give you:

- Preventive services as defined by the ACA, covered at 100%.
- The same doctors and provider networks.
- The same covered prescriptions.

Family coverage includes
 employee + spouse
 employee + children
 employee + family

HSA Advantage Plan	Signature Plan
Best if you • Use very little healthcare and prescriptions - OR - • Have very high medical/prescription costs and can pay more early in the year until your deductible is met.	Best if you • Use a lot of healthcare and want predictable costs.
Lower premiums each paycheck	Higher premiums each paycheck
Higher deductible • You pay the full amount for services and prescriptions until your deductible is met, then pay coinsurance, which is a percent of the cost.	Lower deductible • You pay set copays for most services and prescriptions.
Aggregate deductible • The entire deductible for family coverage must be met before coverage kicks in. • Employee-only coverage must only meet the individual deductible. • All family member expenses work together toward your family deductible and out-of-pocket maximum.	Embedded deductible • Each person has their own deductible/out-of-pocket maximum on all tiers of coverage. • When a person meets their individual deductible, the plan pays its share for that person, even if the family deductible is not met.
Pretax savings • Save money in a health savings account (HSA). • Your contributions are made before taxes. • Health system gives \$500 for employee-only and \$1,000 for any tier of family coverage.	Pretax savings • Save money in a healthcare flexible spending account (FSA). • Your contributions are made before taxes.

TIP

Learn about Medicare options

Medicare may be an option for medical coverage even while you’re still working. With MedicareConnect, you can explore your choices at no cost to you. Call our partner, SmartConnect, at **844-784-4923** or visit the **Benefits Connection website**.

For help deciding on a medical plan,
 set up a one-on-one meeting with a benefits specialist.



HSA and FSA pretax savings accounts

You can save money by setting aside pretax dollars in a savings account to help cover your share of healthcare costs, including medical, prescription, dental and vision expenses.

Depending on how much you contribute and your tax bracket, your overall taxable income will be lower, effectively saving you an average 30% on healthcare costs.

Often referred to as pretax savings accounts, the health system offers two options, depending on which medical plan you choose — a health savings account (HSA) or a healthcare flexible spending account (FSA). Fidelity, the same partner who administers our retirement plans, manages these accounts.

Learn about the child and elder care FSA on page 26.

HSA Health savings account	FSA Healthcare flexible spending account
For employees enrolled in the HSA Advantage plan	For employees NOT enrolled in the HSA Advantage plan
The health system gives \$500 for employee-only coverage and \$1,000 for any type of family coverage. On top of this, you can set aside your own pretax dollars, up to \$4,500 for individual coverage or \$9,000 for family coverage. If you are 55 or older, you can add up to \$1,000 more.	You decide how much of your own money to set aside for this account, up to \$3,400 per year. These pretax dollars can also be used for over-the-counter items such as allergy and sinus medications, and first-aid supplies.
You can use this money as it's deposited into your account. The amount the health system contributes becomes available in early January.	You can spend the full annual amount you've planned to set aside at the start of the plan year, even if it hasn't been fully funded through your payroll deductions yet.
Money rolls over from year to year. You can use it to pay for qualified healthcare expenses or save it. Funds can be invested through Fidelity to grow your money for the future.	Money does not roll over from year to year. Take care not to put more money into this account than you know you will be spending on healthcare expenses during the year.

Find all the details about how these accounts work,
including eligible expenses, on the Benefits Connection website.



Defining your share of costs

As you consider what kind of medical coverage best meets the needs of you and your family, it's important for you to understand your costs.

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

Learn how copays, deductibles and coinsurance work so you can choose the right plan for your needs.



You share in healthcare costs in **five** ways:

1 Premiums

The amount you pay for health insurance, taken out of your paycheck before taxes. The health system pays most of the premium. *Premiums are higher for the Signature Plan.*

2 Copays

The set amount you pay for doctor visits and prescriptions. The Signature Plan uses primarily copays. *Copays do not count toward your deductible.*

3 Deductibles

The amount you pay for covered services before your insurance starts to help out. The deductible resets every year on January 1.

** The chart on page 10 explains aggregate (HSA Advantage Plan) and embedded (Signature Plan) deductibles.*

** In both plans, the amount you pay out of pocket (except copays) counts toward the health system network deductible and the in-network deductible, making it easier for you to meet your deductible.*

4 Coinsurance

The percentage you pay for doctor visits, prescriptions and other services after your deductible is met. The HSA Advantage Plan uses primarily coinsurance and deductibles.

5 Out-of-pocket maximum

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

How the medical plans work

The chart below summarizes what you pay for certain services. The summary plan document (SPD) provides full details. Find it on the bswift and Luminare Health websites.

HSA Advantage Plan				Signature Plan		
	Health System	In-Network *	Out-of-Network	Health System	In-Network *	Out-of-Network
Annual deductible <i>(resets Jan. 1 each year)</i>	\$1,800 individual \$3,600 family	\$4,000 individual \$8,000 family	\$6,400 individual \$12,800 family	\$500 individual \$1,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Annual maximum out-of-pocket costs <i>(resets Jan. 1 each year)</i>	\$4,500 individual \$9,000 family	\$6,000 individual \$9,200 family	\$19,800 individual \$39,600 family	\$4,500 individual \$9,000 family	\$6,000 individual \$12,000 family	\$10,500 individual \$21,000 family
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						
Preventive 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 for visits; 30% coinsurance after deductible for all other services	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 services						
- Outpatient therapy <i>(speech, hearing, PT, OT)</i> - High-tech radiology <i>(MRI, CT, PET scan)</i>	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 and 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 16-19.	Prescription medication coverage is a big factor in choosing a medical plan. Read ahead for important details.					

*In-network providers are part of either HCH Sync Centrus local network or Aetna nationwide network (outside the designated local network only).

**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.

^^Preauthorization required for ABA therapy.

Provider networks

Both medical plans use the same provider networks. Using the right network will keep more money in your pocket. Using health system or in-network providers means you pay less while receiving high-quality care. For in-network services, where you seek care determines which network applies, as described below.

\$

Health system network

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

- Care from the region's leading health system.
- Includes all facilities as well as providers employed by the health system and LMH Health/Lawrence Memorial Hospital.

\$\$

In-network (Local)

LOCAL KANSAS CITY REGION

HCH Sync, Centrus Health Direct network

- Flexibility and choice with nearly 10,000 providers in Kansas and Missouri.
 - Does not include Saint Luke's and HCA.
- Those seeking care in the area designated blue on the map must use the HCH Sync, Centrus Health Direct network or the health system network.

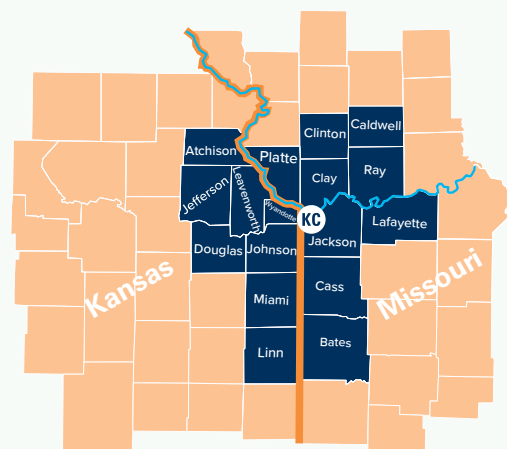
\$\$

In-network (Outside the local Kansas City region)

OUTSIDE THE LOCAL NETWORK AND NATIONWIDE Aetna network

- This network is only for those seeking care in the orange area on the map, outside the local network and nationwide.
 - Those who live/work in greater Kansas, remote workers, students, those traveling, etc.
- If an Aetna doctor is inside the blue area but is not in the local HCH Sync, Centrus Health Direct network, they are out of network.

In-network map



Use the health system network whenever available and appropriate, including options by telehealth.

Blue area

- HCH Sync, Centrus Health Direct network

Orange area + nationwide

- Aetna network

\$\$\$

Out-of-network

- Higher deductibles, coinsurance and out-of-pocket maximums.
- Separate deductible and out-of-pocket maximum (except for qualified emergency room visits).

TIP

Check before your visit:

Use the online search tool to choose a provider and facility in the correct network and avoid unexpected out-of-network costs.



Medical plan premiums

The chart below shows how much of the premium for medical insurance (including prescriptions) you will pay, plus the larger portion the health system will pay to support you. If your spouse is offered medical insurance through their employer, you will pay an extra \$50 per paycheck to cover them as a 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	\$39.00	\$419.35	\$72.00	\$387.54
Employee + spouse	\$162.00	\$761.22	\$241.00	\$686.78
Employee + children	\$134.00	\$722.01	\$208.00	\$647.15
Employee + family	\$221.00	\$1,183.48	\$330.00	\$1,102.84

Great Bend (full-time employees 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	\$419.35	\$72.00	\$387.54
Employee + spouse	\$152.00	\$771.22	\$241.00	\$686.78
Employee + children	\$129.00	\$727.01	\$200.00	\$655.15
Employee + family	\$192.00	\$1,212.48	\$330.00	\$1,102.84

Part-time employees (0.5-0.59 FTE) (all locations, including Great Bend)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$43.00	\$415.35	\$78.00	\$381.54
Employee + spouse	\$175.00	\$748.22	\$264.00	\$663.78
Employee + children	\$143.00	\$713.01	\$225.00	\$630.15
Employee + family	\$239.00	\$1,165.48	\$363.00	\$1,069.84

* Taken from 24 paychecks per year

TIP Free preventive care

Preventive care services, like your annual physical and certain screening exams, are covered 100% at health system and in-network providers.

Prescription drug coverage



Prescription drug coverage

An essential part of your medical benefits is prescription drug coverage. Both medical plans – the HSA Advantage Plan and the Signature Plan – include prescription medication coverage. How you pay for medications is very different depending on which plan you choose. This section will explain more so you can choose the best medical plan for you and your family.



Pharmacy benefit manager

Capital Rx remains the health system's pharmacy benefit manager (PBM) for 2027, operating under a new name – Judi Rx. Although they have a new name, there is no change to the member portal, claims processing or customer support. The phone number remains 833-599-0951.



Pharmacy Resource Guide

The online Pharmacy Resource Guide on the Benefits Connection website is your go-to resource for everything you need to make the most of your pharmacy coverage throughout the year. It also explains how your share of cost works so you can choose the medical plan that's best for you. You'll find how coverage works with each medical plan, which pharmacies to use, how to use the health system pharmacy, the formulary list, smart ways to save and more.



Medication costs under each plan

Both medical plans – the HSA Advantage Plan and Signature Plan – include prescription drug coverage. How you pay for prescriptions is very different depending on which plan you choose. Review the chart below to understand how you share in the cost of prescriptions under each plan. For definitions of deductibles, copays, coinsurance and out-of-pocket maximums, see page 12.

HSA Advantage Plan	Signature Plan
Primarily uses deductible and coinsurance: You pay 100% of the cost for all prescriptions (and other medical expenses) until your deductible is met (the deductible resets every year on January 1). After that, you pay a percentage of the total cost (coinsurance) until you reach the out-of-pocket maximum.	Primarily uses set copay amounts, regardless of whether your deductible has been met.
The coinsurance percentage is the same for all tiers of medications; however, 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, you pay 50% coinsurance after you meet your separate out-of-network deductible.	If you use a pharmacy that is out-of-network, you pay 50% coinsurance.

TIP

Meet with a benefits specialist
to understand how medication costs work under each plan. Schedule a meeting using the QR code on page 10.

Medication categories

Prescriptions fall under three medication categories – acute, maintenance and specialty – that determine which pharmacy you can use and how many days of medicine you can get at one time.

For more information about using the health system pharmacy, including the free delivery service and a list of retail pharmacy locations, consult the Pharmacy Resource Guide:

[KansasHealthSystemBenefits.com/RxGuide](https://kansashealthsystembenefits.com/RxGuide).

Acute medications

Prescribed to treat short-term symptoms for a specified period of time (antibiotics, antivirals, steroids, etc.).

- Use health system pharmacy for the lowest cost (pick-up or free delivery).
- Use Medical Park pharmacy in Great Bend for the health system rate.
- May use in-network pharmacy at higher cost.

Maintenance medications

Prescribed for long-term, regular use to treat chronic health conditions (asthma, diabetes, high blood pressure, etc.).

- Use the health system pharmacy only.
- Must be filled for at least a 3-month supply, as allowed by state and federal laws.
- **Free delivery only.** Controlled substances may be delivered for free or picked up at any health system pharmacy location.

Effective January 1, 2027, GLP-1 medications will only be covered for the treatment of Type 2 diabetes. GLP-1 medications used to treat obesity, weight loss or other conditions are not covered. If this change affects you, consult your physician and see the support toolkit on the Benefits Connection website: [KansasHealthSystemBenefits.com/GLP-1](https://kansashealthsystembenefits.com/GLP-1).

Specialty medications

Prescribed to treat complex, chronic health conditions (Crohn's disease, cancer, cystic fibrosis, etc.).

- Use the health system pharmacy only.
- Filled for up to one month.
- Pick-up or free delivery.

TIP

Many maintenance medications used to treat or reduce the risk of chronic conditions, such as insulin, are on the **preventive drug list**. For these medications, HSA Advantage Plan members pay the Signature Plan copay, which is typically lower than deductible plus coinsurance. These copays do not apply to the deductible but do apply to the out-of-pocket maximum.



How prescription coverage works

Both plans cover the same medications, which are listed in the prescription drug formulary. The higher the tier the drug falls into on the formulary, the higher the cost to you. Find the formulary on the Benefits Connection website: [KansasHealthSystemBenefits.com/FormularyRx](https://www.kansashealthsystembenefits.com/FormularyRx). In the chart below, one-month prescriptions are up to a 34-day supply; 3-month prescriptions are up to a 102-day supply.

	HSA Advantage Plan Meet deductible, then pay a percent		Signature Plan Pay set copays			
	Health system pharmacy	In-network pharmacy**	Health system pharmacy		In-network pharmacy**	
Acute prescriptions	Up to 3 months	Up to 3 months	One month	Up to 3 months	One month	Up to 3 months
Tier 1 \$	10% after deductible	30% after deductible	\$5	\$10	\$25	\$50
Tier 2 \$\$			\$30	\$60	\$55	\$110
Tier 3 \$\$\$			\$65	\$130	\$90	\$180
Maintenance prescriptions*	Up to 3 months^		One month^	Up to 3 months		
Tier 1 \$	10% after deductible	Only covered when filled by health system pharmacy.	\$5	\$10	Only covered when filled by health system pharmacy.	
Tier 2 \$\$			\$30	\$60		
Tier 3 \$\$\$			\$65	\$130		
Tier 4 \$\$\$\$			\$100	\$200		
Specialty prescriptions	One month		One month			
Tier 1 \$	10% after deductible	Only covered when filled by health system pharmacy.	\$20	Specialty medications may only be filled for 30 days or less.	Only covered when filled by health system pharmacy.	
Tier 2 \$\$			\$100			
Tier 3 \$\$\$			\$200			

*HSA Advantage Plan members save on medications used for chronic conditions if they are on the preventive drug list.

**Access pharmacies nationwide when the health system pharmacy is not an option.

^Must be filled for 3 months unless not allowed based on state or federal regulations.

TIP

Save on prescriptions

- Ask for medication in tier 1 if available.
- Manufacturer savings programs can help lower your out-of-pocket cost for specialty and other high-cost brand medications. The amount paid by the manufacturer will not apply to your deductible or out-of-pocket maximum.
- HSA Advantage Plan members save on medications used for chronic conditions if they are on the preventive drug list.
- Use pretax dollars to pay your share of medication costs (see page 11).



Tools for using the medical plans

The health system has partnered with experts to administer our medical plans. They offer tools to help you manage your coverage and get questions answered.



Luminare Health

For medical and healthcare services. Get answers about coverage for medical services and provider networks.

833-932-3910

MyLuminareHealth.com

App: MyLuminareHealth



Judi Rx (formerly called Capital Rx)

For prescriptions. Get answers about what drugs are covered and the price you'll pay.

833-599-0951

app.CapRx.com (*website address will be updated in 2027*)

App: Judi Health | Judi Rx



MyChart

To manage your care across the health system, including pharmacy. Schedule appointments with providers, manage refills and more.

MyChart.KansasHealthSystem.com

→ Click “Sign Up Now” to get started. If you don’t have an activation code, use the option on the right side of the screen to enroll without one.



Benefits Connection website

For details on all benefits plans; no login required. Digital assistant Benni answers questions 24/7.

KansasHealthSystemBenefits.com

BENEFITS CONNECTION

TIP

Save these resources

Save these resources to your phone and share them with covered family members.





Dental coverage

You can choose from two plans, both offered by Delta Dental of Kansas: Basic Plan and Plus Plan. Both feature three provider network tiers:

\$ \$\$ \$\$\$
PPO / Premier / Out-of-network

New for 2027:
Right Start 4 Kids is extended for kids through age 18.

Basic Plan	Plus Plan
Higher deductible	Lower deductible
Higher coinsurance	Lower coinsurance
Lower premiums	Higher premiums
Does not include orthodontia services	Includes orthodontia services

- TIP** **Ways to save**
- Preventive care is free in both dental plans, including unlimited cleanings.
 - **Right Start 4 Kids:** For kids 18 and under, both plans pay 100% of the cost of covered services, excluding orthodontia.
 - Select a **dentist in the PPO network** for the lowest out-of-pocket costs.



How the dental plan works

	Basic Plan	Plus Plan
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, fluoride treatments, 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 (18 and under) Plan pays 100%, no deductible	Plan pays 80% after deductible Right Start 4 Kids (18 and under) Plan pays 100%, no deductible
Major services		
Crowns, jackets, dentures, bridges, implants	Plan pays 40% after deductible Right Start 4 Kids (18 and under) Plan pays 100%, no deductible	Plan pays 50% after deductible Right Start 4 Kids (18 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 premiums

Per-Paycheck Premiums*	Basic Plan	Plus Plan
Employee only	\$9.26	\$12.32
Employee + spouse	\$25.31	\$32.58
Employee + children	\$22.52	\$30.20
Employee + family	\$44.30	\$60.07

* Taken from 24 paychecks per year

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.

TIP Find savings year-round with VSP and the health system’s Eye Center on discounts for eyeglasses, contact lenses and hearing aids.



When deciding which is best for you, consider:



Copays



Frequency of new frames



Premiums



Allowances for frames/contact lenses



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 premiums

Per-Paycheck Premiums*	Basic Plan	Plus Plan
Employee only	\$3.58	\$10.97
Employee + spouse	\$5.74	\$17.59
Employee + children	\$5.63	\$17.27
Employee + family	\$9.27	\$28.36

* Taken from 24 paychecks per year

Child and elder care FSA

If you pay someone to care for your child or adult relative, you can save money on these costs by setting aside pretax dollars through a child and elder care flexible spending account (FSA).

You can put money into this account each year through automatic payroll deduction. If you file taxes as an individual, you can set aside up to \$7,500. If you are married and file taxes separately, you can set aside up to \$3,750.

The money in this account does not roll over, so take care not to contribute more than you plan to spend. This account is offered through Fidelity, the same partner who administers our retirement plans.

Common eligible expenses



- Before/after school programs
- Preschool tuition
- Day care for child or adult
- Summer day camps

Ineligible expenses



- Services provided by one of your dependents
- Overnight camps
- School fees (kindergarten and above)
- Residential care centers like nursing homes and respite care

TIP

Enrolling in the child and elder care FSA

You can enroll in the child and elder care FSA and still enroll in either the healthcare flexible spending account (FSA) or health savings account (HSA). Learn how to save money on healthcare expenses using these accounts on page 11.



Life insurance and AD&D coverage

New benefits carrier

Aflac is the health system's new carrier for most financial protection benefits starting January 1, 2027. They offer proven expertise and a simplified, employee-focused claims experience. To know your cost, go to the Benefits Connection website and click "Enroll Now." You may only buy this coverage during annual benefits enrollment or with a qualifying life event.

Basic life insurance (at no cost to you)

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

Optional supplemental life insurance*

For added protection, you may purchase extra life insurance.

- **Employee:** Lesser of 5 times salary or \$500,000 in increments of \$5,000, with a guaranteed issue of \$200,000.
- **Spouse:** \$100,000, not to exceed 100% of the employee amount of basic and supplemental life insurance in increments of \$5,000, with a guaranteed issue of \$30,000.
- **Dependent children:** \$5,000 or \$10,000 for children 2 weeks to 26 years of age.

*One-time offer

Purchase additional supplemental life insurance now for you and/or your spouse to have coverage in 2027, up to guaranteed issue amounts with no requirement for evidence of insurability (EOI).

Enrolling for coverage greater than the guaranteed issue amounts, or electing supplemental life coverage at a later date, will still require evidence of insurability.

Accidental death and dismemberment (AD&D) insurance

Basic AD&D insurance (at no cost to you)

The health system covers the cost of accidental death and dismemberment (AD&D) insurance to help protect you and your family if you suffer a debilitating injury or accidental death. AD&D entitles your beneficiary to a payout equal to your basic life insurance amount.

Optional supplemental AD&D insurance*

For added protection, you may purchase extra AD&D in increments of \$10,000, up to \$500,000 or 10 times your salary, whichever is less.

Life Term to 120 insurance

You have the option to buy a new kind of life insurance through Aflac that locks in the premium at the age you purchase coverage so the cost doesn't increase as you get older. The policy includes a long-term care accelerated death benefit and adapts to you and your family's evolving needs over time.

This new Life Term to 120 plan is available for the employee, as well as spouses and children, as long as you enroll in the employee plan.

Employees with life insurance under Boston Mutual

can keep their policy but will no longer be able to pay for it through payroll deductions. Boston Mutual will contact you to discuss your options.

Disability insurance

If you have a nonwork-related accident, are pregnant or ill and can't work, disability insurance provides eligible employees financial protection. Aflac will be the new administrator of disability insurance beginning January 1, 2027, offering a user-friendly, streamlined process.

Basic short-term disability (STD) insurance (at no cost to you)

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

*Taxed when paid to employee

Buy-up short-term disability insurance

Additional STD insurance is available through a buy-up plan. Purchasing the extra coverage has no restrictions for pre-existing conditions.

Buy-up short-term disability	
Benefits percentage	66⅔% 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.

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

One-time offer

For 2027 only, all benefits-eligible employees can purchase buy-up STD without showing evidence of insurability (EOI). In future enrollment periods, EOI will be required.

Long-term disability insurance (at no cost to you)

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

Optional financial benefits

Optional benefits for purchase

For your added financial security and peace of mind, the health system offers benefits-eligible employees the following benefits for purchase only during annual benefits enrollment or a qualifying life event. Beginning January 1, 2027, these benefits will be offered by Aflac unless otherwise indicated.

Hospital indemnity insurance

If you are in the hospital, this insurance from Aflac helps cover the cost of out-of-pocket expenses and extra bills. The cash benefit is paid directly to you in a lump sum based on your length of stay and level of care.

Per-Paycheck Premiums*	
Employee only	\$11.40
Employee + spouse	\$24.07
Employee + children	\$22.38
Employee + family	\$35.05

* Taken from 24 paychecks per year

Accident insurance

If you suffer a nonwork-related accident or injury, this insurance from Aflac provides a cash benefit to be used for expenses not covered by medical insurance, such as hospital bills, transportation, lodging, housekeeping and utility bills.

Per-Paycheck Premiums*	
Employee only	\$5.23
Employee + spouse	\$8.23
Employee + children	\$8.86
Employee + family	\$11.86

* Taken from 24 paychecks per year

Critical illness insurance

Critical illness insurance from Aflac helps with costs not covered by health insurance. The lump-sum payment may be used for out-of-pocket and living expenses, including deductibles, rent, groceries and child care. Medical conditions covered by this benefit include heart attack, stroke, major organ transplant, kidney failure, paralysis and some types of cancer. Premiums will be determined by several things, including demographics and the amount of coverage.

Identity theft protection

This plan from Allstate provides comprehensive personal data protection, ID theft and fraud protection, medical ID theft protection, child theft protection, and assistance and restoration. Costs are \$4.98 per pay period for employee-only coverage and \$8.98 for family coverage.

Prepaid legal services

Whether you're buying a home, drawing up a will or need legal advice, this plan from MetLife Legal provides easy access to experienced attorneys. You can also receive a wide range of covered legal services at an affordable price. Cost is \$9.13 per pay period to cover you and your family members.

Enroll in your benefits

The deadline to enroll in 2027 benefits is **Friday, October 23, at 5 p.m. CT.**

1 Log in

- Go to KansasHealthSystemBenefits.com and click “Enroll Now.” You’ll be taken to the benefits enrollment website, bswift.
- Enter your username: the same username as your health system login.
- 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, select “Visit the Enrollment Center” and then click “Enroll Here.”

2 Verify your information and who will be covered

- Enter or update your information, including eligible dependents (name, birth date and Social Security number). See who is eligible on [page 7](#).

3 Choose your benefits

- Sign up or decline coverage for each benefit.
- 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 health plan and CHIP (Children’s Health Insurance Program) notices at KansasHealthSystemBenefits.com/Legal 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. You have 30 days from the qualifying life event to complete enrollment.



Get help

Deciding which benefits to choose – or decline – **can feel like a lot.**

Explore the resources below for help in making the best decisions for you and your loved ones.



KansasHealthSystemBenefits.com

The Benefits Connection website, your online resource for benefits, is open year-round to you and your dependents. Our digital assistant, Benni, will answer your questions 24/7.



1-on-1 help

Our benefits experts can answer your questions and help you enroll.

- Meet in person or by phone. Schedule 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.

Deadline reminder

You must sign up or decline benefits for 2027 by:

→ **Friday, October 23, at 5 p.m. CT.**

If you do not sign up during the enrollment period, you will not have coverage for next year unless you have a qualifying life event.