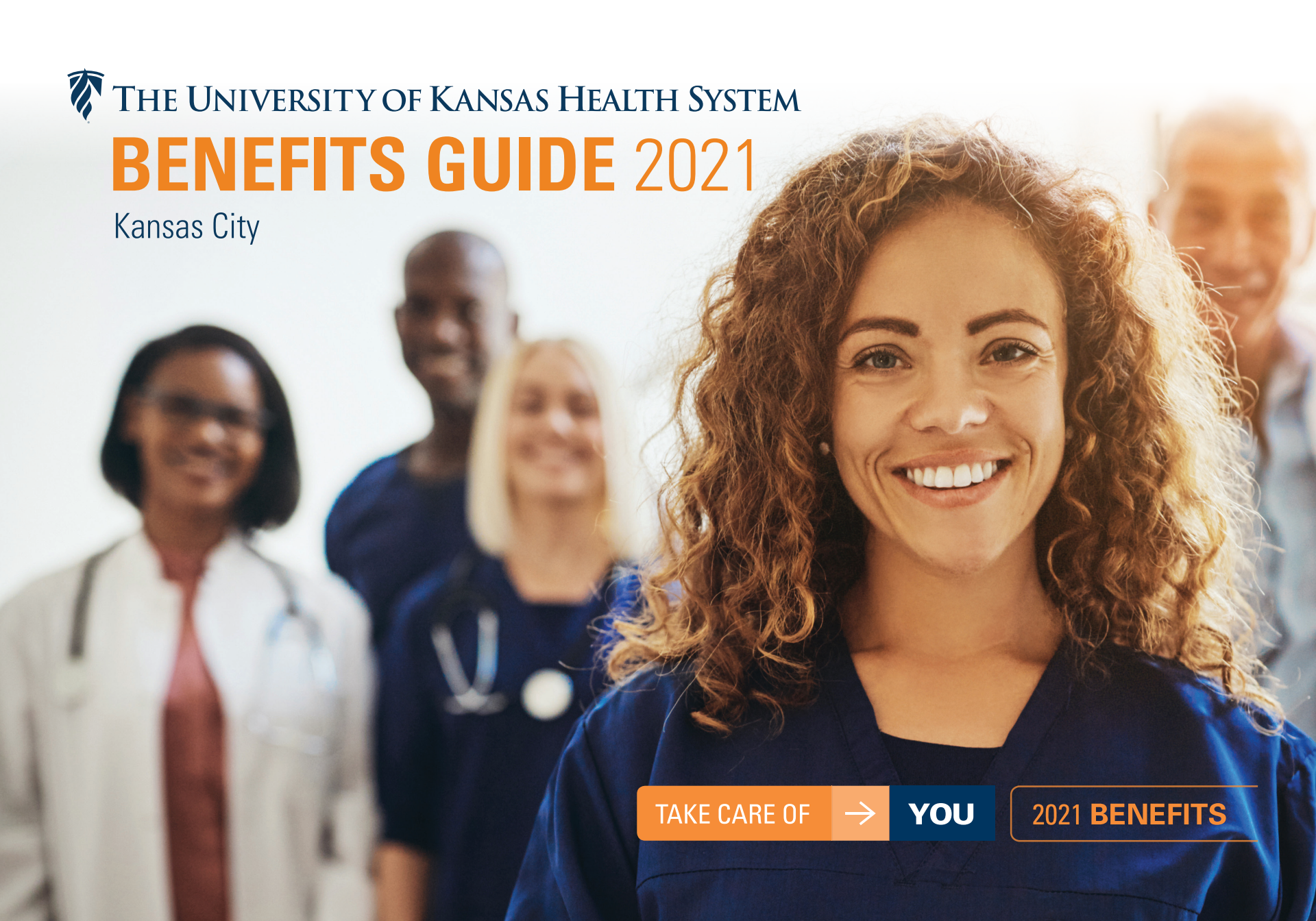




THE UNIVERSITY OF KANSAS HEALTH SYSTEM

BENEFITS GUIDE 2021

Kansas City



TAKE CARE OF



YOU

2021 **BENEFITS**

Choosing benefits that work for you and your family

As a member of The University of Kansas Health System team, you are the reason behind our ability to provide the best care in the region. We want to honor your commitment with robust benefits that help you take care of yourself and your family. To support our One Team strategy, we have integrated most aspects of the benefits package to bring a unified plan to all health system employees regardless of location.

We encourage you to spend time with our 2021 Benefits Guide to understand the many choices available, including some benefits provided to you at no cost. From health and wellness, to financial peace of mind, to services that help you balance the demands of work and personal obligations, you will find benefits available to help you take care of you.

All benefit-eligible employees must log in to elect or waive coverage, even if you aren't making any changes. Please use this guide and the other resources we offer to take full advantage of these offerings and make choices that are right for you.

All employees must log in to the benefits website and choose or waive benefits for 2021

Your Human Resources team is here to help you

- **Benefits line: 888-494-9119** *(Spanish language option available)*
- **One-on-one enrollment assistance sessions by phone and video conference**
- **Benefits website: kansashealthsystem.bswift.com**
- **Digital communications hub: kansashealthsystembenefits.com**

Table of contents

→ A message from Julie Celano and Tammy Peterman	4
→ Why annual open enrollment is important.....	5
→ How do I enroll in benefits?.....	8
→ Medical plan choices.....	10
→ Prescription drug coverage	25
→ Dental benefits.....	30
→ Vision benefits.....	32
→ Financial benefits	34
→ Time away from work benefits.....	42
→ Wellness benefits.....	44
→ Help with tuition and career development	48
→ Additional benefits.....	50
→ Discounts	52
→ Enrollment deadlines.....	55
→ Your benefits contacts.....	56



A message from Julie Celano and Tammy Peterman

Dear health system employee,

We are committed to making sure you have what you need to take care of yourself and your family. We work to provide high-quality, competitive, cost-effective benefits to support your physical and mental health, while keeping your share of the cost affordable. As we advance toward One Team, we are proud to welcome our employees in Greater Kansas locations to the health system benefits plan.

In addition to continuing to enhance the package of benefits available to you, we have worked hard to bring you the best experience to learn about, enroll in and use your benefits. To ensure your safety during the pandemic and to give you the greatest convenience, we are offering sophisticated, easy-to-use digital tools to support you before, during and after enrollment. Printed materials including a Quick Reference Guide are provided and the benefits help line is available for questions.

We invite you to understand the robust benefits available to you by reviewing this guide in print or using the new, interactive version at kansashealthsystembenefits.com.

Thank you for all you do to support our patients, our community and each other.

Be well,

Julie Celano, MS, MEd
Senior Vice President
Chief Human Resources Officer

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



Julie Celano



Tammy Peterman

→ Why annual open enrollment is important

The University of Kansas Health System offers a variety of benefits to help you take care of yourself and your family. Annual open enrollment is important because it's one of the few times you can make changes to many of your benefits. We have set a defined period, this year October 12-October 30, for you to make changes – or to enroll for the first time – for benefit elections to take effect January 1, 2021.

Every employee must log in through the benefits website to choose your benefits, or to waive coverage. To maintain benefits coverage, you must make a selection.

The choices you make during open enrollment will be in effect for the entire year unless you have a qualifying life event.

Qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Gain or loss of other coverage
- Change in your dependent's eligibility status
- Change to benefit-eligible status

You have 30 days from the qualifying life event to enter the life event on the benefits website. If you have questions, call the Benefits Line at 888-494-9119.

You'll need to provide proof of the qualifying life event (such as marriage certificate, divorce decree, birth certificate, gain or loss of coverage letter) to make the change.

Choose plans to maintain benefit coverages

To maintain coverages, you must make benefit selections.

Questions?

Benefits website: kansashealthsystem.bswift.com
Benefits line: 888-494-9119
Email: benefitsconnection@kumc.edu





Why annual open enrollment is important

Who is eligible for benefits?

Regular full-time or part-time (0.5 FTE or above) employees are eligible to participate in medical, dental and vision coverage; health savings account and flexible spending accounts; and other health system benefits on the first day of the month following 30 days of employment. For disability benefits, employees (0.5 FTE and above) are eligible on the first day of the month following 6 months of employment.

Eligible dependents include:

- Legal spouse
- 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.



How do I enroll in benefits?

Enrolling is convenient and easy with our benefits website. It is designed to work on your phone or any mobile device, as well as a desktop computer. To see your benefit options and to enroll, go to kansashealthsystem.bswift.com and enter your username and password. If you don't remember your password or are having trouble logging in, please click the **"Forgot Password"** link to reset it. For further help, call **888-494-9119**.

You can enroll in 4 easy steps.
Click **"Start Your Enrollment"** on the home page.

1. Verify your information

- This is where you'll update your family information, including adding eligible dependents. You will need their name, birth date and Social Security number.
- If your address or other personal information is incorrect, please update it in our HR information system.

2. Choose your benefits

- For voluntary benefits, you have the option to enroll or waive coverage.
- Select the plan you want, click on the **View Plan Options** button to select the plan and who will be covered on the plan. Once you've made your selection, click **Select** to continue your enrollment.
- To waive coverage for a benefit plan, click on the **I don't want this benefit (waive)** button to save.



How do I enroll in benefits?

3. Review and confirm

- Review your beneficiaries for Life and AD&D insurance and HSA, if applicable. Designate whom you would like to receive benefits from the Life and AD&D plans you are enrolled in. If none are added, the default will be your estate.
- Review and save all your benefit selections. Complete your benefit enrollment by checking the **I agree, and I'm finished with my enrollment** box and then clicking the **Complete Enrollment** button.

4. Complete

- Save your benefit elections. You'll be directed to your final confirmation statement. It is important that you save a record of your confirmation. Please click on the icon for your preference of print or email confirmation.

How much time do I have to enroll?

Current employees must enroll during the three-week open enrollment period held each fall. This year, that period is **October 12 through 5 p.m. CST on October 30.**

New employees have 30 days from their date of hire to enroll in benefits. New employees hired in October will enroll in benefits for the remainder of the year in which they are hired and for the upcoming year.

All employees must log in and choose to enroll or waive 2021 benefits.



Medical plan choices

Medical plan details

The health system offers employees the choice of two plans for medical coverage. As you determine which is best for you and your family, here are some tips to help you navigate the chart showing your medical plan choices.

First, think about your expected medical and prescription expenses in 2021 and consider the possibility of unexpected expenses. Compare each plan and how the amount of per-paycheck premiums, deductibles, copays, coinsurance and out-of-pocket maximums will work for you (see below for definitions of those terms).

Key definitions and abbreviations

- **Ded** = Annual deductible, the amount of covered expenses an individual or family must satisfy before benefits are paid for by the plan
- **Coins** = Coinsurance, the portion of an allowable charge the member pays once the deductible has been satisfied
- **Copay** = Copayment, the dollar amount the member pays at the time of service in the Signature Plan
- **Out-of-pocket maximum** = The most you'll pay for covered services in the plan year (2021)
- **Premium** = The per-paycheck cost of the medical plan. The health system and employees share the cost of coverage, with the health system paying most of the cost
- **Health system network** = We want our employees to receive the best healthcare in the state; therefore you will pay less for care with health system providers and facilities
- **In-network** = Providers and facilities in the network of your medical plan. See pages 15-17 for information about the networks offered for the HSA Advantage and Signature plans
- **Out-of-network** = Providers and facilities not included in the networks of your plan, resulting in higher cost to you



Medical plan choices

SUMMARIES	HSA Advantage Plan			Signature Plan			
	BlueSelect Plus Network			BlueSelect Plus Network			
	Health System Network	In-Network	Out-of-Network	Health System Network	In-Network	Out-of-Network	
ANNUAL DEDUCTIBLE							
Single	\$1,500	\$3,000	\$6,000	\$400	\$1,500	\$2,000	
Family	\$3,000	\$6,000	\$12,000	\$800	\$3,000	\$4,000	
OUT-OF-POCKET MAXIMUM							
Single	\$4,000	\$4,000	\$19,800	\$4,000	\$4,000	\$10,500	
Family	\$8,000	\$8,000	\$39,600	\$8,000	\$8,000	\$21,000	
Member Coinsurance	10%	30%	40%	10%	30%	40%	
OFFICE VISIT							
Primary Care (in-office or virtual visit)	Ded+10% coins	Ded+30% coins	Ded+40% coins	\$20 copay	\$30 copay	Ded+40% coins	
Specialist (in-office or virtual visit)	Ded+10% coins	Ded+30% coins		\$40 copay	\$60 copay		
Routine Preventive Care	Covered at 100%	Covered at 100%		Covered at 100%	Covered at 100%		
Outpatient Therapy (Speech, Hearing, Physical, Occupational)	Ded+10% coins	Ded+30% coins		\$40 copay	Ded+30% coins		
Urgent Care	Ded+10% coins	Ded+30% coins		\$40 copay	\$60 copay		
INPATIENT/OUTPATIENT SERVICES							
Emergency Department	Ded+10% coins	Ded+30% coins	Ded+30% coins*	Ded+10% coins	Ded+30% coins	Ded+30% coins*	
Inpatient Hospital Services			Ded+40% coins			Ded+40% coins	Ded+40% coins
Outpatient Hospital Services							
High-Tech Radiology Services (MRI, CT, PET scan)							

*To ensure access to emergency care, coinsurance will be applied after the member meets the deductible for in-network care.



Medical plan choices

PER PAYCHECK PREMIUMS*	HSA Advantage Plan		Signature Plan	
	BlueSelect Plus Network		BlueSelect Plus Network	
	Employee Pays	Health System Pays	Employee Pays	Health System Pays
Employee Only	\$30.00	\$313.63	\$55.00	\$305.76
Employee + Spouse	\$130.00	\$557.25	\$195.00	\$526.51
Employee + Children	\$105.00	\$530.71	\$170.00	\$497.40
Employee + Family	\$180.00	\$885.24	\$275.00	\$843.34

*Deducted from 24 paychecks per year



Medical plan choices

Spousal surcharge

If you are enrolling your spouse in the health system's medical plan, you will be asked if your spouse has access to medical coverage through his or her employer.

- If your spouse has access to another employer's medical plan and you enroll your spouse in our health system's medical plan, you will be charged an additional \$50 per paycheck.

Tobacco premium surcharge

Each year, all employees covered under The University of Kansas Health System's medical plan must attest whether they are tobacco users. To do that, please complete the Tobacco Attestation by October 30, 2020 (or 30 days from date of hire for those who elect medical coverage). When you elect medical coverage on the benefits website, kansashealthsystem.bswift.com you will be asked the question about tobacco use.

The health system encourages employees and their families to be tobacco- and nicotine-free. Tobacco products include, but are not limited to cigarettes, cigars, e-cigarettes, cigarillos, pipes, chewing tobacco, snuff, dip and loose tobacco smoked via pipe, hookah or hand-rolled cigarettes.

- If you use tobacco products (or don't complete the attestation on time), you will be charged an additional \$50 per paycheck.
- More importantly, we care about your health and want to help you stop using tobacco products. We offer a tobacco cessation program, and if you want to stop – and avoid the surcharge – you can complete the approved tobacco cessation program by November 30, 2020.

To learn more about tobacco cessation programs, email wellness@kumc.edu.



Medical plan choices

Save money with smart choices

Understanding how you and/or your family uses healthcare can help you make wise decisions when choosing your medical plan now.

Deductibles

If you cover dependents on your plan, there are important differences to understand about how deductibles are calculated in each medical plan.

- **HSA Advantage Plan** uses an aggregate deductible. This means the family deductible must be met before the health plan's coinsurance covers expenses for any one covered member. Therefore, a family member with high medical expenses could contribute the entire family deductible amount before any coinsurance kicks in.
- **Signature Plan** uses an embedded deductible, which means that once a covered member meets the individual deductible, the health plan's coinsurance covers his/her expenses, even if the full family deductible amount has not been met



Medical plan choices

In-network care

There are also important considerations when receiving care throughout the plan year to help you save money.

We are proud of the care we provide at The University of Kansas Health System, which is why the health system network has the lowest cost to you. The second lowest cost is for in-network providers.

Out-of-network care

If you choose an out-of-network provider, your costs will be significantly higher. Here are some factors that impact your share of the cost:

- **Higher out-of-pocket costs:** The deductible, coinsurance and out-of-pocket maximum are highest for out-of-network care.
- **Independent deductible and out-of-pocket maximum:** The amount you pay for out-of-network care does not accumulate with expenses incurred when you use health system or in-network providers for the purpose of meeting your deductible or your out-of-pocket maximum.
- **Balance billing:** This happens when you visit providers who are out-of-network and are not in the Blue Cross and Blue Shield network. These providers may charge you for the amount your medical plan does not cover – the difference between the billed amount and the allowed amount (the maximum your plan will pay for the service). For example, if the provider's charge is \$100 and the allowed amount is \$70, you are accountable for the \$30 difference (after you meet your deductible and pay your coinsurance or copay).





Medical plan choices

Provider networks for the medical plans

Below is an overview of the providers in each of the three network categories for both health plans. For the most current information and to find an in-network provider, visit myhealthtoolkitkc.com.

1. Health system network

Always your lowest-cost option, this includes facilities and providers for covered services at the following locations within The University of Kansas Health System:

- **Kansas City metro area**
- **Great Bend area**
- **Hays area**
- **Pawnee Valley Campus/Larned**

2. In-network

Both medical plans offer access to a variety of providers and facilities for covered services through the Blue Cross and Blue Shield network.

- **Kansas City metro area** (Wyandotte, Platte, Clay, Jackson and Johnson counties): through the Blue Select Plus network, both medical plans give you access to more than 4,100 providers and more than 12,700 access points to providers and facilities including:

- AdventHealth Shawnee Mission
- Liberty Hospital
- Olathe Medical Center
- Children's Mercy (Hospital Hill and South)
- North Kansas City Hospital
- Truman Medical Center (Hospital Hill and Lakewood)

- **Greater Kansas and nationwide:** The Blue Card PPO offers in-network coverage in Greater Kansas and nationwide (excluding a designated 27-county area in Missouri, east of Kansas City*).

3. Out-of-network

Any provider or facility not included in the categories listed above (such as HCA and Saint Luke's) is considered out-of-network and will result in higher cost to you. To ensure your provider is in-network, visit myhealthtoolkitkc.com.

*For details, visit kansashealthsystembenefits.com.





Medical plan choices

Finding care

To help manage your costs, it's important that you use providers and facilities that are in-network for the medical plan you choose. We have some easy ways for you to determine what is in-network when you need care in 2021.

1. Use the **My Health Toolkit** mobile app.
 - Download the app from the App Store or Google Play.
 - In the mobile app, select "**Find Care**" in the bottom right corner.
2. Visit **myhealthtoolkitkc.com**.
 - Click "**Find a Provider**".
3. Call **Blue Cross and Blue Shield Customer Service** at **833-468-3590**.
4. To find information on facilities and providers in the health system, visit **kansashealthsystem.com**, then click "**Find a Doctor**" or "**Find a Location**".
5. For primary care providers in the Health System Network, please visit **kansashealthsystem.com/findadoc**.

Primary care in Kansas City metro area

The Centrus Health Kansas City network provides access to primary care, internal medicine and pediatrics at a variety of locations in the Kansas City metro area. This network allows access to these providers at the health system network cost for a primary care office visit/copay only, depending on the medical plan you are enrolled in. Please keep in mind there is the potential for greater member costs for labs or X-rays ordered by one of these providers. Services or care received with a specialist at one of these locations will be at greater cost to the member as this would fall into a higher-cost network tier.




To find a primary care, internal medicine or pediatrician provider in the Centrus network, please visit centrushealth.com/find-provider.



→ Medical plan choices


The right care when you need it



Regardless of which medical plan you choose, choosing the right care at the right time and in the right place helps you get the treatment you need at the most effective cost for you. How do you choose which type of facility to use?

Where to go for care			
CARE	COST	TIME	TYPE OF CARE
Primary		In-person or telehealth visit by appointment during regular office hours	Routine care, preventive care and treatment, referral to specialists.
Urgent		In person visit, no appointment needed. Telehealth visit by request through MyChart. Urgent care hours vary by location.	Medical problems that require attention but are not serious enough for emergency care. Stitches, simple fractures and sprains, respiratory difficulties, sore throats, coughs, fever, rashes, minor injuries, headaches, vomiting and flu-like symptoms.
Emergency		24 hours a day – waits for less severe needs can be extensive.	Cardiac, trauma, life-threatening injuries or illness

Medical ID cards

All employees at Greater Kansas locations, as well as those in Kansas City who enroll for the first time in the HSA Advantage Plan or Signature Plan, will receive a new ID card from Blue Cross and Blue Shield at their home address.



 **BlueCross® BlueShield®** 

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

RxBIN **021684**
RxGRP **BXMN**

GRID+

MyHealthToolkitKC.com

oolkitKC.com
ervice: **XXX-XXX-XXXX**
omer Service: **XXX-XXX-XXXX**
rk Provider Information:
i83
vice: **800-868-2510**
ion: **888-376-6544**
lth and Substance Abuse
ion: **800-868-1032**
6-723-0513
Drugs - Precertification:
XXX

financial risk for claims. dependent licensee of the Blue Cross and Blue Shield Association.

NXX



Medical plan choices

MyChart helps you manage your care

When you receive care within the health system network, you have the ability to use MyChart, a mobile and web-based portal that allows you to communicate with your health system care team and see your records.

- View lab and radiology results.
- Communicate with your care team.
- Get information about past and future appointments.
- Request prescription refills from health system pharmacies.
- Schedule in-office appointments or evisits with primary care and some specialties (established patients only).



To use MyChart, visit mychart.kansashealthsystem.com or download the MyChart app from the App Store or Google Play. Click the “Sign Up Now” button and provide some brief identification information. If you have a recent bill or after-visit summary, use the access code provided.

If signing up online doesn’t work for you, ask your care team to help you at your next appointment.

For help with **MyChart**, 913-588-4040 or email mychart@kumc.edu.



Medical plan choices

Additional help for medical expenses

Hospital Indemnity Insurance – The Hartford

Hospital indemnity insurance provides financial protection by paying a benefit when you are hospitalized. Employees can use the benefit to meet out-of-pocket expenses and pay extra bills. Lump-sum benefits are paid directly to you based on the length and level of care needed. Dependent coverage is also available.

Critical Illness Insurance – The Hartford

Critical illness insurance helps supplement major medical coverage by helping you pay the direct and indirect costs associated with a critical illness or event. Conditions covered under this benefit include heart attack, stroke, major organ transplant, kidney failure, paralysis and some types of cancer. Coverage is available for you, your spouse and your children.

Accident Insurance – The Hartford

With accident insurance, specific benefit amounts are paid for expenses resulting from non-work-related accidents and injuries. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the out-of-pocket expenses accident insurance covers. Coverage is available for you, your spouse and/or your children.

Want to enroll in these voluntary benefits?

Visit the benefits website at kansashealthsystem.bswift.com or call a benefit communication specialist at **888-494-9119** during open enrollment or your initial enrollment period.

→ Prescription drug coverage

The health system pharmacy should be your first choice

Beginning in 2021, the health system pharmacy will be the exclusive provider for two types of medications:

- Maintenance – medications requiring long-term, regular use to treat a chronic health condition
- Specialty – high-cost medications used to treat a chronic or complex health condition

We encourage employees to use the health system pharmacy for all of your prescription needs. The pharmacy has multiple locations, yet you do not need to visit in person to receive your prescriptions. Health system pharmacy locations offer:

- Ability to fill, refill and transfer prescriptions electronically (see page 28)
- Free, fast delivery to your home
- Expert counseling by phone, email or in person

You are required to fill prescriptions for maintenance and specialty medications at the health system pharmacy.

Tips to get the most from your pharmacy benefit

You have options for how you fill prescriptions. Making smart choices will save you time and money.

1. For any drug you are prescribed, see if there is an equivalent version at a lower cost. The goal is to provide optimal treatment outcomes with the safest and most cost-effective medications. Ask your doctor or pharmacist if there is an effective substitution.
 - Generic drugs offer the best price without giving up quality. The Food and Drug Administration requires generic drugs to have the same quality, strength, purity and stability as their brand-name versions.
 - Preferred brand drugs are clinically effective at a lower cost than non-preferred brand drugs and are more expensive than generic.
2. Save time by having your medications delivered to your home, especially those you use regularly. Remember that the health system pharmacy offers free delivery.
3. Save money by using the health system pharmacy, which has the lowest copay and coinsurance.



→ Prescription drug coverage

What do I pay for my prescription drugs?

The amount you pay will depend on two important factors: which medical plan you choose and where you fill your prescription.

The health system pharmacy provides the best price and the most convenience. You can fill new and existing prescriptions electronically (see page 28) and have your prescriptions delivered to your home free of charge.

To help you and the health system manage costs, the health system pharmacy is the exclusive provider of maintenance and specialty medications. Below is a summary of your cost for both health plans and different pharmacies (health system or an in-network location).

	HSA Advantage Plan [^]		Signature Plan	
	Health system pharmacy	In-network pharmacy*	Health system pharmacy	In-network pharmacy*
Up to a 34-day supply				
Generic	Ded+10% coins	Ded+30% coins	\$5 copay**	\$25 copay**
Preferred brand			\$30 copay**	\$55 copay**
Non-preferred brand			\$65 copay**	\$90 copay**
Maintenance medications - up to a 34-day supply				
Generic	Ded+10% coins	Not Covered	\$5 copay**	Not Covered
Preferred brand			\$30 copay**	
Non-preferred brand			\$65 copay**	
Specialty Medications - up to a 34-day supply				
Generic	Ded+10% coins	Not Covered	\$20 copay	Not Covered
Preferred brand			\$100 copay	
Non-preferred brand			\$200 copay	

[^] Certain preventive medications are covered at the same copays as under the Signature Plan.

* You can search for in-network pharmacies at myhealthtoolkitc.com.

** Up to a 102-day supply is covered at two times (double) the listed copay.

→ Prescription drug coverage

Filling prescriptions at the health system pharmacy

By filling at the health system pharmacy, you can take advantage of three convenient methods for requesting fills or transferring a current prescription. And, if you don't live or work close to one of our seven pharmacy locations, you can request that your prescriptions be delivered to your home at no additional cost.

MyChart

- Refill a prescription by logging in to MyChart and selecting “**Refill medications.**” Then select your medications to refill and choose to pick up or have it delivered.
- **MyChart** allows you to manage your medications and receive reminders about your prescriptions.

Automated phone system

- Call the automated refill system at the health system pharmacy location of your choice (see page 29).
- Follow the prompts to order refills. Select the option to either pick up your prescription or have it delivered.

Email

- Email your refill order to **myrph@kumc.edu**.
- Provide your name and the prescription number printed on the prescription label. State if you plan to pick up your prescription or have it delivered.

Did you know?

A health system pharmacist is available for counseling when you fill a prescription and will also help with any insurance and billing questions. Call **913-588-2371**.

→ Prescription drug coverage

Health system pharmacy locations

The University of Kansas Health System has retail pharmacy locations at these Kansas City-area locations - but there is no need to visit one in person. You may fill a prescription electronically and arrange for free home delivery (see page 28).

Southlake	The University of Kansas Health System, Bell Hospital	The University of Kansas Cancer Center	The University of Kansas Hospital, Indian Creek Campus	The University of Kansas Hospital, Cambridge Tower A	The University of Kansas Cancer Center	Westwood Medical Pavilion
11300 Corporate Ave. Lenexa, KS 66219	4000 Cambridge St. Kansas City, KS 66160	12200 W. 110th St. Overland Park, KS 66210	10710 Nall Ave. Overland Park, KS 66211	3825 Cambridge St. Kansas City, KS 66160	4881 NE Goodview Circle Lee's Summit, MO 64064	2650 Shawnee Mission Pkwy. Westwood, KS 66205
913-574-0600	913-588-2361	913-574-2714	913-574-4805	913-574-3100	913-574-2383	913-945-7700

Other pharmacies

We encourage you to use the health system pharmacy for your prescriptions (required for maintenance and specialty medications). It's easy to fill a prescription and home delivery is fast and free.

If needed, you may fill prescriptions outside the health system through in-network and out-of-network pharmacies. The cost is higher to use one of these non-health system pharmacies.

Pharmacy directories are available at myhealthtoolkitkc.com.

Did you know?

You will almost always pay less when you fill your prescriptions at The University of Kansas Health System pharmacy.

→ Dental benefits

The health system offers two plan options through Delta Dental of Kansas. Both dental plans encourage preventive treatment, allowing members to achieve oral health while keeping your costs down. If you have certain medical conditions, extra cleanings are covered. Simply inform Delta Dental of any of these medical conditions: diagnosed periodontal (gum) disease, pregnancy, diabetes, kidney failure or undergoing dialysis or suppressed immune system (due to radiation and/or chemotherapy treatment, HIV, stem cell or bone marrow transplant or organ transplant).

In-network benefit summary

	Basic Plan	Plus Plan
Plan features		
Employee Only Deductible	\$50	\$25
Family Deductible	\$100	\$50
Annual plan maximum (per individual)	\$1,500	\$1,500
Diagnostic and preventive services		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic services		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	Plan pays 60% after deductible	Plan pays 80% after deductible
Major services		
Crowns, jackets, dentures, bridge implants	Plan pays 40% after deductible	Plan pays 50% after deductible
Orthodontia services		
Orthodontia (adult and child)	Not covered	Plan pays 50% after deductible
Lifetime orthodontia plan maximum (per individual)	Not covered	\$1,500

There are three network tiers: PPO, Premier and out-of-network. For the lowest out-of-pocket costs, visit a dentist in the PPO network.

To locate a participating in-network dentist, go to [deltadentalks.com](https://www.deltadentalks.com).

→ Dental benefits

What are my paycheck premiums for dental?

Employee contributions are deducted from 24 paychecks per year.

	Basic Plan	Plus Plan
	Employee Pays	Employee Pays
Employee Only	\$7.13	\$9.94
Employee + Spouse	\$19.59	\$26.27
Employee + Children	\$17.94	\$25.00
Employee + Family	\$36.59	\$51.09

Additional information like the benefit frequencies of services, benefit details and helpful hints can be found on the benefits website at kansashealthsystem.bswift.com.



Vision benefits

You have a choice of two vision plans through VSP. To locate a participating VSP provider, you may call 800-877-7195 or visit vsp.com. The VSP Network is "Choice."

In-network benefit summary

	Basic Plan	Plus Plan
Eye exam	\$25 copay	\$0 copay
Materials	\$35 copay	\$25 copay
Frames	Every 24 months*	Every 12 months
Frame allowance	Up to \$175 after materials copay Featured VSP frames: \$225	Up to \$200 after materials copay Featured VSP frames- \$250
Standard lenses	Every 12 months	Every 12 months
Single vision	Covered after materials copay	Covered after materials copay
Lined bifocal	Covered after materials copay	Covered after materials copay
Lined trifocal	Covered after materials copay	Covered after materials copay
Standard progressive	Covered after materials copay	Covered after materials copay
Antireflective coating	N/A	Covered after materials copay
Contact lenses	Every 12 months	Every 12 months
Fitting and evaluation	Up to \$60 copay	Up to \$60 copay
Elective contact lens allowance	\$150	\$200
Extra Savings		
Eye Centers <ul style="list-style-type: none"> • Medical Pavilion, Main Campus • 7400 State Line Road 	\$600 discount per eye for LASIK and 30% off non-insurance-paid glasses in the Optical Shop. Discounts available to health system employees and immediate family members. For more information, call the Eye Center at 913-588-6600 .	
Hearing aids and discounts	Members, dependents and even extended family members can save 30-60% on digital hearing aids. Visit vsp.truehearing.com or call 877-372-4040 .	

*Children covered under the basic plan are allowed two well-vision exams and one pair of glasses every 12 months.

→ Vision benefits

What are my paycheck premiums for vision?

Employee contributions are deducted from 24 paychecks per year.

	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

Reminder

You don't need to provide a card. Simply provide your SSN at time of service.

→ Financial benefits

Health savings accounts and flexible spending accounts

Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) can save you money by allowing you to set aside pretax dollars from your paycheck to cover qualified expenses that you would normally pay out of pocket with after-tax dollars.

The health system offers these tax-advantaged accounts through Discovery Benefits:

- Health Savings Account (HSA)
- Healthcare FSA
- Dependent Care FSA

HSA and FSA elections must be made each year.

Elections do not roll over from year to year.

Spending account overview

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account
Who can open the account?	Employees who elect the HSA Advantage Medical Plan.*	Benefit-eligible employees who are not enrolled in the HSA Advantage Medical Plan.	Any benefit-eligible employee.
Why would I open an account?	To save for future healthcare expenses, short and long-term. Money goes in tax-free, is invested tax-free and can be used to pay for qualified medical, dental and vision expenses without being taxed.	To save on healthcare expenses expected in 2021. Set aside pretax dollars from your paycheck in 2021 rather than using your after-tax earnings on eligible expenses.	To pay for some or all your 2021 dependent care expenses tax-free.
How can I use the money?	To pay for medical, dental and vision expenses including deductibles, coinsurance, prescriptions and other eligible expenses.	To pay for medical, dental and vision expenses including deductibles, coinsurance, prescriptions and other eligible expenses.	To pay for eligible expenses at licensed day or elder care centers, nursery schools, day camps and home care with valid tax ID numbers.

*Employees enrolled in a healthcare FSA in 2020 need to deplete those FSA funds by Dec. 31, 2020, if they plan to enroll in the HSA Advantage Plan for 2021. Any funds remaining in the healthcare FSA at the end of the year will be forfeited for employees who enroll in the HSA Advantage Plan.



Financial benefits

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account
What if I don't use all the money in 2021?	All unused dollars roll over each year, allowing the member to save for both short and long-term future healthcare expenses.	The 2021 plan year for the Healthcare FSA is Jan. 1, 2021, through Feb. 28, 2022. You have until April 30, 2022, to submit claims for eligible expenses incurred through Feb. 28, 2022. Unused funds are forfeited.	The 2021 plan year for the Dependent Care FSA is Jan. 1, 2021, through Feb. 28, 2022. You have until April 30, 2022, to submit claims for eligible expenses incurred through Feb. 28, 2022. Unused funds are forfeited.
When can I use the money in my account?	Current employees will receive "seed money" on January 1, 2021 (\$250 for employee-only coverage and \$500 for family* coverage). New employees and those newly eligible for benefits will receive the seed money when their HSA account becomes effective. Any additional money you contribute from each paycheck is available as it is added to your HSA account.	Your annual elected amount is available for you to use on January 1, 2021.	You can use only funds that are currently in your account, which increase each pay period.
Do I need to keep my receipts?	Yes	Yes	Yes
Is there a debit card?	Yes	Yes	Yes
Can I invest the money in my account?	Yes, after you reach the low investment threshold of \$1,000, you may move HSA funds in \$100 increments from the default cash account to an interest-bearing account.	No	No
2021 contribution limits	\$3,600 individual, \$7,200 family. Age 55 and over can contribute an extra \$1,000.	\$2,750	\$5,000

*The \$500 seed for family coverage applies for employee + spouse, employee + children and employee + family.

HSA and FSA contributions are taken out of 26 paychecks per year.





Financial benefits

Life insurance and AD&D insurance

For your peace of mind and the financial protection of your family, the health system provides, at no cost to you, basic life and accidental death and dismemberment (AD&D) insurance.

The AD&D benefit provides a payment in the same amount as the employee's basic life coverage if there is loss of life in an accident. It also provides a benefit in the event of a debilitating injury due to a covered accident.

Group Term Life and AD&D Benefit – The Hartford	
Benefit	1.5 times base salary (rounded up to the next highest \$1,000)
Maximum	\$1,500,000

You may want to supplement the company-paid life insurance policy with additional coverage. You can choose to purchase Supplemental Life for yourself, spouse and/or your children and Supplemental AD&D for yourself. Go to the benefits website to see your costs for these benefits.

Supplemental Group Term Life and AD&D Benefit – The Hartford	
Supplemental Life Benefit	<p>Employee: Lesser of 5 times salary or \$500,000 (Increments of \$5,000). Guaranteed issue*: \$200,000.</p> <p>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.</p> <p>Dependent children: \$5,000 or \$10,000 (ages 2 weeks to 26 years). All amounts guaranteed.</p>
Supplemental AD&D Benefit	Employee: The lesser of 10 times salary or \$500,000 (Increments of \$10,000)

*Enrolling or increasing coverage outside your initial eligibility period, or requesting coverage greater than guaranteed issue, requires evidence of insurability. Supplemental Employee and Spouse Life coverage may be subject to Evidence of Insurability (EOI). If coverage is increased during open enrollment, EOI must be submitted prior to January 1 of the next year. Outside of Annual Open Enrollment, members have 60 days to submit EOI paperwork. Newly eligible employees may elect up to the Guaranteed Issue without EOI when enrolling in coverage within 30 days of initial eligibility or status change of dependent (newly added spouse due to marriage). Any amounts over the Guaranteed Issue are subject to EOI.



Financial benefits

Whole life insurance

Whole life insurance is also available through Boston Mutual. In addition to providing death benefits to your designated beneficiaries, this coverage builds cash value that can be used while you are living. As long as premiums continue to be paid, your rate is guaranteed never to increase, and your benefit will never decrease. Coverage is available for you, your spouse, children and grandchildren. To enroll in this coverage, meet with or call a benefit communication specialist at **888-494-9119**.

Workers' compensation

Workers' compensation benefits are provided to employees for work-related injuries and incidents that occur by accident and arise out of the course and scope of employment with The University of Kansas Health System. These benefits are provided at no cost to employees.

All work-related injuries and incidents must be reported, even when the employee does not want to receive medical treatment or an evaluation. Employees who sustain work-related injuries, exposures or occupational illnesses should immediately inform their supervisor, and then call the NurseNow triage line at **913-356-5350** or toll-free at **866-356-5350**. If you don't report an occupational event within 20 days, you may lose your right to workers' compensation benefits. For additional information or questions, send an email to **workcomphealthsystem@kumc.edu**.



Financial benefits

Short-term disability

In the event of a short-term disability (STD) you have financial protection. Our policy provides you with a percentage of your weekly income while you are out of work following a non-work-related accident, pregnancy or illness for up to 6 months. The health system offers two options for this type of coverage: a basic plan paid for completely by the health system and an increased benefit (buy-up plan) that's paid by both you and the health system.

Existing employees must provide evidence of insurability to select the buy-up STD option if they did not elect it during their initial eligibility period.

NOTE: Employees must maintain 0.5 FTE for 6 months prior to being eligible for short-term disability benefits.

	Basic Short-Term Disability	Buy-Up Short-Term Disability
Benefit Percentage	40% of weekly base earnings*	66 2/3% of weekly base earnings*
Maximum Weekly Benefit	Up to \$1,500	Up to \$2,500
Employee Cost	\$0	Premium based on weekly earnings. Go to kansashealthsystem.bswift.com for your cost.

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

Long-term disability

In the event of a long-term covered injury or illness, the health system provides Long-Term Disability (LTD) at no cost to you. The LTD policy pays a monthly benefit for eligible employees, providing income protection after 6 months of a covered short-term disability.

	Long-Term Disability
Benefit Percentage	60% of base earnings**
Maximum Monthly Benefit	\$15,000

**taxed when paid to employee

→ Financial benefits

When it comes to your personal well-being, your financial peace of mind is very important. These benefits protect you and your family and help you plan for your future.

Retirement savings plans

Saving for retirement can help you achieve overall financial wellness. Even small contributions will have big payoffs over time. Saving through the health system's two retirement savings plans is a great way to accumulate money for a secure retirement. Both retirement plans offer the opportunity for a lower tax bill today and tax-deferred investment growth.

New in 2021! The health system has selected Fidelity Investments as the service provider for the 401(a) and 457(b) retirement plans. With their innovative digital tools, you have convenient access to your accounts, robust education to help you save, excellent customer service and expert financial advising.

401(a) retirement savings plan

The health system provides a 401(a) retirement savings plan to which both you and the health system contribute. Employees are eligible to participate upon hiring and you are automatically enrolled if you are in a benefit-eligible position (0.5 FTE or above). The contribution amounts from you and the health system are based on your years of service. Employee contributions are pretax, reducing income taxes, and are made by automatic payroll deduction. You always own your contributions; your ownership of the health system's contributions vest after three years of service. One year of service is credited for each year in which you work at least 1,000 hours.

Years of Service	Employee Contributions	Health System Contributions
0 to 4	4%	3%
5 to 9	4%	4%
10 to 14	4%	5%
15 to 19	4%	6%
20 or more	5.5%	8.5%
Years of Service	Vested Percentage in Employee Contributions	Vested Percentage in Health System Contributions
0 to 2	100%	0%
3 or more	100%	100%



Financial benefits

457(b) retirement savings plan

Another way to contribute toward your retirement savings goal is the health system's voluntary retirement savings plan. The 457(b) plan allows you to immediately contribute pretax dollars, resulting in income-tax savings; contribute on a Roth basis, resulting in tax savings upon withdrawal; or a combination of the two. Contributions are made by payroll deduction and employees are immediately 100% vested.

In 2020, you can contribute up to the lesser of:

- 85% of your pay
- The IRS maximum amount of \$19,500, plus an additional \$6,500 if you are age 50 or older. 2021 contribution limits will be announced by the IRS.

Financial help

Fidelity Retirement Planners are available to help you with enrollment, asset allocation, retirement planning and other questions you may have about your health system retirement plans. Fidelity can also help with general financial planning such as budget and debt management, student loan repayment and retirement income planning.

For general account questions or help with transactions, please contact the Fidelity Retirement Service Center at **800-343-0860** or log in to your account at **netbenefits.com/atwork**.

→ Time away from work benefits

Rest, rejuvenate and celebrate

We encourage you to use paid time off (PTO) to rest and rejuvenate.

Our program is designed with flexibility to meet your need for paid time off, regardless of the reason: vacation, personal days or sick time.

In addition to PTO, we offer paid hours for eight holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the following Friday, and Christmas Day. Full-time employees receive eight hours per holiday. Hours are prorated for part-time employees provided they are at least a 0.5 FTE.

Paid time off (PTO)

Eligible full-time and part-time* employees with at least a 0.5 FTE receive paid time off to use for vacations, personal days and sick days. Each pay period, you accumulate PTO hours based upon your FTE and your completed years of service.

Years of service**	PTO accrual rate per pay period	Maximum annual PTO hours	Annual holiday hours
<1	4.62 hours	120	64
1-5	5.69 hours	148	64
6-10	6.83 hours	178	64
11-15	7.97 hours	208	64
>15	9.11 hours	237	64

* Part-time employees with at least a 0.5 FTE are eligible for PTO credit on a prorated basis.

** If hired prior to Dec. 31, 2014 view accrual chart on 24/7.



Time away from work benefits

Leaves of absence

Our leave of absence program applies to many different situations, including the birth of a child, adoption or foster care of a child, a serious health condition, caring for a family member with a serious health condition, military leave, situations of domestic violence or sexual assault and work accommodations – just to name a few.

If you have questions about whether you qualify for a leave of absence, please contact the HR Support Center at **913-945-6500** or **askhr@kumc.edu**.



Wellness benefits

New wellness program

The health system is committed to offering a wide range of wellness opportunities and resources to support employees no matter where they are in their wellness journey. Great things are coming!

The feedback you have shared is serving as the foundation on which we will build the new wellness program. There are exciting changes ahead, but for now you can expect the following:

- **Resources for holistic wellness** – tools, topics and support resources across the spectrum of wellness:
 - Purpose
 - Mindfulness
 - Social
 - Financial
 - Physical
 - Nutrition
 - Balance
 - Community
- **Timely, accessible and integrated support** – seamless, on-demand and meaningful wellness support delivered through high tech and high touch methods that connect with you on your schedule.

What's ahead

Employees can expect a full menu of wellness resources to choose from housed on an interactive, fully loaded, user-friendly platform where you will find:

- Fitness tracking, workout videos, workout programs
- Videos on monthly health topics featuring familiar faces around the health system
- Recipes, meal planning and tracking, as well as how-to videos
- Financial resources and webinars
- Individual and group challenges - even the possibility of competing with another health system

Your revitalized, super-charged wellness program is on the way. Details will be announced through internal communication channels, with a targeted launch of December 2020.

Seeking Wellness Champions

With our redesigned wellness program in 2021, we need partners to help drive awareness, engagement and participation. We are creating our network of Wellness Champions throughout the health system and are looking for people who are enthusiastic and passionate about all pillars of wellness – as well as those who enjoy friendly competition.

Our goal is to have a Wellness Champion in every department who can be an active wellness resource for co-workers. You will be informed about wellness activities and events across the health system and we'll ask you to share that information and rally participation.

If you are interested, email wellness@kumc.edu to get your questions answered and become a Wellness Champion.



Wellness benefits

Employee assistance program

To support our employees, the health system offers a comprehensive employee assistance plan (EAP). This is a completely confidential service at no cost to you and we encourage you to use these services.

Life is always changing. It's filled with challenges, opportunities and questions that can lead you into uncharted territory. Even when you're just trying to balance family, work and everyday life, things can get unpredictable. For those times when you don't have all the answers, the employee assistance program offers practical solutions, trusted support and valuable resources – all with complete confidentiality through our partner, New Directions.

Each covered member is eligible for up to six face-to-face sessions with a New Directions counselor. New Directions offers text messaging, audio and video counseling in addition to face-to-face counseling. Members have a dedicated therapist to message anytime, day or night.

Contact New Directions at **800-624-5544**, or go online at **eap.nbdh.com**. Log in as an individual and use the password: **health system**.

Work/life services

New in 2021! New Directions offers a new service to help you with your seemingly endless to-do lists. At no cost to you, a team of specialists will support you and your family members with nearly anything that impacts daily life.

With one phone call, you can locate a service provider, get referrals and resources for almost any need. All vetted, organized and customized to help you stress less, focus at work and be more present at home.

To get help checking things off your list, call **800-624-5544**.

Mobile app

Go to your app store and search for "New Directions EAP." Once downloaded, log in with password: "health system."



Wellness benefits

The Hartford Life Assist programs

The health system offers the following services, through The Hartford, **at no cost** to benefit-eligible employees.

- **Estate planning:** Create a simple legal will quickly and conveniently online. Access The Hartford's Estate Guidance service at estateguidance.com. Enter the promotional code **WILLHLF**. Click "Get Started."
- **Travel assist:** Emergency assistance is available 24/7/365 when traveling 100 miles or more from your home. Call toll-free from the U.S. or Canada: **800-243-6108** (or **202-828-5885**). The policy number is **675446**, and the Travel Assistance ID number is **GLD-09012**.
- **Funeral planning and concierge services:** For information, call **866-854-5429** or visit everestfuneral.com/hartford and use the code **HFEVLC**.
- **Beneficiary assist:** Legal advice, financial planning and emotional counseling for up to 1 year after a death. Call **800-411-7239** for additional information.



Wellness benefits

Family care solutions

The health system offers care solutions that help you balance the demands of family with your other commitments. When you have a disruption in family care, you won't have to skip a beat. Spare yourself the scramble of finding replacement care. Your Bright Horizons Back-Up Care™ benefit can find a welcoming child-care center or in-home caregiver when you need one. You'll have peace of mind, and your loved ones will get the care they need. Benefit-eligible employees have access to up to 10 days of back-up care per year.

- \$15 per child or a maximum of \$25 per family for use of center-based child care.
- \$6 per hour for in-home care services for any age, from children through elders.

4-hour minimum up to a 10-hour maximum for in-home care.

Register now and reserve back-up care when you need it:

- Your child's school is closed.
- Your child is mildly ill and can't attend school or child care.
- The sitter is on vacation.
- Mom or Dad needs support in their home.

Visit clients.brighthouse.com/kansashealthsystem and, when registering for the first time, please use the following:
Employer username: [kansashealthsystem](https://clients.brighthouse.com/kansashealthsystem) | Password: **Benefits4You** | Download the App: Search "**back-up care**" in the App Store or Google Play | Questions? Call **877-242-2737**

Additional family supports

When you need more permanent solutions or additional care resources, use Bright Horizons Additional Family Supports™ including access to a database of child-care solutions, tuition discounts, pet and people sitters, housekeepers, senior care solutions, and discounted tutoring and test preparation.

Find support now at

clients.brighthouse.com/kansashealthsystem

→ Help with tuition and career development

Tuition reimbursement

We encourage you to invest in your personal development and career growth through formal education. The health system will reimburse benefit-eligible full-time and part-time employees with at least 12 months of service up to \$3,000 per calendar year for completion of approved college courses through an accredited institution. Part-time employees receive tuition reimbursement at a prorated amount based on FTE. The lifetime benefit maximum is \$12,000.

We partner with Bright Horizons EdAssist to make the tuition reimbursement process easier for you

- Support and guidance from inquiry through graduation
- Better matching of newly trained employees with current job openings
- Discounts at more than 220 educational institutions
- Access to more career opportunities

Log in to your account at ukhs.edassist.com.

If You Work	Calendar Year Tuition Amount Available
0.9-1.0 FTE (36-40 hours)	Up to \$3,000
0.8 FTE (32 hours)	\$2,400
0.7 FTE (28 hours)	\$2,100
0.6 FTE (24 hours)	\$1,800
0.5 FTE (20 hours)	\$1,500

Information about the program can be found on 24/7.

If you have questions, please contact the HR Support Center at **913-945-6500** or askhr@kumc.edu.



Help with tuition and career development

Recognizing certifications

The health system recognizes that certain approved professional certifications enhance employees' ability to carry out job duties and responsibilities and lead to career growth.

Employees who are 0.5 FTE or above are eligible for a certification recognition award for the attainment of certain approved professional certifications that are not a requirement of the employee's job. The health system will award employees \$500 for initial certifications, and \$300 per year thereafter to maintain the certification.

The certification guidelines and request form can be found on 24/7.



Additional benefits

The health system offers access to an array of benefit options. We have partnerships with experts in multiple areas to offer these services at an additional fee.

Identity theft protection

Allstate Identity Protection (formerly known as InfoArmor) works to protect your identity 24 hours a day, 7 days a week. The policy provides comprehensive personal data protection, ID theft and fraud protection, medical ID theft protection, child theft protection and assistance and restoration. This benefit is available by payroll deduction for you and your family members. Go to the benefits website, kansashealthsystem.bswift.com, to enroll.

Prepaid legal service

Whether you are buying a new home, drawing up a will or just need legal advice, Hyatt Legal can give you easy access to experienced attorneys. You can also receive a wide range of covered legal services at an affordable price. With Hyatt Legal, a participating attorney is just a phone call away. Go to the benefits website, kansashealthsystem.bswift.com, to enroll.

Pet insurance

When your pet needs medical care, the last thing you want to be concerned about is how to pay for it. Fortunately, pet insurance can help you handle the ever-increasing costs of caring for your pets when they are ill or injured. With this policy you can visit any licensed veterinarian worldwide. To enroll, contact MetLife at [866-792-4638](tel:866-792-4638) or visit petfirst.com/switch2met.



Additional benefits

Auto and home insurance

With insurance from MetLife Auto and Home, you can get protection for your auto and home while saving money. It features the coverage you need for your most important possessions at special employee discounts. Contact MetLife to enroll, **800-438-6388**.

Buying program

When cash and credit are not readily available, Purchasing Power provides an affordable and responsible way to buy brand-name computers, electronics, appliances, furniture and more through the ease of payroll deduction. You'll know the total price up front, and the cost is divided into manageable payments that are deducted from your paycheck over a 12-month period. There's no interest, no risk of late fees and no credit check required. To participate, you must:

- Be at least 18 years of age
- Be a 0.5 FTE or above employee for at least 12 months
- Earn at least \$16,000 a year
- Have a bank account or credit card (to be used in case of nonpayment via payroll deduction)

Contact Purchasing Power to enroll, **800-903-0801**, **tukh.purchasingpower.com**.

Want to enroll in any of these additional benefits?

Visit the benefits website **kansashealthsystem.bswift.com** or call **888-494-9119** to schedule an appointment or to speak with a benefits communication specialist.



Discounts

Pet care

Pete & Mac's: 10% discount for boarding services and various retail products at Pete & Mac's Recreational Resort for Pets. The first night of pet boarding is free for new customers! For more information, call Pete & Mac's at **816-587-3900**.

Child care

La Petite: Employees receive a 10% discount for children ages 2 through 12 at participating La Petite centers. For more information, call La Petite at **877-747-2492**.

Fitness centers

Kirmayer: The Kirmayer Fitness Center, located on the health system campus, will arrange for payroll deduction for health system employees. For more information, call **913-588-7704**.

Mobile devices and discounts

T-Mobile (Sprint): T-Mobile and Sprint are now one company. Existing customers will continue to receive their current employee discounts. For information on available offers for new customers, go to **<https://t-mo.co/2X2lpwW>** or call **855-570-9947**.

AT&T: Employees can save up to 24% on the monthly service charge of qualifying wireless plans with the AT&T Signature Program. For more details go to **att.com/wireless/vizient8** or visit an AT&T store. Discount: **FAN 57718578**.

Garmin: Purchase up to two devices and two accessories at a discount each calendar year. To get started, enter your company email address ending in **@kumc.edu** at **buy.garmin.com/en-us/us/group-membership.ep** to activate your account. Questions? **Call 800-800-1020**.



Discounts

Blue365 discounts

Take advantage of discounts and services through Blue365 for things like health and fitness clubs, weight loss programs, fitness trackers, vision care and more. With Blue365, you'll enjoy deals to support your financial health, personal care, fitness, healthy eating and overall healthy lifestyle. To browse offers, visit myhealthtoolkitkc.com and click on Member Discounts. You can also sign up to receive weekly emails with featured discounts. You must be enrolled in one of the health system's medical plans to access these discounts.

Vacation perks

You have access to purchase vacation packages at a discount through Global Connections to many popular destinations. Go to globalperksplus.com/ukhs and log in to view available discounts or call **913-498-0960**.

More discounts

Health system employees are eligible for many other discounts. Find more information on [Discount Programs page](#) on 24/7.





Enrollment deadlines

Annual open enrollment for 2021

- The open enrollment period is **October 12-30**.
- All changes must be made by **October 30 at 5 p.m. CST**.

Qualifying life events

- You have 30 days from a qualifying life event (see page 5) to enter the event on the benefits website and provide supporting documentation.

New hires or initial eligibility due to status change

- You have 30 days from the hire or status-change date to enroll in benefits.



Your benefits contacts

Benefit	Provider	Web Address or Email	Phone
Medical Plan	Blue Cross and Blue Shield	myhealthtoolkitkc.com	833-468-3590
Tobacco Cessation*	The University of Kansas Health System	wellness@kumc.edu	
Hospital Indemnity Insurance**	The Hartford		888-494-9119
Critical Illness Insurance**	The Hartford		888-494-9119
Accident Insurance**	The Hartford		888-494-9119
Health System Pharmacy	The University of Kansas Health System	kansashealthsystem.com/patient-visitor/pharmacy	913-588-2371
Prescription Benefits	Blue Cross and Blue Shield	myhealthtoolkitkc.com	833-468-3590
Dental Plan	Delta Dental of Kansas	deltadentalks.com	800-234-3375
Vision Plan	Vision Service Plan (VSP)	vsp.com	800-877-7195
Health Savings Accounts	Discovery Benefits	discoverybenefits.com	866-451-3399
Flexible Spending Accounts	Discovery Benefits	discoverybenefits.com	866-451-3399
Life and AD&D Insurance*	The Hartford		888-494-9119
Whole Life Insurance**	Boston Mutual		888-494-9119
Short-Term Disability	The Hartford		866-315-0809
Long-Term Disability	The Hartford		866-315-0809
Retirement Plan and Financial Advising	Fidelity Investments	netbenefits.com/atwork	800-343-0860



Your benefits contacts

Benefit	Provider	Web Address or Email	Phone
Leave of Absence/FMLA	The Hartford	askhr@kumc.edu	913-945-6500
Wellness Program	The University of Kansas Health System	wellness@kumc.edu	
Employee Assistance Program	New Directions	eap.ndbh.com - company code "health system"	800-624-5544
Estate Planning*	The Hartford	estateguidance.com - company code - WILLHLF	
Travel Assist*	The Hartford	policy ID - 675446; travel assist ID - GLD-09012	800-243-6108
Funeral Planning*	The Hartford	everestfuneral.com/hartford	866-854-5429
Beneficiary Assistance After Death*	The Hartford		800-411-7239
Child and Family Care	Bright Horizons	clients.brighthorizons.com/kansashealthsystem - company code - benefits4you	877-242-2737
Tuition Reimbursement	Bright Horizons Ed Assist	ukhs.edassist.com	913-945-6500
Identity Theft Protection**	Allstate		888-494-9119
Prepaid Legal Service**	Hyatt Legal		800-821-6400
Pet Insurance**	MetLife	petfirst.com/switch2met	866-792-4638
Home and Auto Insurance**	MetLife		800-438-6388
Buying Program	Purchasing Power	tukh.purchasingpower.com	800-903-0801

* Benefit is available at no cost to the employee – log in at kansashealthsystem.bswift.com.

**Benefit is available at additional cost.





Your human resources contacts

Benefits line:

888-494-9119

Benefits website:

kansashealthsystem.bswift.com

Benefits email:

benefitsconnection@kumc.edu

This document is intended to merely highlight or summarize certain aspects of the employer's benefit programs. It is not a Summary Plan Description or an official plan document. Your rights and obligations under the programs are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change or terminate the plan, or any benefits under it, for any reason, at any time, and without advance notice to any person.

TAKE CARE OF



YOU

2021 **BENEFITS**

BENEFITS GUIDE 2021