

Employee BENEFITS 2024

Your guide to sign up

The University of Kansas Health System is proud to offer a robust benefits package to support your physical, mental and financial health.

Employees who work 0.5 FTE and above are eligible to participate in medical, dental and vision coverage; health savings account and flexible spending accounts; and other health system benefits. Coverage is also available to spouse and dependents.

- Benefits such as those listed above begin on the first day of the month following 30 days of eligibility.
- Disability benefits begin on the first day of the month following six months of eligibility.

New employees, as well as current employees who are newly eligible or have a qualifying life event, have 30 days from the date of hire or change in eligibility status to enroll in benefits.

This guide explains the decisions you need to make and how to sign up for the benefits that best meet the needs of you and your family. Review it carefully, along with the information under “Explore Your Benefits” on the Benefits Connection website to understand your benefits package. When you are ready to sign up, follow the steps under “Choose Your Benefits.”

Your Benefits team is here to support you. You’ll find online and phone support resources listed on the back page of this guide and under “Get Support” on the Benefits Connection website at KansasHealthSystemBenefits.com.

**YOU HAVE 30 DAYS FROM YOUR DATE
OF HIRE/QUALIFYING LIFE EVENT TO ENROLL.**

GET MORE INFORMATION →

KansasHealthSystemBenefits.com

The Benefits Connection website is open to you anytime from anywhere – no username or password is needed. If you have dependents, they are welcome to use the site as well.



Investing in You



Dear health system employee,

Whatever your role within our health system, you are the reason we are able to provide the best care in the region. Whether you greet patients at the door, provide clinical care or support our patients and employees in other areas, we are grateful for the many ways you go above and beyond to serve our patients. It is our honor and privilege to support you and your family with a robust benefits package.

We invest in these benefits with your needs in mind and are proud to offer this competitive package to ensure you have affordable access to high-quality care and comprehensive services. Even as the cost of benefits nationwide is rising, we are committed to covering the majority of the cost for our staff.

Please take advantage of this investment we make in you and think carefully about your needs in 2024. Choose the benefits that best help you and your family reach your goals for physical, mental and financial health. We value you and are grateful for all you do to support our patients, community and each other.



Jeff Risinger
 Senior Vice President
 Chief Human
 Resources Officer



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

Benefits to take care of you

The health system offers benefits in three categories.

AVAILABLE TO BENEFITS-ELIGIBLE EMPLOYEES (0.5 FTE OR MORE)

Require sign-up during enrollment period

- Medical (including pharmacy), dental and vision insurance
- Purchase of additional short-term disability insurance
- Pretax accounts (HSA and FSAs)
- Supplemental insurance plans: hospital indemnity, accident, critical illness, group term life, accidental death and dismemberment, identity theft, legal services

AVAILABLE TO BENEFITS-ELIGIBLE EMPLOYEES (0.5 FTE OR MORE)

- Retirement
- PTO and holidays
- Long-term disability insurance
- Whole life insurance
- Auto and home insurance
- Pet insurance
- Family care solutions
- Services including estate planning, emergency travel assistance, funeral planning and support after the death of a loved one
- Education assistance (tuition reimbursement and certification support)
- Purchasing Power buying program



AVAILABLE FREE TO ALL EMPLOYEES REGARDLESS OF BENEFITS ELIGIBILITY

- Employee Assistance Program
- It's About You wellness program
- Perks For You discount program
- 529 savings plan

BENEFITS CONNECTION →

KansasHealthSystemBenefits.com



This enrollment guide focuses on the first category – those benefits you need to act on now. We encourage you to take advantage of all the benefits available to you. Full details, including how to access each benefit, are available under “Explore Your Benefits” on the Benefits Connection website.



Medical coverage

Choose your medical plan

When you sign up for a plan, most of your premiums and medical costs will be paid for by the health system. As you consider which plan is right for you, remember you share in the cost of healthcare in several ways.



- ① **Premiums:** The amount you pay for your health insurance, taken out of your paycheck before taxes. The health system pays most of the premium cost.
See chart on page 7.
- ② **Deductibles:** The amount you pay out of pocket for covered services before your insurance starts to help out. Consider if you have enough money in your budget – or in savings – to cover the deductible. Remember some preventive care services – like your annual physical and certain exams – are always free.
- ③ **Copays:** The set dollar amount you pay for doctor visits and prescriptions. The Signature Plan uses primarily copays.
- ④ **Coinsurance:** The percentage of total cost you may 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.

To better understand how these costs work in each medical plan, read “Understanding deductibles, copays and coinsurance” on the Benefits Connection website.



Medical and prescription coverage

You have a choice between two plans for medical coverage, which includes prescription medications. A brief summary of both is below. Visit the Benefits Connection website for more details.

HSA Advantage Plan

This works best for those who use less healthcare. The per-paycheck premiums are lower but your cost of care during the year is higher through deductibles and coinsurance.

- This plan uses an aggregate deductible. This means the full family deductible must be met before the health plan’s coinsurance covers expenses for any one covered member.

With this plan, you will have a Health Savings Account (HSA), with a contribution from the health system, you can use to pay for healthcare with pretax dollars. Read more on page 14.

Signature Plan

This works best for heavier users of healthcare. It offers lower deductibles and fixed copays for in-network office visits, but has higher per-paycheck premiums.

- This plan uses an embedded deductible. This means that once a covered member meets the individual deductible, the health plan’s coinsurance begins to cover their expenses, even if the full family deductible amount has not been met.

Medical plan networks

Both plans offer the Blue Select Plus network (Kansas City area) and the BlueCard PPO network (in greater Kansas and nationwide).

- Neither network includes HCA and St. Luke’s. If you or your family uses providers at these locations, you may want to find a health system or in-network provider for the best coverage.

The health system network, which provides the best care at the most affordable cost, now includes all Olathe Health facilities, as well as providers who are employed by Olathe Health/The University of Kansas Physicians. This means:

- Facility charges for any care received at an Olathe Health facility will be covered at the health system network rate, regardless of provider.
- Coverage for provider charges will vary based on if the provider is employed by Olathe Health/The University of Kansas Physicians.
 - Employed providers: Covered at the health system network rate.
 - All other providers: Covered at the in-network or out-of-network rate, depending on whether the provider participates in the BlueSelect Plus network.

For a list of providers employed by Olathe Health/The University of Kansas Physicians and to learn about coverage differences across network tiers, visit the Benefits Connection website.

To better understand the network tiers and how to find a provider, read “Know your medical plan network” on the Benefits Connection website.



Medical coverage

This chart shows the deductibles (ded), coinsurance (coins) or copays for different services under each plan. Preventive care is free in both plans.

	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	\$1,600	\$3,200	\$6,400	\$400	\$1,500	\$2,000	
Family	\$3,200	\$6,400	\$12,800	\$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+10% coins	Ded+30% coins
Inpatient services for mental/behavioral health and substance abuse disorder**							
Outpatient hospital services							
Outpatient services for mental/behavioral health and substance abuse disorder^				Covered at 100%^	Ded+30% coins^^	Ded+40% coins	
High-tech radiology services (MRI, CT, PET scan)			Ded+10% coins	Ded+30% coins			

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

** Pre-authorization required; coverage of room and board may be denied.

^ Pre-authorization required for ABA/Autism therapy; ABA/Autism therapies covered to age 19 with no hours/visit limits.

^^ Includes an office visit copay.

Medical coverage

This chart shows how much you will pay out of your paycheck for medical insurance, along with the larger portion paid by the health system to support each employee.

KANSAS CITY (INCLUDING OLATHE HEALTH)

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	\$35.00	\$387.15	\$65.00	\$358.25
Employee + spouse	\$147.00	\$703.31	\$223.00	\$631.51
Employee + children	\$120.00	\$668.41	\$190.00	\$597.62
Employee + family	\$201.00	\$1,092.56	\$305.00	\$1,014.68

GREAT BEND

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	\$35.00	\$387.15	\$65.00	\$358.25
Employee + spouse	\$113.00	\$737.31	\$223.00	\$631.51
Employee + children	\$94.00	\$694.41	\$162.00	\$625.62
Employee + family	\$145.00	\$1,148.56	\$305.00	\$1,014.68

* Taken from 24 paychecks per year.

Kansas City and Great Bend premiums will align over time.

Working spouse surcharge

If your spouse is offered medical insurance through their employer, you will pay an extra \$50 per paycheck if you add them as a covered dependent on your medical plan.

During the plan year, if your spouse is no longer offered medical insurance through their employer, including if their employment ends, please email BenefitsConnection@kumc.edu to notify the benefits team. At that time, the \$50 surcharge will no longer be applied. The surcharge cannot be removed retroactively or a refund provided, so please alert the benefits team as soon as possible after the change.

Prescription drug coverage

Another important thing to understand when you choose a medical plan is the cost of prescription drugs.

The amount you pay will depend on several important things: which medical plan you choose, where you fill your prescriptions, the type of medication and the days' supply.

The charts that follow show differences in prescription coverage between the two medical plans.

Coverage for acute medications

Acute medications – prescribed to treat short-term symptoms for a specified period of time.

Prescriptions for acute medications may be filled by the health system pharmacy or any in-network pharmacy. For the best rate, use the health system pharmacy. The health system rate is also honored (for acute medications only) at the Medical Park Pharmacy in Great Bend.

Medication Type	HSA Advantage Plan		Signature Plan			
	Health system pharmacy	In-network pharmacy**	Health system pharmacy		In-network pharmacy**	
Acute prescriptions	Up to a 102 DAY SUPPLY	Up to a 102 DAY SUPPLY	Up to a 34 DAY SUPPLY	35-102 DAY SUPPLY	Up to a 34 DAY SUPPLY	35-102 DAY SUPPLY
Generic / Tier 1	10% (after deductible) ^{^^}	30% (after deductible) ^{^^}	\$5	\$10	\$25	\$50
Preferred brand / Tier 2			\$30	\$60	\$55	\$110
Nonpreferred brand / Tier 3			\$65	\$130	\$90	\$180

Coverage for maintenance medications

Maintenance medications – prescribed for long-term, regular use to treat a chronic health condition.

Maintenance medications must be filled by the health system pharmacy to receive coverage. Beginning June 1, 2024, all maintenance medications must be filled for at least a 90-day supply and be delivered (see page 10).

Medication Type	HSA Advantage Plan*		Signature Plan			
	Health system pharmacy	In-network pharmacy	Health system pharmacy		In-network pharmacy	
Maintenance prescriptions	Up to a 102 DAY SUPPLY	Maintenance prescriptions NOT COVERED at in-network pharmacies	Up to a 34 DAY SUPPLY	35-102 DAY SUPPLY	Maintenance prescriptions NOT COVERED at in-network pharmacies	
Generic / Tier 1	10% (after deductible) ^{^^}		\$5	\$10		
Preferred brand / Tier 2			\$30	\$60		
Nonpreferred brand / Tier 3			\$65	\$130		

*Certain medications used for chronic conditions or risk reduction are included in the preventive drug list. HSA Advantage Plan members will pay Signature Plan copays for medications on this list. These copays will not apply to the HSA Advantage Plan deductible but will apply to the out-of-pocket maximum.

** While the health system pharmacy should be your first choice for prescriptions, many pharmacies throughout the nation participate in the pharmacy network.

^{^^} HSA Advantage Plan members will pay 100% until their deductible is met, then pay the indicated percentage coinsurance until their out-of-pocket maximum is reached.

Prescription drug coverage

Coverage for specialty medications

Specialty medications – prescribed to treat complex health conditions.

Specialty medications must be filled by a specialty pharmacy. Which specialty pharmacy you use will depend on who prescribes your specialty medication.

- If the prescription is written by a provider at The University of Kansas Health System (excluding Olathe Health), the employee/dependent must use the health system pharmacy.
- If the prescription is written by a provider at Olathe Health or outside the health system, the employee/dependent must use the Navitus preferred specialty pharmacy.

	HSA Advantage Plan	Signature Plan
Medication Type	All medications must be filled by the health system pharmacy or Navitus preferred specialty pharmacy depending on the prescriber.	
Specialty prescriptions	Up to a 30 DAY SUPPLY	Up to a 30 DAY SUPPLY
Generic / Tier 1	10% (after deductible) ^{^^}	\$20
Preferred brand / Tier 2		\$100
Nonpreferred brand / Tier 3		\$200

^{^^} HSA Advantage Plan members will pay 100% until their deductible is met, then pay the indicated percentage coinsurance until their out-of-pocket maximum is reached.



Prescription drug coverage

FREE DELIVERY SERVICE

Beginning June 1, 2024, maintenance prescriptions filled by the health system pharmacy will require delivery. This is to ensure the best, most convenient experience for our employees and their dependents. Delivery takes up to 3 business days and prescriptions may be delivered to:

- Your preferred shipping address
- FedEx hold-at/pickup location – see instructions on the Benefits Connection website



Making the most of your prescription drug coverage

Navitus Health Solutions manages pharmacy benefits for the health system. To see how your medications are covered with Navitus, review the formulary (list of covered medications) on the Benefits Connection website. Make a list of your prescriptions, check if they are on the formulary and, for each one, note:

- Whether the medication is generic or brand name
- Whether the medication is in the preferred or nonpreferred tier

Depending on what you learn, you may want to work with your prescriber so you can save money. See instructions to fill or transfer a prescription on the Benefits Connection website.

Read “Tips for using your pharmacy benefit” on the Benefits Connection website. You’ll find helpful information including links to the lists of health system and in-network pharmacies, the list of maintenance medications, the Navitus drug formulary and how insurance coverage works for prescriptions.



Dental coverage

You can choose from two plans for dental insurance, both offered by Delta Dental of Kansas. Both plans feature three tiers: PPO, Premier and out-of-network. For the lowest out-of-pocket costs, visit a dentist in the PPO network (find the provider list at DeltaDentalKS.com).

What’s the same? In both plans, diagnostic services and preventive treatments are free to support good oral health while keeping costs down. In addition:

- Right Start 4 Kids: For kids 12 and under, both plans pay 100% of the cost of covered services, excluding orthodontia.
- Unlimited cleanings: To promote oral health, covered members can receive an unlimited number of cleanings each year at no cost.

What’s different? The Plus plan offers lower deductibles, lower coinsurance and coverage for orthodontia services, in exchange for higher premiums.

In-network benefit summary for dental insurance

	Basic Plan	Plus Plan
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, fluoride, space maintainers, sealants, unlimited number of cleanings	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
	Right Start 4 Kids (12 and under): Plan pays 100%, no deductible	
Major services		
Crowns, jackets, dentures, bridge implants	Plan pays 40% after deductible	Plan pays 50% after deductible
	Right Start 4 Kids (12 and under): Plan pays 100%, no deductible	
Orthodontia services		
Orthodontia (adult and child)	Not covered	Plan pays 50% after deductible
Lifetime orthodontia plan maximum (per individual)	Not covered	\$1,500

Dental coverage

Per-paycheck premiums for dental insurance

KANSAS CITY (INCLUDING OLATHE HEALTH)

Per-Paycheck Premiums*	Basic Plan	Plus Plan
	Employee pays	Employee pays
Employee only	\$7.76	\$10.82
Employee + spouse	\$21.31	\$28.58
Employee + children	\$19.52	\$27.20
Employee + family	\$39.80	\$55.57

GREAT BEND

Per-Paycheck Premiums*	Basic Plan	Plus Plan
	Employee pays	Employee pays
Employee only	\$7.76	\$10.82
Employee + spouse	\$21.31	\$28.58
Employee + children	\$19.52	\$27.20
Employee + family	\$34.04	\$46.75

* Taken from 24 paychecks per year.

Kansas City and Great Bend premiums will align over time.



Vision coverage

You have a choice of two vision plans through VSP: Basic or Plus. The Plus plan offers lower copays and a higher allowance for frames and contacts, and has higher per-paycheck premiums. Whether or not you choose vision insurance, The University of Kansas Health System Eye Center locations (Medical Pavilion, 39th and Rainbow campus and 7400 State Line Road) offer discounts to employees and family members for LASIK surgery, eye glasses and contacts. For details call 913-588-6600 or visit the Benefits Connection website.

In-network benefit summary for vision insurance

	Basic Plan	Plus Plan
Eye exam	\$20 copay (children may receive 2 well-vision exams per year)	\$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
Hearing aids		
Discounts	VSP plan members, dependents and extended family members can save 30-60% on digital hearing aids. Visit TruHearing.com/VSP or call 877-372-4040.	

Per-paycheck premiums for vision insurance

Per-Paycheck Premiums*	Basic Plan	Plus Plan
KANSAS CITY (INCLUDING OLATHE HEALTH) and GREAT BEND		
	Employee pays	Employee pays
Employee only	\$3.41	\$10.45
Employee + spouse	\$5.47	\$16.75
Employee + children	\$5.37	\$16.45
Employee + family	\$8.83	\$27.01

* Taken from 24 paychecks per year.

Pretax savings accounts

The accounts listed in the chart below can save you money because you can set aside pretax dollars from your paycheck to cover qualified expenses that you would normally pay with after-tax dollars.

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

	Health savings account (HSA)	Healthcare flexible spending account (FSA)	Dependent care flexible spending account (FSA)
Who can open the account?	Benefit-eligible 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 should I open an account?	To save for future healthcare expenses in 2024 and beyond. Money goes in tax-free, is invested tax-free and can be used to pay for qualified medical, dental and vision expenses. The health system contributes \$500 for employee-only coverage; \$1,000 for family.	To save for healthcare expenses expected in 2024. The money you set aside in the FSA is not subject to payroll taxes, so you take home more of your paycheck.	To save for dependent care expenses expected in 2024. The money you set aside in the FSA is not subject to payroll taxes, so you take home more of your paycheck.
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.
What if I don't use all the money in 2024?	All unused funds roll over each year.	Any unused funds are forfeited. You have until April 30, 2025, to submit claims for eligible expenses incurred Jan. 1, 2024–Feb. 28, 2025.	Any unused funds are forfeited. You have until April 30, 2025, to submit claims for eligible expenses incurred Jan. 1, 2024–Feb. 28, 2025.
When can I use the money in my account?	Money you contribute from each paycheck is available as soon as it's added to your account. Funds provided by the health system are available the first week in January or, for newly eligible employees, as soon as their account is activated.	Your total annual elected amount is available for you to use beginning Jan. 1, 2024. For new hires and those newly eligible for benefits, it will be available as soon as your account is activated.	Money you contribute from each paycheck is available as soon as it's added to your account.
Can I invest the money in my account?	Yes	No	No
How much can I contribute?	\$4,150 individual, \$8,300 family. Age 55 and over can contribute an extra \$1,000.	\$3,050	\$5,000

Additional coverage

Life insurance and insurance for accidental death and dismemberment (AD&D)

The health system provides, at no cost to you, basic life insurance 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 for a debilitating injury due to a covered accident.



Group term life and AD&D benefit – The Hartford (provided by the health system)	
Benefit	1.5 times base salary (rounded up to the next highest \$1,000)
Maximum	\$1,500,000

Supplemental life and AD&D

You can buy extra life insurance for yourself, spouse and/or children as well as extra AD&D insurance for yourself. Newly eligible employees may elect up to the guaranteed issue amount without Evidence of Insurability (EOI) when enrolling in coverage within 30 days of initial eligibility or status change of dependent (newly added spouse due to marriage). Enrolling or increasing coverage outside your initial eligibility period or requesting coverage greater than guaranteed issue requires EOI. Employees have 60 days to complete EOI.

To know your cost, go to the Benefits Connection website and click “Choose Your Benefits” and then “Enroll Now.”

Supplemental group term life and AD&D benefit insurance – The Hartford (for employee purchase)	
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	<p>Employee: The lesser of 10 times salary or \$500,000 (increments of \$10,000).</p>

Whole life insurance

You also have the option to buy an additional plan for whole life insurance through Boston Mutual for you, your spouse, children and/or grandchildren. You can buy this coverage at any time of year; call the benefits help line at 888-494-9119.

Additional coverage

Disability insurance

Long-term disability

The health system provides long-term disability (LTD) at no cost to you for long-term covered injury or illness. For eligible employees, the LTD benefit pays 60% of base earnings up to \$15,000 per month, providing income protection after 6 months of a covered short-term disability.

Short-term disability

In the event of a short-term disability (STD), you have financial protection paid for by the health system. Our Basic STD policy pays a percentage of your weekly income for up to 6 months while you are out of work after a nonwork-related accident, pregnancy or illness. You are automatically enrolled in Basic STD coverage at no cost to you.

You can choose more STD coverage with the STD buy-up plan that’s paid for by both you and the health system. You must provide evidence of insurability (EOI) if you did not choose this coverage during your initial eligibility period. A pre-existing condition, including pregnancy, could result in a denial for the buy-up benefit. The buy-up benefit does not require EOI during your initial eligibility period.

Note: Employees must maintain 0.5 FTE for 6 months before being eligible for STD benefits.

	Basic short-term disability	Buy-up short-term disability
Benefit percentage	40% of weekly base earnings*	66⅔% of weekly base earnings*
Maximum weekly benefit	Up to \$1,500	Up to \$2,500
Employee cost	\$0	Premium based on weekly earnings. To know your cost, go to KansasHealthSystemBenefits.com and click “Enroll Now” during your enrollment period.

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



Additional coverage

Optional benefits available for purchase

Hospital indemnity insurance pays a benefit when you are hospitalized to pay out-of-pocket expenses and extra bills. The benefit is paid directly to you in a lump sum based on the length and level of care needed.

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

* Taken from 24 paychecks per year.

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

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

* Taken from 24 paychecks per year.

Critical illness insurance works with medical insurance by helping you pay the direct and indirect costs of a critical illness or event. Conditions covered include heart attack, stroke, major organ transplant, kidney failure, paralysis and some types of cancer. The premiums will be determined by a number of factors including demographics and the amount of coverage. To know your cost, go to the Benefits Connection website and click “Enroll Now” during your enrollment period.

Identity theft protection: Allstate Identity Protection provides comprehensive personal data protection, ID theft and fraud protection, medical ID theft protection, child theft protection, and assistance and restoration. The cost is \$4.98 per pay period for employee-only coverage; \$8.98 for family (taken out of 24 paychecks per year).

Prepaid legal services: Whether you are buying a home, drawing up a will or need legal advice, MetLife Legal can give you easy access to experienced attorneys. You can also receive a wide range of covered legal services at an affordable price. The cost is \$9.13 per pay period (taken out of 24 paychecks per year) to cover you and your family members.

Sign up for (or decline) benefits

To select your benefits, go to KansasHealthSystemBenefits.com and click “Choose Your Benefits.”

When you click “Enroll Now,” you will be taken to the benefits enrollment website at bSwift. To enter that site, put in your username and password. If you don’t remember your password or have trouble logging in, click “Forgot Password.” For other login help, call 888-494-9119.

Once you are logged in to the benefits enrollment website, click “Start Your Enrollment” on the homepage and follow the steps below.

① Verify your information.

- Enter your family information, including eligible dependents (you’ll need their name, birth date with year and Social Security number).
- If your address or other personal information is incorrect, please update it in Workday.

② Choose your benefits.

- For each benefit, you can sign up or decline coverage.
- Select the benefit you want, click View Plan Options to sign up for the plan and who will be covered. Once you’ve made your choice, click Select.
- If you don’t want a benefit, click I don’t want this benefit (waive).

③ Review and confirm.

- Enter your beneficiaries for life insurance and AD&D insurance. Name who should get benefits from these plans in the event of your death. If you don’t add a name, the default will be your estate.
- Double-check and save all your benefit selections. To finish, click I agree, and I’m finished with my enrollment; then click Complete Enrollment.

④ Finish.

- **CRITICAL STEP:** Save your benefit choices and you’ll see a page listing your choices. Click the icon to either print or email your confirmation and save it for your records.



For copies of the 2024 health plan notices and/or CHIP (Children’s Health Insurance Program) notice, visit KansasHealthSystemBenefits.com and click Legal Notices on the top menu. For hard copies, you may contact the HR Support Center: AskHR@kumc.edu or 913-945-6500 (8 a.m.-5 p.m. CT, Monday-Friday).

MANY WAYS TO GET HELP

Deciding which benefits to choose (or decline) can be hard and the sign-up process may get confusing. The good news is there are lots of ways to get help from your Benefits team. Use these resources to make your life easier!

- **Benefits Connection website:** [KansasHealthSystemBenefits.com](https://kansashealthsystembenefits.com). Find full details about each benefit under “Explore Your Benefits.” You do not need a password or to be on the health system network. If you have dependents, they are welcome to use the site as well.
- **Benefits telephone help line:** 888-494-9119 (Opción en español disponible)
 - Monday-Friday, 8 a.m.-5 p.m. CT.
- **Benefits help email:** BenefitsConnection@kumc.edu
- **Meet with a benefits specialist:** In this one-on-one meeting, you will have your questions answered and get help enrolling in benefits.
 - New hires will be contacted within the first week of employment.
 - Current employees who are newly eligible may call the benefits help line at 888-494-9119 to schedule.



YOU MUST SIGN UP FOR (OR DECLINE) BENEFITS
WITHIN 30 DAYS OF YOUR DATE OF HIRE/CHANGE IN STATUS.

TO SIGN UP VISIT →

The Benefits Connection website at
[KansasHealthSystemBenefits.com](https://kansashealthsystembenefits.com)

