2026 - 2027

EMPLOYEE BENEFITS GUIDE



Welcome to your 2026-2027 Benefit Guide

Dear Valued Employees:

At USD 495 Ft. Larned our employees are our most important asset.

We recognize the importance of your family's financial security and understand the significance of offering you a comprehensive benefit package. Please be assured that we do our level best to find the highest benefit for your dollar.

This booklet is designed to give you a complete overview of our benefit plans.

We hope that you find these benefits useful and will participate in them to the fullest extent possible. If you have any questions regarding these plans, please contact the District Office.

Bryce Wachs

Superintendent

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 36 for more details.

USD 495 Ft. Larned provides a wide range of employee benefits for you and your dependents. We encourage you to thoroughly evaluate your family's needs before enrolling or declining to participate in any of the benefit plans. This Benefit Guide contains an overview of the employee benefit plans sponsored by USD 495 Ft. Larned.

This guide is intended to provide a summary of the main features of our benefits package. It is much shorter and less technical than the legal documents and contracts that govern our benefits. We have made every effort to make sure the information in this Guide is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance certificates will govern.

The benefits shown in this guide are only a summary of the benefits and do not include all the plan's limitations, exclusions, preauthorization requirements and conditions of coverage. Not all services are covered by your health plan. Refer to your plan's summary plan description, insurance company's master policy or certificate of insurance for a complete description of covered benefits. Each plan may be amended or terminated at the sole discretion of USD 495 Ft. Larned. Nothing in this guide is intended to guarantee employment of any employee with USD 495 Ft. Larned.

3 ..... Benefit Eligibility
4 ..... Employee Navigator
6 ..... Medical Benefits
9 ..... UHC Mobile App
10 ..... UHC Tools
11 ..... UHC Rewards
12 ..... UHC Calm Health
13 ..... UHC Biometric Screening
14 ..... Telemedicine
15 ..... Where Should I Go for Care
16 ..... Paying for Your Healthcare
17 ..... Health Savings Account
18 ..... Flexible Spending Account
23 ..... Dental Benefits
25 ..... Vision Benefits
27 ..... Basic Life and AD&D
28 ..... Voluntary Life and AD&D
29 ..... Voluntary Short-Term Disability
30 ..... 3-1 Supplemental Plan
33 ..... Legal Services
35 ..... 403 (b) Retirement
36 ..... OASDI and KPERS
37 ..... Mental Health Resources
38 ..... Carrier Contact Information
39 ..... Helpful Tools
40 ..... Employee Notices

Benefit Eligibility

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

All active full time and part-time employees are eligible to enroll in the group insurance plans described in this Benefit Guide. Part-time employees are pro-rated. New employees are eligible the first of the month following or coinciding with 30 days of employment.

- Your legal spouse;
- Your dependent child or step child up to age 26 for the medical plan and for dental;
- Any child placed with you for adoption or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support;
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order.

Healthcare Reform

- Due to Healthcare Reform:
- The individual mandate became effective on 01/01/2014
- For tax year 2026, if you don't have coverage the fee/penalty no longer applies. This is subject to change if different legislation is passed.
- Healthcare Reform Exchanges:
- If you are eligible for benefits at USD 495 Ft. Larned, and buy coverage through the Federal Exchange, you and your family will not qualify for a subsidy through the Exchange.
- Federal and State Medicaid programs offer low cost or free medical coverage to individuals and families with limited incomes. Your eligibility will depend on your state, income, and family size. For more info visit: www.healthcare.gov.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- Child reaching the maximum age limit of 26
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.



Employee Navigator

ENROLL IN YOUR BENEFITS: *A step by step guide*

Rates and benefits are available once you log in and start your enrollment

NOTE: *Depending on the benefits offered by your employer, you may have additional steps that are not included in these instructions*

1 Log In

Go to https://www.employeenavigator.com/benefits/Account/Login

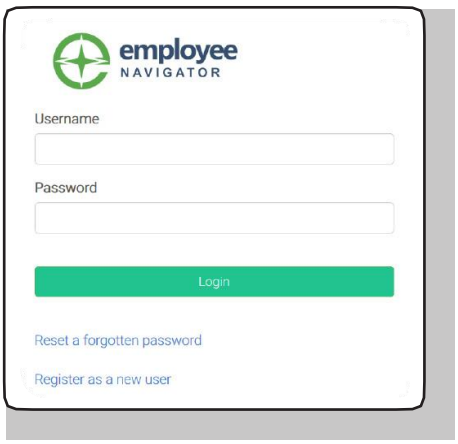
click **Login**

First time users: Click **Register as a new user**. Enter the information to identify yourself and create an account. (You only need to do this once.)

The company identifier is
USD495FortLarn

Create a Username and Password for future logins.

Returning users: Log in with the Username and Password you selected. Click **Reset a forgotten password** if you forget it.



2 Welcome!

You will click through a few screens to begin your enrollment/plan selection(s).

First Screen **Continue**

Second Screen **Let's Begin**

3 Start Enrollment

On this next screen, click **Start Enrollment**

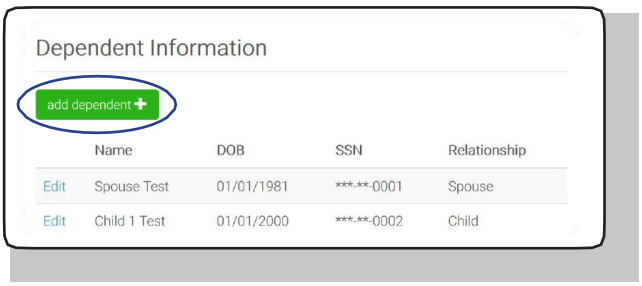


4 Enrollment

On the next screen, click **Get Started**

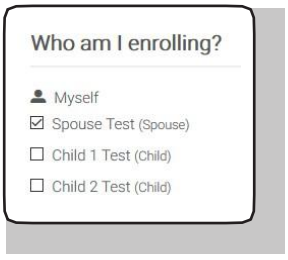
5 Confirm Your Details

Confirm the details about yourself in the system are accurate. If correct, click **Save & Continue** to advance to the dependent screen. You can add your dependent(s) by clicking **add dependent +**



6 Review Your Options

To enroll dependents in a benefit, make sure you click the box next to the dependent's name under **Who am I enrolling?**

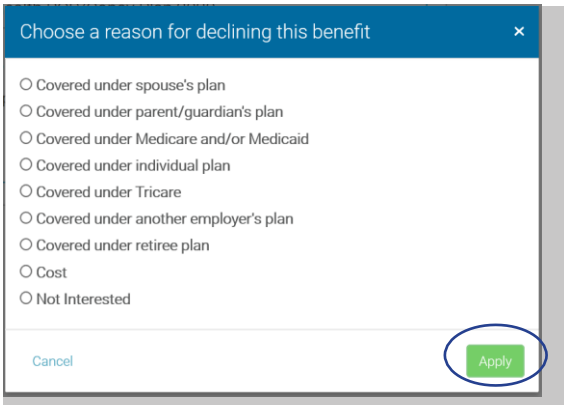


The cost shown is the cost per pay period. To elect a benefit, click Select underneath the plan cost.

Employee Navigator

TIP Underneath each plan option, click **compare** to see a side-by-side comparison of your benefit options. Click **details** to see details for a specific plan.

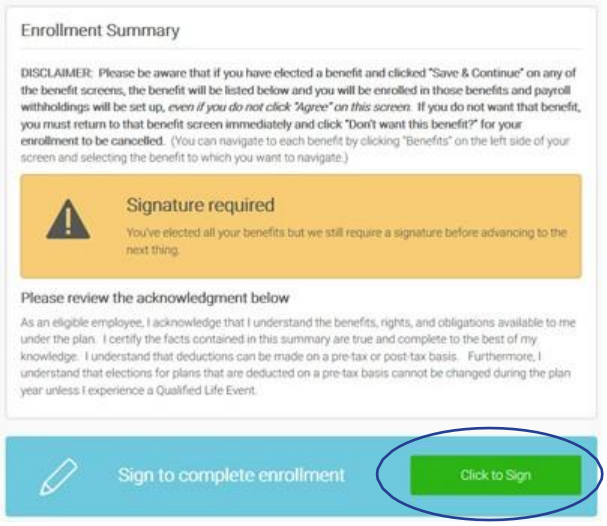
If you do not want a benefit, click Don't want this benefit? at the bottom of the screen and select from the drop down box the most accurate reason for not wanting the benefit.



Clicking **Save & Continue** at the bottom of each screen will save your selection and advance to the next screen and the next benefit. Please be aware that if you click **Save & Continue** for any benefit you will be enrolled in that benefit. Do not click **Save & Continue** if you are unsure about whether you want the benefit. Save & Continue

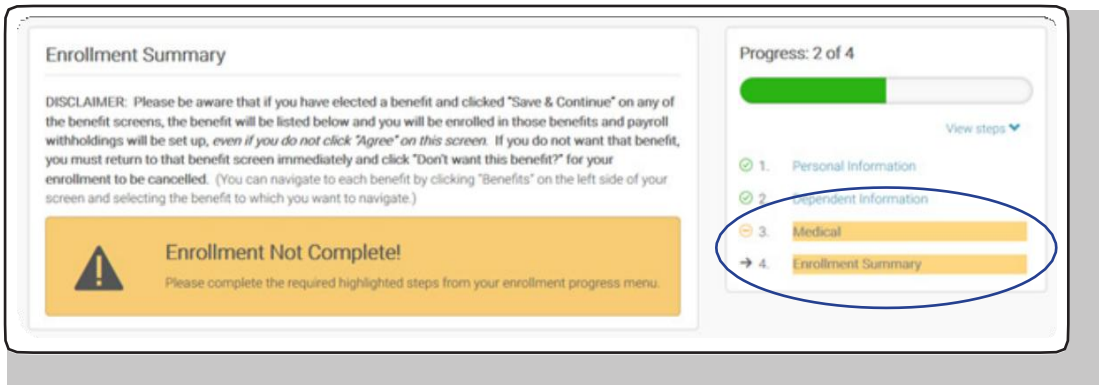
7 Review & Confirm Elections

After you've selected the benefits and coverage levels you want, you will be at the Enrollment Summary screen. Review your elections and choose to sign and complete your enrollment Click to Sign



TIP You can toggle between benefits by clicking on the benefit name in the menu on the right.

Missed a required step? You'll see an unchecked circle to the left of the benefit and an **Enrollment Not Complete** warning–you must fix this before logging out.



Forms (if applicable)

If you have elected benefits that require Evidence of Insurability form or a Primary Care Physician (PCP), or beneficiary designation, you will be prompted to either enter the information or print and complete a form after each benefit that requires this additional information.

Medical Benefits

USD 495 Ft. Larned offers medical insurance through **United Healthcare** utilizing the **Choice Plus Network**.

The medical plans include in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider. Locate an in-network provider at www.myuhc.com or call **1-888-340-9716**.

	Option 1 – DP2S MOD / H44S $1,500 Deductible	Option 2 – DP2T MOD / H44S $2,500 Deductible	Option 3 – DP2U MOD / H44S $3,500 Deductible	Option 4 – DP2V MOD / H44S $5,000 Deductible
	In-Network	In-Network	In-Network	In-Network
Plan Year	October 1 – September 30			
Benefit Period	October 1 – September 30			
Deductible Individual | Family	$1,500 | $3,000	$2,500 | $5,000	$3,500 | $7,000	$5,000 | $10,000
Co-Insurance Plan | Member	80% | 20%			
Out-of-Pocket Max Individual /Family (Includes Copays, Deductible, and Coinsurance)	$7,000 | $14,000			
Benefits				
Preventive Care	Plan pays 100%			
Office Visit Primary | Specialist	$0 Copay | $50 Copay			
Telehealth Visit	Plan Pays 100%			
Urgent Care Visit	$50 Copay			
Emergency Room Visits	$250 Copay, then Deductible & Coinsurance			
Outpatient Lab and Radiology (X-Ray, Bloodwork)	Deductible & Coinsurance			
Advanced Imaging	Deductible & Coinsurance			
Inpatient Hospital	Deductible & Coinsurance			
Outpatient Surgery	Deductible & Coinsurance			
Outpatient Mental Health (Office Visit)	$0 Copay			
Spinal Manipulations (20 visits)	Deductible & Coinsurance			
Physical Therapy (40 visits)	Deductible & Coinsurance			
Prescription Drugs				
Tier 1 (retail | mail)	$5 Copay | $15 Copay			
Tier 2 (retail | mail)	$40 Copay | $120 Copay			
Tier 3 (retail | mail)	$105 Copay | $315 Copay			
Tier 4 (retail | mail)	$250 Copay | $750 Copay			
Specialty	$500 Copay			

Medical Benefits

USD 495 Ft. Larned offers medical insurance through **United Healthcare** utilizing the **Choice Plus Network**.

The medical plans include in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider. Locate an in-network provider at **www.myuhc.com** or call **1-888-340-9716**.

	Option 5 – HSA DP4I MOD / H44S $3,500 High Deductible Health Plan
	In-Network
Plan Year	October 1 – September 30
Benefit Period	October 1 – September 30
Deductible Individual | Family	$3,500 | $7,000
Co-Insurance Plan | Member	80% | 20%
Out-of-Pocket Max Individual /Family (Includes Copays, Deductible, and Coinsurance)	$6,350 | $12,700
Benefits	
Preventive Care	Plan pays 100%
Office Visit Primary | Specialist	Deductible & Coinsurance
Telehealth Visit	Plan pays 100%
Urgent Care Visit	Deductible & Coinsurance
Emergency Room Visits	Deductible & Coinsurance
Outpatient Lab and Radiology (X-Ray, Bloodwork)	Deductible & Coinsurance
Advanced Imaging	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance
Outpatient Mental Health (Office Visit)	Deductible & Coinsurance
Spinal Manipulations (20 visits)	Deductible & Coinsurance
Physical Therapy (40 visits)	Deductible & Coinsurance
Prescription Drugs	
Tier 1 (retail | mail)	$5 Copay | $15 Copay after Deductible
Tier 2 (retail | mail)	$40 Copay | $120 Copay after Deductible
Tier 3 (retail | mail)	$105 Copay | $315 Copay after Deductible
Tier 4 (retail | mail)	$250 Copay | $750 Copay after Deductible

Medical Rates

	Total Premium	District Monthly Contribution	Employee Monthly Contribution
Option 1 – DP2S			
Employee Only	$802.52	$450	$352.52
Employee + Spouse	$1,758.51	$550	$1,208.51
Employee + Child(ren)	$1,725.39	$550	$1,175.39
Family	$2,681.38	$550	$2,131.38
Option 2 – DP2T			
Employee Only	$751.22	$450	$301.22
Employee + Spouse	$1,648.33	$550	$1,098.33
Employee + Child(ren)	$1,617.25	$550	$1,067.25
Family	$2,514.36	$550	$1,964.36
Option 3 – DP2U			
Employee Only	$711.29	$450	$261.29
Employee + Spouse	$1,562.56	$550	$1,012.56
Employee + Child(ren)	$1,533.10	$550	$983.10
Family	$2,384.37	$550	$1,834.37
Option4 – DP2V			
Employee Only	$678.57	$450	$228.57
Employee + Spouse	$1,492.29	$550	$942.29
Employee + Child(ren)	$1,464.13	$550	$914.13
Family	$2,277.82	$550	$1,727.82
Option 5 – HSA DP4I			
Employee Only	$648.14	$450	$198.14
Employee + Spouse	$1,426.94	$550	$876.94
Employee + Child(ren)	$1,399.95	$550	$849.95
Family	$2,178.75	$550	$1,628.75

Married couples both in district, will each receive the district monthly contribution

UHC Mobile App



Ahealth plan that's always with you

Digital tools to keep you connected

Get the most out of your benefits

Register for your personalized website on myuhc.com® and download the UnitedHealthcare® app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video* to discuss common medical conditions and get prescriptions,** if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills

Register today

Scan the QR code or go to myuhc.com and click **Register Now**

How to register

1. Go to **myuhc.com** or download the UnitedHealthcare app and click **Register Now**
2. Complete the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the terms and conditions and select your email preferences
5. Go paperless—from your account settings, choose paperless in your communication preferences

Go paperless

- Less paper, less clutter
- Get your required communications online

Download the app
Available for iPhone and Android

United Healthcare

UHC Tools

Behavioral health resources and care, in one place



Connecting to care is easier than ever on myuhc.com®, your personalized member website.

Behavioral health support services are available for you and your family to access anytime, anywhere. You'll find 24/7 confidential access to professional care, self-help programs and resources to help you manage stress and mental health challenges, including depression and anxiety.

Finding the right support just got easier.

Simply answer a few questions and we'll show you the top benefits and resources available for you, based on your needs and goals.

Get clear information about your benefits.

Learn what's covered and available to you to match your needs.

Set goals and improve your mental health.

Want to feel less stressed? Want to improve relationships at home or work? Want to better manage workplace burnout? Whatever your goals, getting connected to resources just got easier.

Connect with care quickly, on your own terms.

Learn about your options and choose what fits your lifestyle and needs. Therapists are available virtually or in-person.

Tools and resources at your fingertips

Learn about a variety of behavioral health solutions and well-being topics at **myuhc.com/mental-health**

Get Started

To find personalized behavioral health care recommendations, sign in or register on **myuhc.com/mh-recommendations**

United Healthcare

UHC Rewards

Good news — your health plan comes with a way to earn up to $300. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions — including things you may already be doing, like tracking your steps or sleep — lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	**$25**
Take a health survey	**$15**
Get an annual checkup	**$25**
Get a biometric screening	**$50**

Visit UHC Rewards for the full list of rewardable activities that are available to you — and look for new ways of earning rewards to be added throughout the year.

Earn up to

$300

including

$20

today

when you activate UHC Rewards

There are 2 ways to get started

On the UnitedHealthcare® app

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you —and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

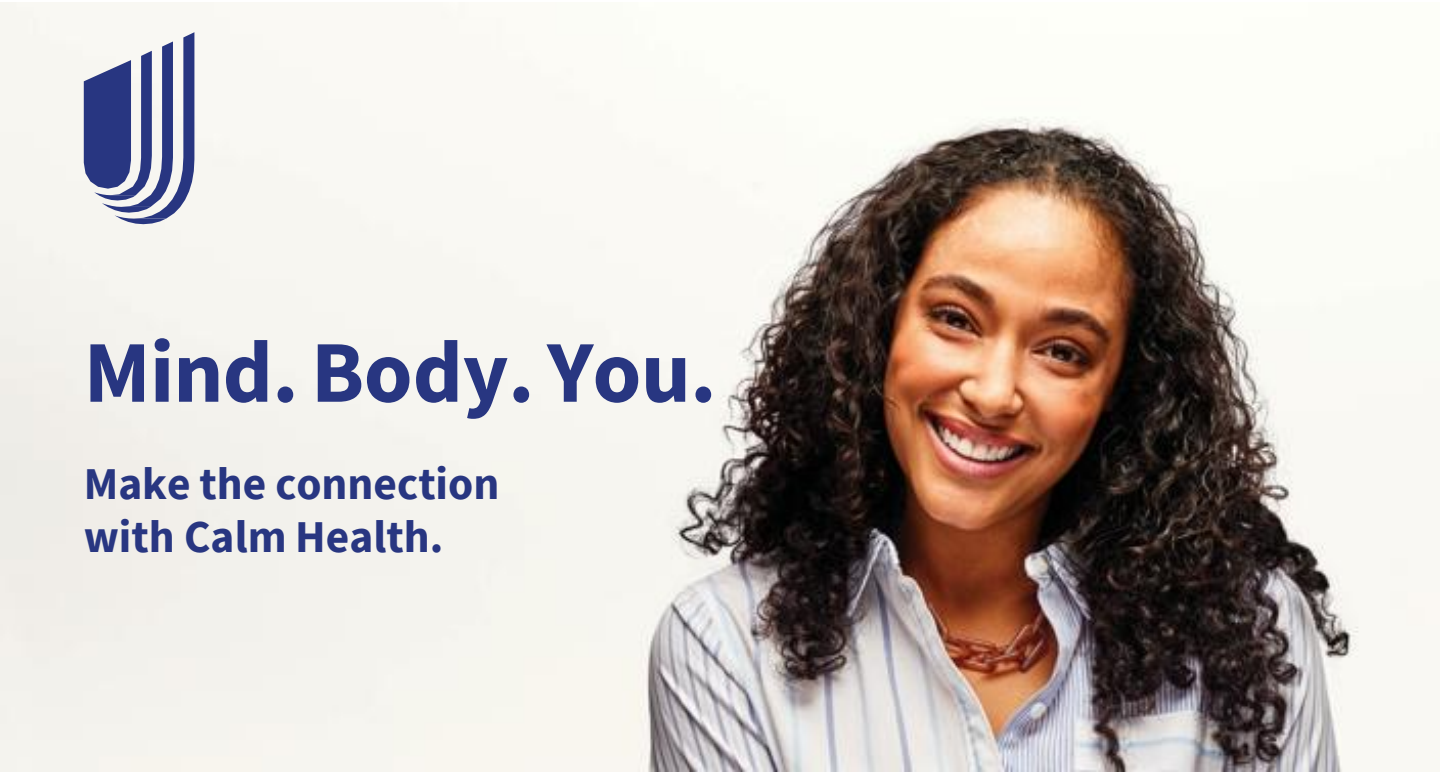
Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $300 for completing rewardable activities

United Healthcare

UHC Calm Health



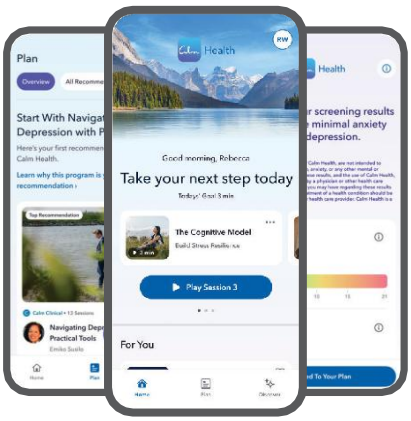
Mind. Body. You.

Make the connection with Calm Health.

The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.



Tap into tools and support

The Calm Health app brings you a library of support — including mindfulness content and programs created by psychologists — for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being** – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals** – Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body** – Access mental health information and support to help you strengthen the mind-body connection

Scan this code to get started

You'll first need to sign in to your account on **myuhc.com®** or the UnitedHealthcare® app. If you don't have an account, select Register to create one.

United Healthcare® | Calm Health

UHC Biometric Screening



Get a biometric screening and earn with UHC Rewards

A biometric screening measures numbers related to blood pressure, glucose, cholesterol, weight and more. The results may help identify current health issues — and reduce risk of future ones by helping focus your efforts for a healthier you. Now with UnitedHealthcare Rewards, you can earn rewards for completing a biometric screening. Here's how:

Ready, set, schedule

- Sign in on the **UnitedHealthcare® app**
- Select **UHC Rewards**
- Scroll to **Available activities** and select **See all**
- Select **Biometric screening** and then **Get started**
- You'll arrive at the diagnostic vendor's site, where you can follow the prompts to finish your registration and choose how you want to complete your screening

Choose the screening method that works for you

Lab
Schedule online at one of the many available locations.

At-home screening
Order the self-administered test and have it delivered directly to your home.

Physician results form
Complete your screening with your provider or at a local clinic. Then, fax or upload the form.

Questions?

Call UHC Rewards customer service at **1-866-230-2505**

United Healthcare®

Telemedicine



Visit with a provider 24/7 – whenever, wherever

With the 24/7 Virtual Visits, you can connect to a Provider by phone or video[1] through myuhc.com® or the UnitedHealthcare® app.

Another way to get care

Providers can treat a wide range of health conditions – including many of the same conditions as an emergency room (ER) or urgent care – and may even prescribe medications,[2] if permitted needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $0.[3]**

Consider 24/7 Virtual Visits for these common conditions and more

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches

$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit – bringing a potential $2,000[4] cost down to $0

Get started

Sign in at **myuhc.com/virtualvisits** | Call **1-855-615-8335**
Download the UnitedHealthcare app

United Healthcare®

[1] Data rates may apply

[2] Certain prescriptions may not be available, and other restrictions may apply.

[3] The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

[4] Average allowed amounts charged by UnitedHealthcare network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of $180 and Virtual Visit cost of $0; $2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare Company.

B2C EI211092683.1 10/23 ©2023 United HealthCare Services, Inc. All Rights Reserved. 23-2741609-B

Where Should I Go For CARE?

Seeking care at an appropriate place of treatment can help you save money and time. Use the chart to help guide you to the most time and cost-effective place of treatment.



Virtual Care – Minor Medical Conditions

Access virtual care to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myuhc.com/virtualvisists or call to talk with a doctor 24/7.*

- Colds and flu
- Rashes
- Sore throats
- Headaches
- Stomachaches
- Fever
- Allergies
- Acne

› Costs the same or less than a visit with your primary care provider (PCP)
› Appointments typically in an hour or less
› No need to leave home or work

Convenience Care Clinic

Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.

- Colds and flu
- Rashes or skin conditions
- Sore throats, earaches, sinus pain
- Minor cuts or burns
- Pregnancy testing
- Vaccines

› Same or lower than provider's office
› No appointment needed

Health Care Provider's Office

The best place to go for routine or preventive care, or to keep track of medications. Many primary care physicians offer virtual care. Contact your PCP to schedule an in-person or virtual care visit.

- General health issues
- Preventive care
- Routine check-ups
- Immunizations and Screenings

› May charge copay / coinsurance and / or deductible
› Usually need appointment
› Short wait times

Urgent Care

For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.

- Fever and flu symptoms
- Minor cuts, sprains, burns rashes
- Headaches
- Lower back pain
- joint pain
- Minor respiratory symptoms
- UTIs

› Cost lower than emergency room (ER)
› No appointment needed
› Wait times vary

Emergency Room

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. "Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

- Sudden numbness, weakness
- Uncontrolled bleeding
- Seizures or loss of consciousness
- Shortness of breath
- Chest pain
- Head injury/major trauma
- Blurry or loss of vision
- Severe cuts or burns
- Overdose

› Highest cost
› No appointment needed
› Wait times may be long

Paying for your Healthcare

USD 495 Ft. Larned offers accounts that allow you to save on your out-of-pocket health care costs.

The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. Basically, it is like using a 25% off coupon for your health care and dependent care expenses!

Health SAVINGS account versus Flexible SPENDING account:

Which is right for you?

Did you know that you can save 25% on your health care?*

- Health SAVINGS account
- Health care flexible spending account

*Actual savings is based on your tax rate.

	HSA	FSA	LPHC FSA	DC FSA
Eligible plan members	HDHP members only (Option 5)	Full time eligible Employees	Full time eligible Employees	Full time eligible Employees
Money is available	Deposited each pay period	1st Day of plan's effective Date	1st Day of plan's effective Date	Deposited each pay period
Annual 2026 contribution limits	Employee-only medical coverage: 2026 - $4,400 All other coverage levels: 2026 - $8,750	$3,400	$3,400	$7,500
Spending deadline	None	September 30, 2027	September 30, 2027	September 30, 2027
Expense Submission deadline	None	November 29th	November 29th	November 29th
Rollover	Full amounts rollover every year	$680 maximum rollover	$680 maximum rollover	No rollover
Option to invest and grow money	Yes	No	No	No
Eligible expenses	Medical/RX, Dental & Vision	Medical/RX, Dental & Vision	Dental & Vision	Daycare Expenses

Health Savings Account (HSA)

If you enroll in the **Option 5 HSA DP4I** medical plan, you will be able to open a Health Savings Account (HSA)at a bank or credit union which offers this service. With an HSA, you can deposit money into your account on a pre-tax basis through payroll deductions and use the HSA money to pay for eligible medical, dental and vision expenses.

Your HSA is completely portable. Whether you change jobs, change medical coverage, change marital status, become unemployed or move to another state, you keep your HSA.

How the HSA Works:

- The Health Savings Account (HSA) allows you to save money on a pre-tax basis to cover eligible medical, dental, and vision expenses.
- You decide how much you want to contribute to your account each year (up to the maximum annual amounts), and then an equal portion of your annual election will be deducted from your gross pay (before Federal, State, and Social Security taxes are taken out).

HSA Annual Contribution Maximums:

- The 2026 plan year annual maximum, per person, is $4,400. A family's annual maximum contribution amount is $8,750.
- Employees Age 55 or older may contribute an additional 'catch-up' amount of $1,000 per year.
- The employer match is included in the annual maximum limits.
- The employer will provide matching contributions equal to employee contribution up to the maximum below.

Who can have an HSA?

The individual must be:

- covered by a HDHP;
- not covered under other health insurance;
- not enrolled in Medicare; and
- not another person's dependent.

If I switch jobs, do I lose my money? No. The money in your HSA is yours. Whatever money you contribute to your HSA is yours, just like if you had a bank savings account. If you do not use all your HSA money during the year, it will roll over to the next year.

Can my HSA be used for dependents not covered by the health insurance? Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents, even if they are not insured by a qualified HDHP.

Do I need to keep any records when I use my HSA? Although your HSA administrator does not request receipts to validate the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts, so they are available when you need them.

What if I do not use all the money in my HSA account by the end of the year? All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.

Flexible Spending Account (FSA)

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated). There are three different types of FSA accounts.

The easiest way to manage your account is online at www.surency.com or through the **Surency** smart mobile app.

You can't change your election amount during the plan year, unless you experience a change in status or qualifying event. Outside of the $680 rollover, any unused funds that remain in your Health Care FSA account at the end of the plan year will be forfeited. Plan carefully and use all the money in your Dependent Care FSA by the end of the plan year, as they do not roll over. You will have until November 30th, 2027 to submit claims for reimbursement that were incurred during the 2026-2027 plan year. Any funds left in the account , except for the $680 Health Care FSA rollover, will be forfeited.

The Three Types of FSAs:

Health Care FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

The maximum amount you can contribute is $3,400 per year. Funds are available on the first day of the plan effective date.

Limited Purpose FSA

You can use money set aside in your Limited Purpose FSA for eligible dental and vision expenses incurred by you, your spouse, or your taxable dependents. The Limited Purpose FSA is paired with a Health Savings Account to maximize savings. Remember to keep your receipts and/or other documentation in case it is needed to verify the expense. Some items may require additional documentation from your dental or vision provider. **You MUST be enrolled in our medical HSA to enroll in the Limited Purpose FSA.**

The maximum amount you can contribute is $3,400 per year.

Dependent Care FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your childcare credit on your annual tax return may be more beneficial.

The maximum amount you can contribute is $7,500 per year, dependent on your marital and tax-filing status.

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.

Flexible Spending Account (FSA)

Surency Flex Benefits Card is a special-purpose Visa® Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your **Surency FSA accounts**. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



Keep your receipts in the event that further validation is needed. Make sure receipts include the following information:

- → **Patient's Name**. The name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
- → **Provider's Name**. The provider that delivered the service or the merchant where the item was purchased.
- → **Date of Service**. The date when services were provided or the item was purchased.
- → **Type of Service**. A detailed description of the service provided, or item purchased. A bag tag is sufficient for prescriptions.
- → **Cost**. The amount paid for the service or product and/or the portion that is not reimbursed through your insurance carrier.

Did You Pay Out-of-pocket For An Eligible Expense?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:



1. SURENCY FLEX APP	2. MEMBER ACCOUNT	3. PAPER CLAIM FORM
Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt.	Log into your Member Account at www.surency.com to upload your receipt.	Visit www.surency.com to download a paper claim form. Complete and return to Surency.

Online Account Access

Create a Member Account at Surency.com or download the mobile app!

- Check balances on your Health Care Flexible Spending Account (FSA) & Dependent Care Flexible Spending Account (DC FSA)
- View account activity, payment history and tax statements
- Submit claims for expenses.
- Add or update a bank account to receive direct deposit reimbursements - this is the quickest way to receive reimbursement
- Access account funds to pay yourself back or to pay your doctor
- Report a Surency Flex Benefits Card as lost or stolen

Surency FLEX

Download on the App Store

GET IT ON Google Play

Flexible Spending Account (FSA)

Qualifying Health Care Expenses

- Alcoholism / Drug / Substance Abuse Treatment
- Allergy and Sinus Medications
- Allergy Medications and Testing
- Chiropractor
- Contact Lenses
- Copays
- Dental Treatment
- Diabetic Monitors, Test Kits, Strips, and Supplies
- Flu Shots
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Over-the-counter meds
- Oxygen
- Physical Examination
- Prescription Eyeglasses & Sunglasses
- Prescription Medications
- Psychiatric Care / Psychologist
- Surgery
- Vision Correction Surgery
- X-Ray

For a complete listing of Qualified Health Care Expenses visit:
www.surency.com

Health Care Expenses Not Allowed

- Baby Sitting
- Baby Wipes
- Cosmetics
- Cosmetic Surgery
- Dancing Lessons
- Deodorants
- Diaper Service
- Electrolysis or Hair Removal
- Field Trips
- Finance Charges
- Food
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Insurance Premiums
- Illegal Operations and Treatments
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Pedicures
- Perfume
- Physical Exams for Caregivers
- Shampoo and Conditioner
- Skin Care
- Sun-tanning Products
- Swimming Lessons
- Teeth Whitening
- Toothbrushes
- Veterinary Fees
- Weight-Loss Program

If you have extra FSA dollars to spend at the end of the year visit
WWW.FSASTORE.COM

Flexible Spending Account (FSA)

Estimate your out-of-pocket medical costs per year

Health insurance deductibles (not paid by insurance)	$ _____
Co-pays (Office Visits and Rx not paid by insurance)	$ _____
Wheelchair, crutches, medical appliances	$ _____
Medical supplies	$ _____
Mileage related to medical care	$ _____
Other items	$ _____

Total out-of-pocket medical expenses per year: **$** _____

Estimate your out-of-pocket dental costs per year:

Examinations and cleanings, x-rays, etc.	$ _____
Braces and retainers, fillings, etc.	$ _____
Orthodontic, implants, inlays, other	$ _____

Total out-of-pocket dental expenses per year: **$** _____

Estimate your out-of-pocket vision costs per year:

Lenses, frames	$ _____
Contact lenses	$ _____
Eye Exams	$ _____

Total out-of-pocket vision costs per year: **$** _____

Total Health Care Expenses (maximum of $3,400 per plan year) **$** _____

Total Daycare Expenses (maximum of $7,500 per plan year) **$** _____

Flexible Spending Account (FSA)

Dependent Care Account



A Dependent Care Account reimburses you for eligible dependent care expenses with tax-free dollars. This is a valuable plan for employees with children or dependent parents. **The maximum amount you may set aside is $7,500 per plan year; deductions are pre-tax.**

Expenses you may claim and be reimbursed with tax-free dollars include:

- Wages paid to a babysitter, whether the care is provided in or outside of your home. However, the babysitter may not be someone you claim as a dependent on your tax return and must be over 18 years of age. Expenses for a babysitter can only be used for services provided during regular working hours. Babysitting costs for social events are not eligible.
- Services of a day care center, nursery school or Pre-K providing the center complies with state and local laws.
- Cost for care at facilities away from home, such as family day care or adult day care centers, as long as the dependent returns home for at least 8 hours of a 24-hour day.
- Wages paid to a caregiver or home aide for providing eligible care.
- Any other qualified dependent care expenses as defined by the IRS.

Eligible dependents must be under the age of 13, and/or physically or mentally unable to care for themselves and claimed as an exemption on your tax return.

If you participate in a Dependent Care Account, you can elect to have your reimbursements **Direct Deposited**. This is the fastest and easy way to be reimbursed!



If you participate in a Dependent Care Account, you may contact Surency to complete a **Reoccurring Reimbursement Form.** The completed form will serve as an ongoing receipt for the entire plan year and you won't have to submit a receipt each time you pay the care provider!

The Visa card can only be used with a Dependent Care provider with a properly registered credit card processing system including the four digit Merchant Category Code of 8351 "Child Care Services" or 8299 "Schools and Educational Services". If the merchant's credit card terminal is not setup in this way, the card will not be accepted.

Dental Benefits

USD 495 Ft. Larned offers dental insurance through **Delta Dental of Kansas** utilizing the **Delta Dental Premier Network**. The dental plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose an in-network dentist. Locate a in-network dentist at **www.deltadentalks.com** or call **1-800-234-3375**.

Please refer to the official plan documents for additional information on coverage and exclusions.

	Plan Name
	In-Network
Plan Year	October 1 – September 30
Maximum Benefit(s) Per Person per Calendar Year	$1,500
Deductible per Calendar Year Individual | Family (Applies to Basic & Major Services)	$25 | $75
Diagnostic & Preventive (Cleanings – 2x per calendar year, Oral Exams-2x per calendar year, X-Rays, Topical Fluoride, Space Maintainers, Sealants)	100%
Basic Services (Ancillary, Oral Surgery, Fillings (except gold), Endodontics, Periodontics) **Covered 100% for dependents age 12 and under!**	80% after deductible
Major Services (Bridges, Crowns, Dentures, Implants) **Covered 100% for dependents age 12 and under!**	50% after deductible
DEPENDENTS ELIGIBLE UNTIL AGE 26	

2026 Monthly Rates	
Employee Only	$37.45
Employee + Spouse	$74.15
Employee + Child(ren)	$72.99
Family	$124.40



Dental Benefits

INCLUDED WITH YOUR DENTAL PLAN:

1

Right Start 4 Kids (RS4K)

The Right Start 4 Kids program removes the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist is seen.

**If an out-of-network dentist is seen, the underlying contract applies.*

2

Unlimited Cleanings

Your plan allows for unlimited cleanings. This includes regular/ prophylaxis cleanings and periodontal maintenance cleanings. Cleanings are not subject to your deductible but they count toward your maximum benefit.

Delta Dental Tools

To access or set up your online account, go to **www.deltadentalks.com** and click "member". From here you can log in or register.

You can:

- View your benefits and print an ID card
- Use the Delta Cost Estimator to estimate procedure costs
- Review your claims
- Access Member Perks

Find a Dentist

TO FIND CONTRACTING DELTA DENTAL PROVIDERS:

1. On the internet, go to: www.deltadentalks.com
2. Click on "Find a Dentist"
3. Select the "Specialty" and under "Your Plan", select "Delta Dental Premier"
4. Click "Find Dentists"

Ways to Save

- Use Delta Premier contracting dentists to receive the most benefit from your dental plan.
- Protect your teeth – brush and floss at least once per day.
- Ask your dentist for a Pre-Treatment Estimate prior to treatments and/or procedures. A treatment plan is usually submitted by a dentist for Delta Dental to review and provide an estimate of benefits before treatment starts. This can help a member budget for dental procedures and predict their out-of-pocket costs.

This summary assumes eligible dental services are provided by contracting providers. If you receive dental services from a non-contracting provider, the benefits will be substantially less. See the plan document for more information.

DELTA DENTAL®

Vision Benefits

USD 495 Ft. Larned offers vision insurance through **Surency** utilizing the **Access Network**. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a **Surency** network provider at www.surency.com or call **1-866-818-8805**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Plan Year	October 1 – September 30		
	Option 1		
Benefit	**In-Network Cost**	**Out-of-Network Cost**	**Frequency**
Exam	$10	$35	Once per Calendar Year
Frames	$130 allowance with 20% off balance over allowance	$65	Once per Calendar Year
Standard Plastic Lenses			Once per Calendar Year
Single	$25 Copay	$25	
Bifocal	$25 Copay	$50	
Trifocal	$25 Copay	$55	
Lenticular	$25 Copay	$55	
Lens Options			
Standard Polycarbonate	Adults: $40 Dependents under 19: $0	$25 $25	
UV Coating	$15	Not Covered	
Tint (Solid & Gradient)	$15	Not Covered	
Standard Scratch-Resistance	$15	Not Covered	
Standard Anti-Reflective Coating	$45	Not Covered	
Standard Progressive (Add-On to Bifocal copay)	$65	$40	
Premium Progressive (Add-On to Bifocal copay)	$65, $120 Allowance with 20% off balance	$40	
Contact Lenses (In lieu of lens and frames)			Once per Calendar Year
Conventional	$130 Allowance with 15% off balance over allowance	$100	
Disposable	$130 Allowance	$100	
Medically Necessary	$0 Copay	$200	
DEPENDENTS ELIGIBLE UNTIL AGE 26			

2026 Monthly Rates	
Employee Only	$12.01
Employee + Spouse	$25.22
Employee + Child(ren)	$21.61
Family	$40.47

*****If you choose a provider out of network, you will need to file a claim for reimbursement. All claims must be submitted within 6 months of the date of service.*****

Vision Benefits

USD 495 Ft. Larned offers vision insurance through **Surency** utilizing the **Access Network**. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a **Surency** network provider at **www.surency.com** or call **1-866-818-8805**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Plan Year	October 1 – September 30		
	Option 2		
Benefit	**In-Network Cost**	**Out-of-Network Cost**	**Frequency**
Frames, Lenses, & Options Package	$200 Allowance with 20% off balance over allowance	$200	Once per Calendar Year
Contact Lenses (Conventional & Disposable) (In lieu of lens and frames)	$200 Allowance	$200	Once per Calendar Year
DEPENDENTS ELIGIBLE UNTIL AGE 26			

2026 Monthly Rates	
Employee Only	$11.49
Employee + Spouse	$24.11
Employee + Child(ren)	$20.67
Family	$39.07

TO FIND CONTRACTING SURENCY PROVIDERS:

1. On the internet, go to www.surency.com and select “Surency Vision”
2. Select “Find a Provider near you”
3. Select the “Access Network”
4. Enter your location and click “Get Results”

*****If you choose a provider out of network, you will need to file a claim for reimbursement. All claims must be submitted within 6 months of the date of service.*****



Basic Life and AD&D Benefits

USD 495 Ft. Larned provides all eligible employees with a Basic Life and Accidental Death & Dismemberment (AD&D) benefit **at no cost to you**! This benefit provides valuable income protection in the case that you suffer a severe accident or loss of life.

Plan Information*	
Employee Life Benefit	$10,000
Employee AD&D Benefit	$10,000
Age Reduction	
At Age 65	Reduces by 35%
At Age 70	Reduces by 50%

*See full plan summary for more details

Beneficiary:

You will need to designate a beneficiary, the person who will receive your insurance money in the event of your death. Typically, any person or entity can be named a beneficiary of a trust, will, or a life insurance policy. You should review your beneficiary designation to make sure it is up to date.

Contingent Beneficiary:

You can also name a contingent beneficiary. A contingent beneficiary is the alternative beneficiary, designated by the account holder, who is set to receive the proceeds or benefits of a financial account only if the primary beneficiary is not able to accept the benefits at the time of payment.

Additional Benefits:

- Continuation of Life insurance while totally disabled as defined by the Group Policy
- Total Control Account
- Seatbelt Benefit
- Airbag Benefit
- Common Carrier Benefit
- Portability



Voluntary Life and AD&D Benefits

As an employee of **USD 495 Ft. Larned**, you have the option of purchasing additional life insurance for yourself, a spouse and/or children. This benefit provides valuable income protection if you suffer a severe accident or loss of life. Any amounts over the Guarantee Issue amount will require an Evidence of Insurability form to be completed and sent to **Reliance Standard** for underwriting approval.

Plan Information	
Employee Life Benefit	Up to $500,000 in $10,000 increments
Employee Life Guaranteed Issue	$100,000
Spouse Life Benefit	Up to $100,000 in $5,000 increments
Spouse Life Guaranteed Issue	$25,000
Child Life Benefit (up to age 26)	$1,000, $2,000, $4,000, $5,000, or $10,000
Child Life Guaranteed Issue	100% of Elected Life Benefit
AD&D Benefit	100% of Elected Life Benefit

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:
	Rate/$1,000
Under 30	$0.038
30-34	$0.047
35-39	$0.061
40-44	$0.092
45-49	$0.144
50-54	$0.223
55-59	$0.337
60-64	$0.459
65-69	$0.865
70+	$1.389

Dependent Child Coverage Monthly Premium For:	
$1,000	$0.24

Premium covers all dependent children regardless of number of children

Due to rounding, your actual payroll deduction may vary slightly.

2026 Open Enrollment

Employees: Currently enrolled employees may increase coverage by $10,000 up to the guaranteed issue amount of $100,000 without answering health questions.

Spouse: Currently enrolled spouses may increase coverage by $5,000 up to the guaranteed issues amount of $25,000 without answering health questions.

*Enrollments, (unless initial enrollment) or increases over the amounts above, will require completion of health questions.

Additional Plan Features:

- **Waiver of Premium**
- **Portability**
- **Conversion**
- **Accelerate benefit**
- **Grief Counseling**
- **Will Preparation**
- **MetLife Estate Resolution Services**



Voluntary Short-Term Disability Benefits

USD 495 Ft. Larned provides all eligible employees with the option to purchase Short-Term Disability from **Reliance Standard**. Short-Term Disability replaces a portion of your income if you are unable to work because of an injury or illness that occurs off the job.

Benefits	
Weekly Benefit	60% of your weekly earnings
Elimination Period Injury | Sickness	14 Days | 14 Days
Maximum Benefit Period	24 Weeks
Maximum Weekly Benefit	$1,000
Pre-Existing Condition	3/12

Age	Monthly Rate per $10 of Weekly Benefit
Less than 30	$0.421
30-34	$0.448
35-39	$0.403
40-44	$0.430
45-49	$0.529
50-54	$0.654
55-59	$0.807
60-64	$0.950
65+	$1.138

To Calculate Monthly Premium

List your Weekly Earnings (Maximum is $1,666.67)	$ _____
Multiply by 0.60	$ _____
Divide by 10	$ _____
Multiply by rate per age	$ _____
Estimated Monthly Premium	$ _____

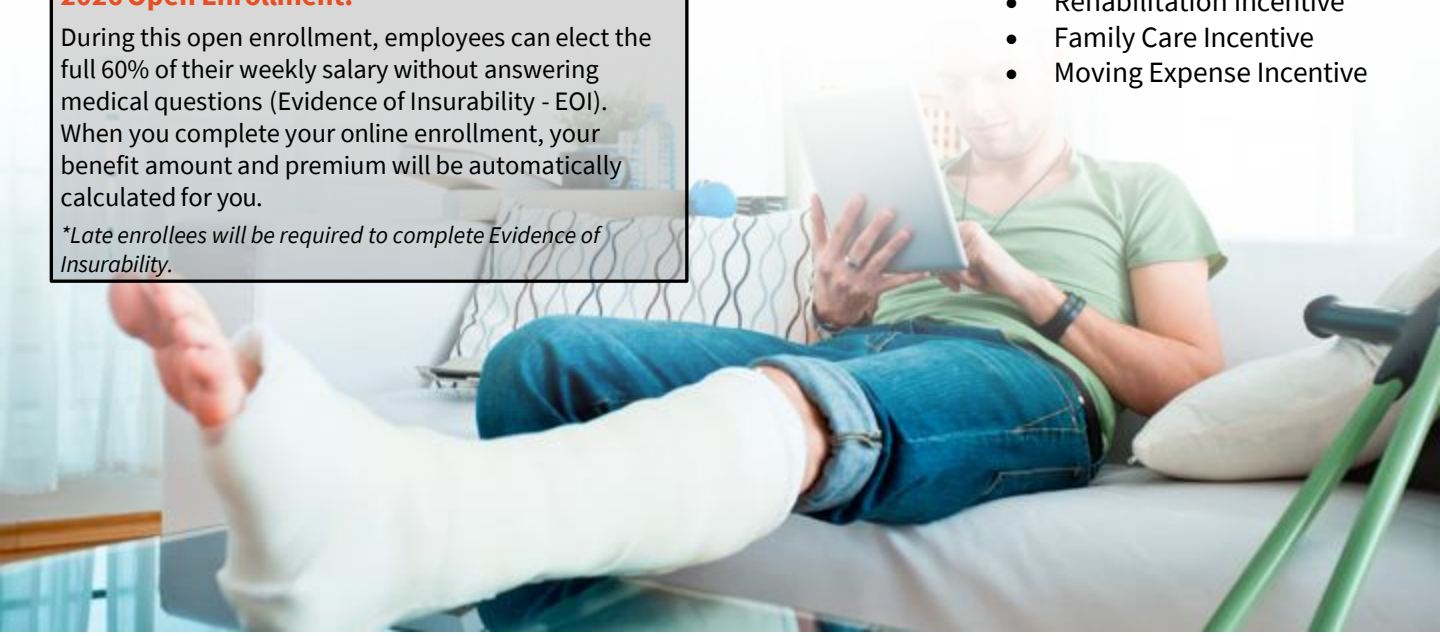
2026 Open Enrollment:

During this open enrollment, employees can elect the full 60% of their weekly salary without answering medical questions (Evidence of Insurability - EOI). When you complete your online enrollment, your benefit amount and premium will be automatically calculated for you.

**Late enrollees will be required to complete Evidence of Insurability.*

Additional Benefits:

- Work Incentive
- Rehabilitation Incentive
- Family Care Incentive
- Moving Expense Incentive



3-1 Supplemental Plan

The Supplemental Health Plan is three plans rolled into one – Hospital Indemnity, Critical Illness and Accident!

This plan provides benefits to help cover additional or unexpected medical costs. The benefits pay directly to you and are not tied to the medical plans. Coverage is Guaranteed Issue which means there are no medical questions!

Accident Plan

The Accident Plan provides benefits to help cover the costs associated with unexpected medical bills. When you have an accident – the costs add up quickly! The plan pays you the benefit regardless of any other insurance and it is **24 Hour Coverage!**

Benefits	
Emergency Care Benefits:	
Ambulance Transportation	$100 Ground, $500 Air
Emergency Treatment	$150
Diagnostic Examination	$100 per CT/MRI scan
Initial Physician Office Visit	$50
General Treatment Benefits:	
Initial Hospital Admission	$500
Initial ICU Hospital Admission	$1,000
Hospital Confinement/ICU Confinement	$200 per day, 365 days maximum/$400 per day, 30 days maximum
Rehabilitation Facility Confinement	$50 per day, 30 days maximum
Follow-up Physician Office Visit	$50
Specified Covered Injury & Treatment Benefits:	
Fractures	To $2,500 for Non-surgical; To $5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Dislocations	To $1,600 for Non-surgical; To $3,200 for Surgical; Partial – 25% of full dislocation; Multiple – 100% of highest dislocation benefit
Burns	To $800 for 2nd degree burns; To $6,400 for 3rd degree burns; Skin Graft – 25% of benefit payable for Burns
Blood/Plasma/Platelets	$200
Coma/Concussion	$5,000/$100
Dental Injury/Eye Injury	$150 for Crown; $50 for Extraction/$100 for removal of foreign object
Lacerations	To $400
Paralysis Benefits:	
Quadriplegia | Paraplegia/Hemiplegia	$10,000 | $5,000
Surgery Benefits:	
Exploratory	$100
Knee Cartilage	$300
Abdominal or Thoracic	$1,000
Transitional Benefits:	
Medical Appliances/Prosthesis	$100/$1000 for two or more, $500 for one
Physical Therapy	$25 per session, 6 sessions maximum

3-1 Supplemental Plan

Critical Illness Plan

A group Critical Illness Plan helps prepare you for the added costs of battling a specific critical illness. As the recovery process begins, most people begin to worry about the bills that have piled up. Our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

Employees:	**$5,000**	**GUARANTEED ISSUE:** **Coverage is guaranteed issue which means you don't have to qualify to get coverage!**
Spouse:	**$5,000**	
Dependent Children:	**$1,250**	

Benefits	
Basic: 100% of Amount of Insurance	Coma Stroke Parkinson's Alzheimer's Heart Attack Majopr Organ Failure Multiple Sclerosis Life Threatening Cancer Motor Neuron Disease (ALS, Lou Gehrig's) Ruptured Cerebral, Cartoid/Aortic Aneurism
Partial: 25% of Amount of Insurance **Partial: 5% of Amount of Insurance**	Coronary Disease, Carcinoma in situ Skin Cancer
Benefit Waiting Period	30 Days
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Subsequent Occurrence Benefit (Different Category*)	100% of Benefit (6 months apart)
Recurrence Benefit (Same Category*)	50% of Benefit (12 Months apart)
Pre-Ex Limitation	Any sickness or injury for which the insured person received treatment, consultation, care or services, in the 12 months just prior to the effective date won't be covered for the first 12 months of the policy.
Family Medica Leave | Portability	Included | Included
Portability	Included
Age Reduction	50% at age 70
Wellness (Health Screening) Benefit	$50 per person per calendar year (Up to 4 benefits per family)

3-1 Supplemental Plan

Hospital Indemnity Plan

The Hospital Indemnity Plan provides benefits to help cover the costs associated with a hospital stay.

NO PRE-EXISTING CONDITION EXCLUSIONS ON HOSPITAL INDEMNITY!

Hospital Admission Benefit	$1,000	Pays one Hospital Admission per coverage year.
Hospital Room & Board Benefits (Up to 180 days per year)	$100	

*Must be admitted to the hospital for 24 hours or more.







PLAN FEATURES & ELIGIBILITY:

- Maternity Feature:
  When a covered member is admitted to the hospital and delivers a baby, the admission/daily benefit is paid for the newborn as well as the mother.
- Includes OnCall Travel Assistance
- Employee and Spouse must be under age 70 to enroll
- Children are eligible up to age 26
- HSA compliant plan

2026 Monthly Rates	
Employee	$27.62
Employee + Spouse	$54.06
Employee + Child(ren)	$44.86
Family	$71.42

reliancestandard
LIFE INSURANCE COMPANY

Legal Services



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** – Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situation

The IDShield Membership includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional Credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and m ap your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **$3 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full-Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the even of an identity theft emergency

Put your law firm and identity theft protection in the palm of your hand with LegalShield & IDShield Plus Mobile apps

Plan	Family Price Monthly	Individual Price Bi-Monthly Payroll Deducted 24PP
LegalShield	$18.95	$18.95
IDShield	$18.95	$8.95
Combined	$33.90	$27.90

Prepared for: Ft Larned USD 495

Scan QR Code for Estate Planning Video

Bob Pilcher
bobpilcher58@gmail.com
316-215-5100
Rpilcher.wearelegalshield.com

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a produce of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A $1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

FLIER_LS+IDS_1895_USA_072224

LegalShield-Gun Owner Supplement

LegalShield® GUN OWNERS SUPPLEMENT

LegalShield is here to protect your gun rights.

Gun Owners Supplement offers the following benefits of protection:

Advice and Consultation
- Gun owner rights
- Carry and license requirements
- Advice on where carrying your concealed firearm is allowed
- Advice on where carrying your firearm is openly allowed
- Recent changes in gun laws

Emergency Access for a Firearm Incident*
24/7 toll-free access to a provider lawyer for consultation in the even of a covered firearm incident

Trial Defense for Gun Related Matters**
- Defense of covered civil and criminal lawsuits filed in state or federal court
- 60 total hours for covered lawsuits (20 hours pre-trial and 40 hours trial per plan year)

NFA Gun Trust Services
One (1) NFA Gun Trust prepared by your provider law firm per membership year for a flat fee of $250

25% Discount
As a member, you are entitled to a 25% discount off the provider lawyer's standard hourly rate for additional trial defense services and/or grand jury investigations, related to a covered firearm incident.



*Does not include assistance in making, posting, or obtaining bond, bail, or other security required for release.
**Covered lawsuit is a criminal or civil lawsuit arising from a firearm incident involving a covered person in a place where the covered person is legally permitted to possess and carry (concealed or open) his/her firearm. Appeals and trial court decisions are not included. This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions and exclusions.
See a plan contract for specific state of residence availability and for complete terms, coverage, amounts, conditions and exclusions. This supplement is not available in all states; please check your state or province for availability. Supplement does not include assistance in making, posting, or obtaining bond, bail, or other security required for release.
Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; In FL: LS, Inc.,; in VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.

SHEET_GunOwnerLegalPlan_031318 ©2018 LegalShield®, Ada, OK

403(b) Retirement



The ESSDACK 403(b) Plan was created for the benefit of you! The board of trustees for the Plan consists of the ESSDACK Board President and eight active Kansas Superintendents who oversee the activities and make decisions on any changes for the betterment of the Plan and its participants. The Plan stands on a foundation based upon full disclosure, full compliance, investment funds that maximize returns, and investment education. To be able to fulfill these principles the following serve our investors and provide a 'checks and balance' system within the program.

Pre-tax Election: Your qualifying pre-tax contributions and all earnings on your account are not subject to current federal income tax until you take them out of the Plan. This tax deferral gives your retirement savings the opportunity to grow under the most favorable terms possible.

Roth Election: You can also choose to contribute to a Roth 403(b) account. This allows you to pay the taxes up front and if the account has been established for five years or longer, the earnings will be tax free.

Automatic Payroll Deductions: Choose the amount you would like to contribute and enjoy the convenience of automatic payroll deductions.

Pooled Assets under Management: The Plan pools all of the assets together rather than each participant having an individual account. This allows the Plan to leverage volume dollars against the providers to lower the management fees. The more dollars under management, the lower the fees are for you.

12b-1 Fees: 12b-1 fees are fees that fund providers return to the broker for selling their specific funds. In an effort to lower the costs further for the participants, the Plan returns all of these fees to offset any Plan expenses.

Other Benefits: No front-end load charges

- No back-end load charges
- No surrender fees
- Minimal termination fees
- In Plan Roth conversions
- Over 30 fund options

Did you know that you can consolidate your previous retirement savings into your ESSDACK 403(b) account? Combining your retirement savings can be a convenient way to keep track of your assets. Contact an Ameritime advisor to see if this is something that can work for you.

Online account access: To view your account online register your userID and password at:

https://www.yourbenefitaccount.net/yourfutureisdaily

You'll be able to see your investment returns, adjust your fund line-up, see a detailed transaction history, and much more!

Contact Info:

Luke McKee

Toll Free: 866-253-3536
lmckee@compassfr.us
1500 E. 11th , Suite 10
Hutchinson, KS 67201

AMERITIME LLC
THE PENSION SPECIALISTS

OASDI and KPERS

All eligible Employees are under the Federal OASDI Social Security System, and receive the benefits thereof in accordance with Federal laws and regulations. The cost of this benefit is paid equally by the County and the Employee, with the Employee contribution subject to payroll deduction.

All eligible Employees are members of the Kansas Public Employees Retirement System (KPERS) and receive the benefits thereof in accordance with Kansas laws and regulations. The County and Employee both contribute a share as determined by KPERS which may vary annually. Officials may participate immediately on approval of their application, with contributions beginning at the start of the next calendar quarter. Other eligible Employees may participate following one full year of employment. See below for more details.

The Federal Age Discrimination in Employment Act shall be the policy for County retirement with normal retirement benefits as allowed by KPERS and OASDI.

There are 3 types of KPERS members:

KPERS 1

As an active member, you contribute 6% of your gross earnings and your contributions earn interest annually.

If you became a member:

- Before July 1, 1993, your contributions earn 8% interest
- On or after July 1, 1993, your contributions earn 4% interest

KPERS 2

As an active member, you contribute 6% of your gross earnings and your contributions earn 4% interest annually.

You are a KPERS member if:

- You started working in a covered position on July 1, 2009 or after.
- If you were previously a KPERS 1 member and withdrew your membership, or you left employment before vesting, you will be a KPERS 2 member.

KPERS 3

You contribute 6% of your salary from each paycheck. It's automatic and pretax. Your contributions earn a guaranteed 4% annual interest, paid quarterly. There is also a possibility for additional interest, paid quarterly. There is also a possibility for additional interest, depending on KPERS' investment returns. You can withdraw your account balance if you leave employment.

Additional benefits:

Disability
Basic Life AD&D

KPERS 1, 2 and 3 Additional Information

You automatically earn service credit for the years you work in a covered position. After five years of service, you are guaranteed a monthly retirement benefit for the rest of your life. This is called "vesting" your benefit.

Benefits available to you:

- Basic Life
- Job-Related Death
- Surviving Spouse Benefit
- Optional Life for Active Members
- Spouse Optional Life, if employee is enrolled
- Child Optional Life

Retirement Benefit Options:

⇒ Maximum Monthly Payment Option
⇒ Joint-Survivor Option
⇒ Life-Certain Option
⇒ Partial Lump-Sum Option
⇒ Retiree Death Benefit

KPERS

For detailed information on the KPERS Benefits, please refer to your KPERS Membership Guide, visit the web or contact the Retirement System office.

Web Site: www.kpers.org
Toll Free: 888.275.5737
In Topeka: 785.296.6166
E-mail: kpers@kpers.org
Fax: 785.296.6638
Mail: 611 S. Kansas Ave., Suite 100
Topeka, KS 66603-3869

Mental Health Resources

988 Suicide & Crisis Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

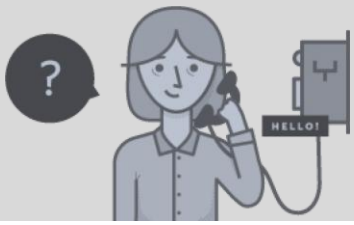
First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you with a skilled, trained crisis worker.

Then, a trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support and get you the help you need.

Lifeline Center calls are FREE and CONFIDENTIAL, and we're available 24 / 7.



For more information on resources or to chat online with Lifeline visit
www.988lifeline.org

988 Suicide & Crisis Lifeline

988

CHAT WITH LIFELINE

Carrier Contacts



Benefit	Contact Information
Medical **UNITED HEALTHCARE**	1.888.340.9716 www.myuhc.com
FSA **SURENCY FLEX**	1.866.818.8805 www.myflexaccount.com
Dental **DELTA DENTAL OF KANSAS**	1.800.234.3375 www.deltadentalks.com/subscribers
Vision **SURENCY VISION**	1.866.818.8805 www.surency.com/members/surencyvision/
Basic Life & AD&D, Voluntary Life & AD&D **RELIANCE STANDARD**	1.800.351.7500 www.reliancestandard.com
Short-Term Disability **RELIANCE STANDARD**	1.800.351.7500 www.reliancestandard.com
3-1 Supplemental Plan **RELIANCE STANDARD**	1.800.351.7500 www.reliancestandard.com
Legal Services **LEGALSHIELD / IDSHIELD**	1.316.215.5100 www.bobpilcher.com bobpilcher58@gmail.com
403(b) **AMERITIME**	1.866.253.3536 https://www.yourbenefitaccount.net/yourfutureisdaily
OASDI and KPERS **KPERS**	1.888.275.5737 or 1.785.296.6166 www.kpers.org
METLIFE	1.800.438.6388 www.metlife.com

Helpful Tools

GoodRx

Good Rx collects & compares prices from over 70,000 pharmacies. You can also find discounts and print free coupons.

Website: www.goodrx.com

Download the GoodRx Mobile App!

FSAstore

FSAstore is the largest online marketplace for guaranteed FSA-eligible products along with educational resources. You can search eligible items and shop on the website.

Website: www.fsastore.com

Notices

CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
All Medical Plan Options	**None (all plans are creditable)**

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at *https://www.shiphelp.org*.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE:	8/5/2026
NAME OF ENTITY/SENDER:	USD 495 Fort Larned School District
CONTACT—POSITION/OFFICE:	Human Resource Office
ADDRESS:	120 E 6th St
	Larned, KS 67550
PHONE NUMBER:	620-285-3185

Notices

NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	**You have the right to:** ❖ Get a copy of your health and claims records ❖ Correct your health and claims records ❖ Request confidential communication ❖ Ask us to limit the information we share ❖ Get a list of those with whom we've shared your information ❖ Choose someone to act for you ❖ File a complaint if you believe your privacy rights have been violated
Your Choices	**You have some choices in the way that we use and share information as we:** ❖ Answer coverage questions from your family and friends ❖ Provide disaster relief ❖ Market our services and sell your information
Our Uses and Disclosures	**We may use and share your information as we:** ❖ Help manage the health care treatment you receive ❖ Run our organization ❖ Pay for your health services ❖ Help with public health and safety issues ❖ Do research ❖ Comply with the law ❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director ❖ Address workers' compensation, law enforcement and other government requests ❖ Respond to lawsuits and legal action

Notices

Your Rights	**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you**.**
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	❖ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9. ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	❖ Share information with your family, close friends, or others involved in payment for your care ❖ Share information in a disaster relief situation *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we *never* share your information unless you give us written permission:	❖ Marketing purposes ❖ Sale of your information

Notices

Our Uses and Disclosures	How do we typically use or share your health information. We typically use or share your health information in the following ways.	
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	***Example:*** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

Uses and disclosures of certain substance use disorder treatment records

If we receive or maintain any Information about you from a substance use disorder treatment program that is covered by Section 543 of the PHSA (42 USC 290dd-2) and 42 CFR Part 2(a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose those records for purposes of treatment, payment, for health care operations, we may use and disclose those records for treatment, payment, and health care operations purposes as described in this notice. However, we will not use or disclose a Part 2 program record about you, or testimony that describes the information contained in a Part 2 program record about you, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority against you, unless authority by your consent or the order of a court after it provides you notice of the court. Although we do not anticipate using any part 2 program recordings for fundraising purposes, you will be provided with a clear conspicuous opportunity to elect not to receive any fundraising communications from us before we use any Part 2 Program records for fundraising purposes.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: Your Rights Under HIPAA | HHS.gov.

Help with public health and safety issues	We can share health information about you for certain situations such as: ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone's health or safety
Do research	❖ We can use or share your information for health research
Comply with the law	❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director	❖ **We can share health information about you with organ procurement organizations.** ❖ **We can share health information with a coroner, medical examiner or funeral director when an individual dies.**
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: ❖ For workers' compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: Your Rights Under HIPAA | HHS.gov.

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

If you recently gained coverage under a group health plan (the Plan), this notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

Notices

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Notices

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

NOTICE: NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notices

NOTICE: PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored Plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer Plan, your employer must allow you to enroll in your employer Plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer Plan, contact the Department of Labor at www.askebsa.dol.gov or call **(866) 444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2026. Contact your State for more information on eligibility.

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

Notices

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email *ebsa.opr@dol.gov* and reference the OMB Control Number 1210-0137.

Notices

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

FOR MORE INFORMATION, CONTACT:

NAME: USD 495 Fort Larned School District

TITLE: Human Resource Office

ADDRESS: 120 E 6th St

Larned, KS 67550

PHONE NUMBER: 620-285-3185

OTHER CONTACT INFORMATION: Tina.welch@usd495.com

Effective Date of this Notice: 8/5/2026





Benefits Enrollment Guide

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.