

A photograph of a diverse group of seven children of various ethnicities and ages, smiling and posing on a grassy field. The children are arranged in two rows, with some sitting on the grass and others standing behind them. The background is a soft-focus outdoor setting with trees and a fence.

# 2025 Enrollment Guide

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Customer service: 866.346.5800 Website: <a href="http://www.healthequity.com">www.healthequity.com</a>	
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Email: <a href="mailto:www.one.telushealth.com">www.one.telushealth.com</a> Available to all team members and members of their household	
<b>401(K) RETIREMENT PLAN: BOK FINANCIAL</b>	<b>25</b>
Customer service: 800.876.9557 Website: <a href="http://www.startright.bokf.com">www.startright.bokf.com</a>	
<b>BUKATY SERVICE TEAM</b>	<b>27</b>

Note: If you are unable to resolve your issues or questions with any of the insurance carriers, please contact Bukaty Companies, our broker partner. Ask for Kendra Cusick, Rachel Browning or Kharlysa Armstrong.

**Phone Number:**  
**913.345.0440**

## **Eligibility for Benefits:**

Team members working at least 30 or more hours/week

## **Dependents:**

- Legally Married Spouse
- Domestic Partners (Please submit an affidavit to HR)
- Children up to age 26
  - Biological
  - Legally Adopted
  - Step-Children
  - Children placed under team member's legal guardianship
- Children under 18 for whom there is a legal obligation to support
- Unmarried Children who have reached the limiting age of 26 but cannot support themselves due to a physical or mental handicap (*The handicap must have started before the end of the calendar year in which the child reached the limiting age.*)

# WHAT YOU SHOULD KNOW



## **New Hire Waiting Period:**

All coverage is effective the first of the month following 30 days.

## **SBC's and Legal Notifications:**

Visit Paycom to view the SBC's provided by our benefits carriers and all legal notifications.

## **Qualifying events:**

In order to change your benefit elections outside the open enrollment period, you must have a qualifying event, such as:

- marriage,
- divorce,
- death,
- birth,
- loss of other coverage,
- gain of other coverage or
- spouse's open enrollment.

**Changes must be made within 30 days of the event.**

## **What is Changing for 2025?**

The IRS has increased the HSA and FSA contribution limits and they have increased the minimum deductible for a High Deductible Health plan with HSA to \$3,300 for Single and \$6,600 for Family.

We will be switching from Prudential to Pacific Life for Life, Disability, Accident, and Critical Illness coverage. We will also be adding a new Hospital Indemnity plan.

## **When can I enroll in benefits?**

You have only 30 days from your hire date (or date of benefits eligibility) to enroll in benefits.

## **What if I miss the 30 day enrollment period for benefits?**

If you miss the 30-day enrollment period, you will not be able to enroll until the next annual Open Enrollment period (occurring each fall) unless you experience an IRS-defined qualifying life event, such as a birth or change in marital status. Contact Human Resources or Bukaty Companies, as soon as possible regarding your qualifying life event since changes must be submitted within 30 days of the event date.

## **When does my deductible reset?**

Your deductible accumulates from January 1, 2025 through December 31, 2025. On January 1, 2026 your deductible resets.

## **How do I find in-network providers?**

To determine which network (Preferred Care Blue or BlueSelect Plus) your provider is in, please go to [www.bluekc.com](http://www.bluekc.com) and click on **Find a Doctor** in the upper right hand corner. You can log in as a member or continue as a guest.

## **Who is eligible for coverage under the plans?**

1. All Benefits: All regular full-time team members hired with the expectation of working 30 or more hours per week.
4. Spouses — who are legally married to an eligible team member.
5. Children — dependent children up to the age of 26.
  - i. eligible dependent children include:
    - a. biological children
    - b. legally adopted children
    - c. children under 18 who have been adopted or for whom there is a legal obligation to support
    - d. children placed under the team member's legal guardianship
    - e. step-children
    - f. unmarried children who have reached the limiting age but cannot support themselves due to a physical or mental handicap (the handicap must have started before the end of the calendar year in which the child reached the limiting age).

## **Termination of coverage**

### **Ancillary Lines**

Coverage terminates on the date of termination.

### **Medical**

Coverage terminates the end of the month following termination.

### **Dental / Vision**

Coverage terminates the end of the month following termination.

### **Dependents aged 26**

**Medical:** Dependent child age 26 – Coverage ends the end of the birthday year.

**Dental / Vision:** Dependent child age 26 – Coverage ends the end of the birthday month.

**Ancillary:** Dependent child age 26 – Coverage ends on birthday.

### **FSA**

Coverage terminates the date of termination.

If you have any questions regarding coverage, reach out to Human Resources.



# NETWORKS EXPLAINED

## **Preferred-Care Blue Network (PCB)**

For team members who want more doctors, more hospitals, and more healthcare choices, there is Preferred-Care Blue with Blue Card. This Preferred Provider Organization (PPO) gives members the largest selection of providers within the 32 county service area. Outside the 32-county service area, the network gives members access to doctors and hospitals all across the country. With the BlueCard program, you will be able to take your benefits with you wherever you go.

## **BlueSelect Plus Network (BSP)**

BlueSelect Plus is a high-performance care network especially designed for sustainable savings and easy access to quality healthcare across the metro area. It offers affordability by using a high-performance hospital and provider network. The plan is available to team members residing in the following counties:

### **Kansas**

• Johnson • Wyandotte

### **Missouri**

• Cass • Caldwell • Clay • Clinton • DeKalb  
• Jackson • Johnson • Lafayette • Platte • Ray

Members must seek care in one of the following counties:

### **Kansas**

• Johnson • Wyandotte

### **Missouri**

• Clay • Clinton • Jackson • Platte

## **BlueSelect Plus Hospitals**

Advent Medical Center  
Children's Mercy Hospital  
Children's Mercy Hospital-South  
Liberty Hospital  
North Kansas City Hospital  
Olathe Medical Center  
St. Joseph's Medical Center  
St. Mary's Hospital  
Truman Medical Center-Hospital Hill  
Truman Medical Center-Lakewood  
University of Kansas Hospital

## **Spira Care EPO (Kansas City Area only)**

SpiraCare Clinics are owned and operated by Blue Cross. They offer a unique experience where all primary care is provided under one roof. Specialty care is offered through the BlueSelect Plus network. Please see counties listed below. There is no out of network coverage in the Kansas City Area, unless you have a life or limb threatening emergency. Members can use their BlueCard when traveling outside the 32-county Blue KC service area.

## **What is BlueCard?**

BlueCard is a national provider program offered by Blue KC and other Blue Cross and/or Blue Shield Plans across the country. This program provides in-network benefits to PPO members who need healthcare services when they are away from home and have a life or limb threatening emergency.

## **How Can I access a PPO BlueCard provider away from the Kansas City area?**

If you are traveling out of the Blue KC service area and need to access a provider, you can visit the Blue KC Doctor and Hospital Finder to find providers in this program.

**Phone Number: 1.888.989.8842**



## **Blue Cross Mobile App**

From the App Store, download **mybluekc**. Use this tool to view claims, find a doctor, find the best price for prescriptions, and compare costs of medical services by provider.

- Access and view plan designs
- Review plan deductibles and coinsurance
- Look up cost of procedures and prescriptions

The following is a list of locations for the Kansas City Area Spiracare Facilities.

- **Crossroads**
- **Independence**
- **Lee's Summit**
- **Liberty**
- **Olathe**
- **Overland Park**
- **Shawnee**
- **Tiffany Springs**
- **Wyandotte**

# MEDICAL: IN-NETWORK BENEFITS AT A GLANCE

BENEFIT	PLAN 1 \$3,000 SPIRACARE (KC AREA ONLY)	PLAN 1A \$3,000 BLUE PLUS (OUTSIDE KC ONLY)	PLAN 2 \$3,300 PPO / HSA (KC AREA ONLY)	PLAN 3 \$3,300 PPO / HSA (ALL AREAS)	PLAN 4 \$2,500 PPO / PCA (ALL AREAS)
Network	Blue Select Plus (BSP)	Preferred Care Blue	Blue Select Plus (BSP)	Preferred Care Blue (PCB)	Preferred Care Blue (PCB)
Cornerstone Annual Contribution	Not Applicable	Not Applicable	Single: \$350 / Family: \$700	Single: \$350 / Family: \$700	Single: \$350 / Family: \$700
Calendar year deductible Single / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,300 / \$6,600	\$3,300 / \$6,600	\$2,500 / \$5,000
Coinsurance Blue Cross pays You pay	100% 0%	100% 0%	80% 20%	80% 20%	80% 20%
Out of pocket maximum Single / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$3,600 / \$7,200
Office visit copay Primary care Specialist Preventive services Virtual visit (Telemedicine)	\$0 copay Deductible \$0 copay \$0 copay	\$0 copay Deductible \$0 copay \$0 copay	Deductible / Coinsurance Deductible / Coinsurance \$0 copay Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance \$0 copay Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance \$0 copay Deductible / Coinsurance
Lab and X-ray in physician's office	100% after copay	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Urgent care (Office visit only)	\$0 Copay (Spircare Facility) Deductible (BSP Network)	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Emergency room	Deductible	Deductible	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Hospital services Inpatient coverage Outpatient surgery	Deductible Deductible	Deductible Deductible	Deductible / Coinsurance Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance
Mental health and substance abuse Inpatient Outpatient (Office visit) Spira Care Facility	Deductible Deductible \$0 Copay	Deductible Deductible N/A	Deductible / Coinsurance Deductible / Coinsurance N/A	Deductible / Coinsurance Deductible / Coinsurance N/A	Deductible / Coinsurance Deductible / Coinsurance N/A
Pharmacy / Retail (30 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$15 copay \$50 copay Deductible	\$15 copay \$50 copay Deductible	\$12 copay (AD) \$60 copay (AD) \$80 copay (AD)	\$12 copay (AD) \$60 copay (AD) \$80 copay (AD)	\$12 copay \$60 copay \$80 copay
Pharmacy / Mail Order (90 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$15 copay \$125 copay Deductible	\$15 copay \$125 copay Deductible	\$36 copay (AD) \$180 copay (AD) \$240 copay (AD)	\$36 copay (AD) \$180 copay (AD) \$240 copay (AD)	\$36 copay \$180 copay \$240 copay

AD= After Deductible

# MEDICAL: SPIRACARE EPO - PLAN I (KANSAS CITY AREA ONLY)



SPIRACARE / BLUESELECT PLUS NETWORK	IN-NETWORK	NON-NETWORK
Calendar year deductible Single / Family	\$3,000 / 6,000	Not covered
Coinsurance		
Blue Cross pays	100%	Not covered
You pay	0%	Not covered
Out of pocket maximum Single / Family	\$3,000 / \$6,000	Not covered
Office visit copay		
Primary care (SpiraCare)	\$0 copay	Not covered
Specialist (BSP network)	Deductible	Not covered
Preventive services (SpiraCare)	\$0 copay	Not covered
Virtual visit (Telemedicine)	\$0 copay	Not covered
Lab and X-ray in SpiraCare office	\$0 copay	Not covered
Lab and X-ray with BSP provider	Deductible	Not covered
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible	Not covered
Urgent care in SpiraCare office	\$0 copay	Not covered
Urgent care with BSP provider	Deductible	Not covered
Emergency room	Deductible	Deductible
Hospital services		
Inpatient	Deductible	Not covered
Outpatient surgery	Deductible	Not covered
Mental health and substance abuse		
Inpatient	Deductible	Not covered
Outpatient in SpiraCare office	\$0 copay	Not covered
Outpatient (Office visit)	Deductible	Not covered
Pharmacy / Retail (30 day supply)		
Tier 1 (Generic)	\$15 copay	Not covered
Tier 2 (Preferred brand)	\$50 copay	Not covered
Tier 3 (Non-preferred brand)	Deductible	Not covered
Pharmacy / Mail order (90 day supply)		
Tier 1 (Generic)	\$15 copay	Not covered
Tier 2 (Preferred brand)	\$125 copay	Not covered
Tier 3 (Non-preferred brand)	Deductible	Not covered

	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY	COC PAYS MONTHLY
TEAM MEMBER ONLY	\$67.63	\$135.26	\$590.64
TEAM MEMBER + SPOUSE	\$280.87	\$561.73	\$890.07
TEAM MEMBER + CHILD(REN)	\$254.43	\$508.86	\$892.13
TEAM MEMBER + FAMILY	\$383.37	\$766.75	\$1,490.72

## SpiraCare explained

### Care guides

These personal guides are there to support your health journey with just one phone call. Some of the services that they can provide are helping you understand costs, your benefits, the rationale behind your doctor's diagnosis and tests ordered, scheduling an appointment with the most appropriate provider and when it is time to see a specialist.

### First rate doctors and care team

These physicians are "member-centric" experts who are dedicated to your ongoing health and wellbeing. Each center employs doctors, nurses, physician assistants, care guides, xray and lab technicians who work together as a team to provide you seamless and comprehensive care.

### Online tools

SpiraCare's online tools make it easy for you to manage your health and health benefits. Schedule appointments, see your test results, send secure messages to the care team, view our medications and set up appointment reminders. You can also access your benefits, view your claims, print or email your ID card and find an in-network provider or pharmacy.

### Exclusive Provider Organization (EPO) and BlueSelect Plus

SpiraCare is an EPO insurance model. With an EPO model, members must receive all care from in-network providers except for emergency services.



This plan may only be utilized by team members who are outside of the Kansas City area. and would like a plan with a \$0 Primary Care visit copay. For those residing and/or working within the KC area and who want a plan with a \$0 PCP copay, you must choose Plan I (Spiracare EPO)

# MEDICAL: BLUE PLUS EPO- PLAN 1A

(OUTSIDE OF THE KANSAS CITY AREA ONLY)

PREFERRED CARE BLUE NETWORK	IN-NETWORK	NON-NETWORK
Calendar year deductible Single / Family	\$3,000 / 6,000	Not covered
Coinsurance		
Blue Cross pays	100%	Not covered
You pay	0%	Not covered
Out of pocket maximum Single / Family	\$3,000 / \$6,000	Not covered
Office visit copay		
Primary care	\$0 copay	Not covered
Specialist (High Performance Network)	Deductible	Not covered
Preventive services	\$0 copay	Not covered
Virtual visit (Telemedicine)	\$0 copay	Not covered
Lab and X-ray	Deductible	Not covered
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible	Not covered
Urgent care with HPN provider	Deductible	Not covered
Emergency room	Deductible	Deductible
Hospital services		
Inpatient	Deductible	Not covered
Outpatient surgery	Deductible	Not covered
Mental health and substance abuse		
Inpatient	Deductible	Not covered
Outpatient (Office visit)	Deductible	Not covered
Pharmacy / Retail (30 day supply)		
Tier 1 (Generic)	\$15 copay	Not covered
Tier 2 (Preferred brand)	\$50 copay	Not covered
Tier 3 (Non-preferred brand)	Deductible	Not covered
Pharmacy / Mail order (90 day supply)		
Tier 1 (Generic)	\$15 copay	Not covered
Tier 2 (Preferred brand)	\$125 copay	Not covered
Tier 3 (Non-preferred brand)	Deductible	Not covered

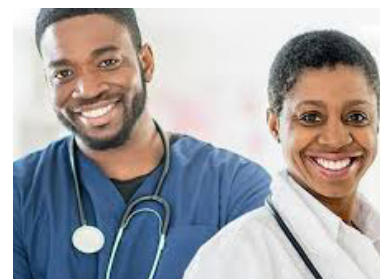
	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY	COC PAYS MONTHLY
TEAM MEMBER ONLY	\$67.63	\$135.26	\$666.13
TEAM MEMBER + SPOUSE	\$280.87	\$561.73	\$1,081.27
TEAM MEMBER + CHILD(REN)	\$254.43	\$508.86	\$1,076.64
TEAM MEMBER + FAMILY	\$383.37	\$766.75	\$1,788.03

## MEDICAL: PPO / HSA - PLAN 2 (KANSAS CITY AREA ONLY)

BLUESELECT PLUS NETWORK	IN-NETWORK	NON-NETWORK
Calendar year deductible Single / Family	\$3,300 / \$6,600	\$4,500 / \$9,000
Cornerstone Annual HSA Contribution	Single: \$350 / Family: \$700	
Coinsurance Blue Cross pays You pay	80% 20%	50% 50%
Out of pocket maximum Single / Family	\$4,000 / \$8,000	\$12,000 / \$24,000
Office visit copay Primary care Specialist Preventive services Virtual visit (Telemedicine)	Deductible / Coinsurance Deductible / Coinsurance \$0 copay Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance Deductible / Coinsurance Not Covered
Lab and X-ray in physicians office	Deductible / Coinsurance	Deductible / Coinsurance
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible / Coinsurance	Deductible / Coinsurance
Urgent care (Office Visit only)	Deductible / Coinsurance	Deductible / Coinsurance
Emergency room	In-Network Deductible / Coinsurance	
Hospital services Inpatient coverage Outpatient surgery	Deductible / Coinsurance Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance
Mental health and substance abuse Inpatient Outpatient (Office visit)	Deductible / Coinsurance Deductible / Coinsurance	Deductible / Coinsurance Deductible / Coinsurance
Pharmacy / Retail (30 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$12 copay (AD) \$60 copay (AD) \$80 copay (AD)	\$12 copay + 50% Coinsurance \$60 copay + 50% Coinsurance \$80 copay + 50% Coinsurance
Pharmacy / Mail order (90 day supply) Tier 1 (Generic) Tier 2 (Preferred brand) Tier 3 (Non-preferred brand)	\$36 copay (AD) \$180 copay (AD) \$240 copay (AD)	\$36 copay+50% Coinsurance \$180 copay+50% Coinsurance \$240 copay+50% Coinsurance

AD= After Deductible

	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY	COC PAYS MONTHLY
TEAM MEMBER ONLY	\$53.60	\$107.20	\$622.40
TEAM MEMBER + SPOUSE	\$251.39	\$502.79	\$956.40
TEAM MEMBER + CHILD(REN)	\$227.75	\$455.51	\$952.60
TEAM MEMBER + FAMILY	\$342.71	\$685.41	\$1,583.62



### Generic vs. Brand Name Prescription Drugs

Generic drugs are identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, and performance. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantially lower prices than the branded price. Tier 2 Preferred Brand and Tier 3 Non-Preferred Brand copays are slightly higher than the Tier 1 Generic copay, but generally the cost to the plan is three to five times greater for brand drugs than generics. Please ask your physician and your pharmacist to prescribe and dispense Tier 1 Generic drugs whenever possible.





Blue365® is a program sponsored by participating local Blue Companies that helps you stay healthier, for less. Since 2007, Blue365 has offered discounts for members to save on products and services for a well balanced lifestyle. These “Blue365 Deals” (which are different than the healthcare benefits that you have with Blue Cross Blue Shield of Kansas City) can help you maintain a healthy lifestyle, while spending less at some of your favorite Blue365 Vendors nationwide. Blue365 provides members with access to a wide range of savings from top health and wellness brands around the country plus some of your favorite local companies. You’ll see weekly “Featured Deals” and long term “Ongoing Deals” on healthy products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences, vision discounts and much more.

Go to [www.blue365deals.com](http://www.blue365deals.com) to register and sign up for email alerts. Please note, some offers are for a limited time and will expire.

## MEDICAL: PPO / HSA - PLAN 3 (ALL AREAS)

PREFERRED CARE BLUE NETWORK	IN-NETWORK	NON-NETWORK
Calendar year deductible Single / Family	\$3,300 / \$6,600	\$3,300 / \$6,600
Cornerstone Annual HSA Contribution	Single: \$350 / Family: \$700	
Coinsurance		
Blue Cross pays	80%	60%
You pay	20%	40%
Out of pocket maximum Single / Family	\$4,000 / \$8,000	\$8,000 / \$16,000
Office visit copay		
Primary care	Deductible / Coinsurance	Deductible / Coinsurance
Specialist	Deductible / Coinsurance	Deductible / Coinsurance
Preventive services	\$0 copay	Deductible / Coinsurance
Virtual visit (Telemedicine)	Deductible / Coinsurance	Not Covered
Lab and X-ray in physicians office	Deductible / Coinsurance	Deductible / Coinsurance
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible / Coinsurance	Deductible / Coinsurance
Urgent care (Office Visit only)	Deductible / Coinsurance	Deductible / Coinsurance
Emergency room	In-Network Deductible / Coinsurance	
Hospital services		
Inpatient coverage	Deductible / Coinsurance	Deductible / Coinsurance
Outpatient surgery	Deductible / Coinsurance	Deductible / Coinsurance
Mental health and substance abuse		
Inpatient	Deductible / Coinsurance	Deductible / Coinsurance
Outpatient (Office visit)	Deductible / Coinsurance	Deductible / Coinsurance
Pharmacy / Retail (30 day supply)		
Tier 1 (Generic)	\$12 copay (AD)	\$12 copay + 50% Coinsurance
Tier 2 (Preferred brand)	\$60 copay (AD)	\$60 copay + 50% Coinsurance
Tier 3 (Non-preferred brand)	\$80 copay (AD)	\$80 copay + 50% Coinsurance
Pharmacy / Mail order (90 day supply)		
Tier 1 (Generic)	\$36 copay (AD)	\$36 copay+50% Coinsurance
Tier 2 (Preferred brand)	\$180 copay (AD)	\$180 copay+50% Coinsurance
Tier 3 (Non-preferred brand)	\$240 copay (AD)	\$240 copay+50% Coinsurance

AD= After Deductible

	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY	COC PAYS MONTHLY
<b>TEAM MEMBER ONLY</b>	\$79.62	\$159.23	\$647.52
<b>TEAM MEMBER + SPOUSE</b>	\$306.03	\$612.07	\$1,001.44
<b>TEAM MEMBER + CHILD(REN)</b>	\$277.19	\$554.39	\$1,002.65
<b>TEAM MEMBER + FAMILY</b>	\$418.16	\$836.32	\$1,672.68

# MEDICAL: PPO / PCA - PLAN 4

## (ALL AREAS)

PREFERRED CARE BLUE NETWORK	IN-NETWORK	NON-NETWORK
Calendar year deductible Single / Family	\$2,500 / \$5,000	\$2,500 / \$5,000
Cornerstone Annual PCA Contribution	Single: \$350 / Family: \$700	
Coinsurance		
Blue Cross pays	80%	60%
You pay	20%	40%
Out of pocket maximum Single / Family	\$3,600 / \$7,200	\$7,200 / \$14,400
Office visit copay		
Primary care	Deductible / Coinsurance	Deductible / Coinsurance
Specialist	Deductible / Coinsurance	Deductible / Coinsurance
Preventive services	\$0 copay	Deductible / Coinsurance
Virtual visit (Telemedicine)	Deductible / Coinsurance	Not Covered
Lab and X-ray in physicians office	Deductible / Coinsurance	Deductible / Coinsurance
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Deductible / Coinsurance	Deductible / Coinsurance
Urgent care (Office Visit only)	Deductible / Coinsurance	Deductible / Coinsurance
Emergency room	In-Network Deductible / Coinsurance	
Hospital services		
Inpatient coverage	Deductible / Coinsurance	Deductible / Coinsurance
Outpatient surgery	Deductible / Coinsurance	Deductible / Coinsurance
Mental health and substance abuse		
Inpatient	Deductible / Coinsurance	Deductible / Coinsurance
Outpatient (Office visit)	Deductible / Coinsurance	Deductible / Coinsurance
Pharmacy / Retail (30 day supply)		
Tier 1 (Generic)	\$12 copay (AD)	\$12 copay + 50% Coinsurance
Tier 2 (Preferred brand)	\$60 copay (AD)	\$60 copay + 50% Coinsurance
Tier 3 (Non-preferred brand)	\$80 copay (AD)	\$80 copay + 50% Coinsurance
Pharmacy / Mail order (90 day supply)		
Tier 1 (Generic)	\$36 copay (AD)	\$36 copay+50% Coinsurance
Tier 2 (Preferred brand)	\$180 copay (AD)	\$180 copay+50% Coinsurance
Tier 3 (Non-preferred brand)	\$240 copay (AD)	\$240 copay+50% Coinsurance

	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY	COC PAYS MONTHLY
TEAM MEMBER ONLY	\$82.88	\$165.75	\$618.55
TEAM MEMBER + SPOUSE	\$314.84	\$629.68	\$938.91
TEAM MEMBER + CHILD(REN)	\$282.83	\$565.65	\$948.05
TEAM MEMBER + FAMILY	\$423.54	\$847.09	\$1,592.09



When to use urgent care and when to go to the E.R.

E.R.:

- Life or limb threatening
- Sudden loss of consciousness
- Chest pain / face, leg, arm numbness
- Difficulty speaking
- Severe shortness of breath
- High fever with stiff neck or mental confusion
- Coughing or vomiting blood
- Wound that won't stop bleeding
- Major injuries

Urgent care:

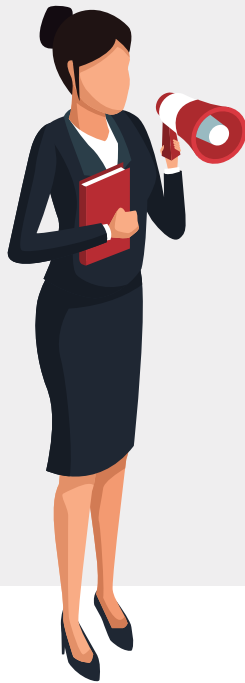
- Sprains or strains
- Bumps and scrapes
- Cough, sore throat
- Ear or sinus pain
- Eye swelling or irritation
- Minor fever
- Minor allergic reactions
- Animal bites
- Stitches
- X-rays
- Back pain

Nurse Line:

To speak to a registered nurse 24 hours a day and 7 days a week, call 1.877.852.5422

# ATTENTION SMARTSHOPPERS!

Earn cash-back rewards for choosing quality providers for common medical tests and procedures



**Shop**

Employees shop online at MyBlueKC.com or call a Blue KC Customer Advocate or the SmartShopper Personal Assistant Team (PAT).



**Go**


Employees have their procedure at a reward-eligible location of their choice.



**Earn**

A reward check is mailed directly to the employee's home once the claim is paid.

Logon to your BlueKC member portal and click the SMARTSHOPPER link.




### Shop for your healthcare--how you want--with *Find Care*

Find the care you need, search in a way that is comfortable to you, and be a smart healthcare consumer. Now you can search for a medical procedure and estimate your out-of-pocket costs for common procedures - all based on your specific health plan. And we've made it easier for you to compare providers side-by-side, view provider quality information, read reviews and more.

If eligible, you'll see *SmartShopper*, helping you shop and earn cash-back rewards for choosing quality, cost-effective care.

[GO TO FIND CARE](#)


### SmartShopper®



Search for a reward eligible location for your doctor recommended procedure or service.

Select the appropriate test or procedure within the SMARTSHOPPER menu and select a provider.

Providers:



#### Midwest Physicians Surgery Center

Ambulatory Surgical Clinic/Center

LOCATION  
Midwest Physicians Surgery Center  
3801 NE Ralph Powell Rd, Lees Summit, MO 64064  
Get directions (est. 16.6 miles away)

CONTACT INFORMATION  
Phone: 816-525-4440


☆☆☆☆☆ Be the First to Review


☐ Add to Compare [View Profile](#)

SmartShopper Cash Reward

**\$295** [Claim Your Reward](#)

Your Estimated Cost  
**\$0**

 In your network



#### Olathe Medical Center

General Acute Care Hospital

LOCATION  
Olathe Medical Center  
20333 W 151st St, Olathe, KS 66061  
Get directions (est. 10.4 miles away)

CONTACT INFORMATION  
Phone: 913-791-4200


☆☆☆☆☆ Be the First to Review

☐ Add to Compare [View Profile](#)

SmartShopper Cash Reward

**\$285** [Claim Your Reward](#)

Your Estimated Cost  
**\$0**

 In your network

Following your appointment, rewards are generally mailed within 8 weeks after your visit.



# Mindful by Blue KC Well-Being Resources



## We all have our reasons. And all of them matter.

Stress, anxiety and burnout are more prevalent than ever. That's why we created Mindful by Blue KC which includes Well-Being Resources to increase your happiness and health. Your Mindful by Blue KC Well-Being Resources includes three visits per issue, at no cost, for help with major life events like divorce, adoption or loss of a job, relationship or loved one. We'll help you if you are feeling stressed or experiencing financial, childcare or other everyday challenges. You can lean on your Well-Being Resources for help. To get started, call **833-302-MIND (6463)** or the behavioral health number on the back of your member ID card to talk with a Mindful Advocate or visit [MindfulBlueKC.com](https://www.MindfulBlueKC.com) to learn more.

## No matter your reason, we are here to help.

Your Mindful by Blue KC Well-Being Resources include three visits, at no cost, per issue to help you:

- Be more present and productive at work
- Feel supported when you don't feel like yourself
- Manage responsibilities that are distracting and stressful
- Grow personally and professionally
- Be a caring and loving friend or family member
- Identify where to go for care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve your daily life, health and happiness

(includes three visits per issue, at no cost, for help with major life events)

## It all starts with a Mindful Advocate only one call away and available 24/7

Life happens, regardless of the day or time. That's why Mindful Advocates are available 24/7, even on holidays. So whenever you need to reach out, we are here for you.

## It all starts with the Mindful Advocate

In a unique role exclusive to Blue KC, our Mindful Advocates are licensed behavioral health clinicians who match members to providers and services and guide care plans – a single point of contact for:

- Listening
- Navigating Care
- Crisis Management
- Benefits Guidance
- Connecting
- Follow-up

Call a Mindful Advocate **833-302-MIND (6463)** or the behavioral health number on the back of your member ID card.

Your Mindful by Blue KC Well-Being Resources include three visits per issue, at no cost, and is confidential.





# THE NEW BLUE KC VIRTUAL CARE APP IS ALWAYS ON.

## SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.

Schedule a video visit with a board-certified doctor or behavioral health therapist right from your smartphone, tablet or computer. Blue KC Virtual Care is convenient for everyday medical and behavioral healthcare.

### ALWAYS PRIVATE AND SECURE

#### URGENT OR SICK CARE NEEDS

- No appointment necessary
- Affordable visits based on your plan's benefits\*

\*Spira Care Members pay \$0 for urgent/sick virtual care visits. Does not apply for Spira HSA members.

Download the Blue KC Virtual Care app  
or visit [BLUEKCvirtualcare.com](https://BLUEKCvirtualcare.com)



**NOTE:** Spira Care and Spira Care (HSA Eligible) members only should use service key SPIRA when registering.

#### BEHAVIORAL HEALTH NEEDS

- Psychologists and counselors are available for scheduled sessions
- Affordable visits based on your plan's benefits, and vary by provider type



Kansas City

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# TAKE CONTROL OF YOUR DIABETES

*Now you have the support, resources and knowledge you need.*

If you're living with Type 1 or Type 2 diabetes, Livongo's free Diabetes Management Program can help Blue KC members and their dependents.



**Unlimited**  
test strips and  
lancets



**Free** glucose  
meter



24 x 7 remote  
monitoring  
with  
emergency  
outreach



Expert  
coaching



Family alert  
system

**Start today to take command of your health.**

Eligible members can register for Livongo online at [join.livongo.com/BLUEKC/register](https://join.livongo.com/BLUEKC/register) or by calling the member support team at **800.945.4355** and mentioning the registration code: **BLUEKC**.

This program is offered at no cost to Blue KC members and covered dependents with diabetes through your employer-sponsored health plan. Livongo is an independent company that manages the diabetes management program on behalf of Blue KC.

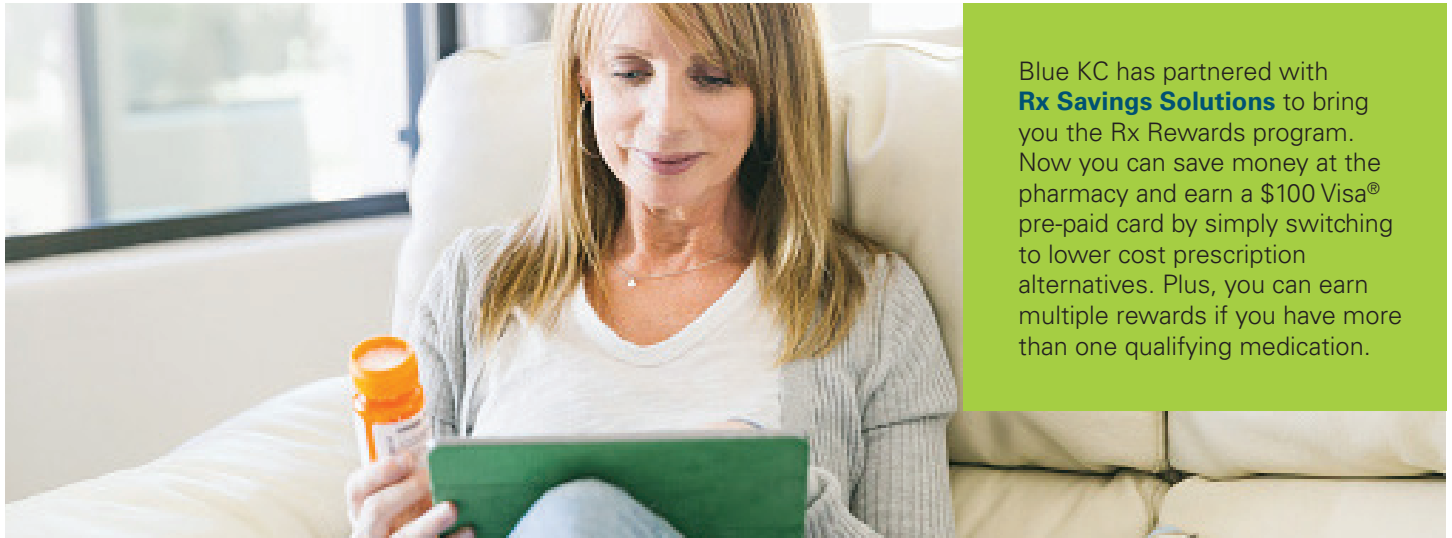
**BUKATY**  
**COMPANIES**  
*Expertise you experience*



Kansas City

# GET REWARDED WITH THE RX REWARDS PROGRAM

Earn a \$100 prepaid card for switching to a lower cost prescription alternative



Blue KC has partnered with **Rx Savings Solutions** to bring you the Rx Rewards program. Now you can save money at the pharmacy and earn a \$100 Visa® pre-paid card by simply switching to lower cost prescription alternatives. Plus, you can earn multiple rewards if you have more than one qualifying medication.

## HOW IT WORKS



**Step 1** If Rx Savings Solutions (RxSS) has your contact information, they will email you to inform you of any potential savings or incentives available to you.



**Step 2** Log in to **MyBlueKC.com** and go to Plan Benefits → Pharmacy Plan Info → Spend Less on Prescription Drugs. If RxSS hasn't contacted you, you can find your qualifying prescriptions here (**or use the quick link: [myrxss.com/bluekc](https://myrxss.com/bluekc)**).



**Step 3** Review your qualifying medication alternatives and select the ones you'd like to change.



**Step 4** Your prescription change is confirmed by RxSS.



**Step 5** You are mailed a pre-loaded \$100 Rx Rewards Visa® Prepaid Card\* that can be used at drug stores, pharmacies, grocery stores, and wholesale clubs.

\*Visa Prepaid Cards expire one year after activation. More details can be found at <https://cloud.salesforce.rxsavingsolutions.com/PF>.

## GET STARTED TODAY!

Go to **MyBlueKC.com** to log in, access your pharmacy benefits, and see if you have any prescriptions that qualify for the Rx Rewards program (or use the quick link: **[myrxss.com/bluekc](https://myrxss.com/bluekc)**).

**Questions?** If you have questions specific to the Rx Rewards Program, please contact Rx Savings Solutions at 1-800-268-4476.

# A HEALTHIER YOU



The Blue KC “A Healthier You” program gives you convenient online and mobile access to several wellness tools that allow you to get healthy and earn changes to win great prizes. This program is for covered team member and their covered dependents.

## Portal Features

Take your Health Risk Assessment (HRA)

- Access the health library for a variety of educational topics
- Connect a device to track your steps, sleep, nutrition and more!
- Stay on track with preventive care reminders
- Earn points to enter into sweepstakes.

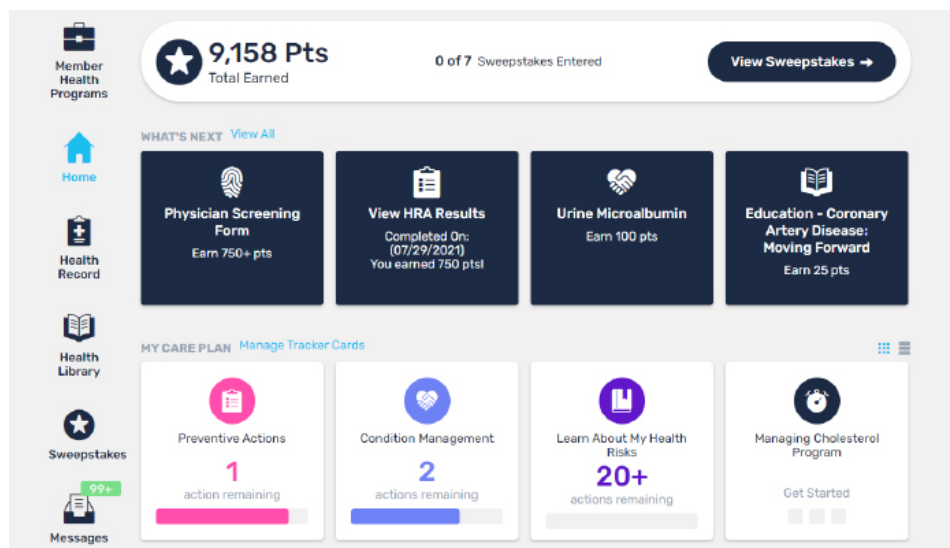
## Tracking and Using Your Points

A Healthier You is compatible with devices like Apple Watch and Fitbit to automatically track your daily activity that earns you points. Points for doctor’s visits, prescriptions, and lab results are linked to your Blue KC plan and will appear as your claims data is processed (within 30-60 days). A point summary is always available through the A Healthier You summary.

Once you have started earning points you can use them to enter into monthly gift card sweepstakes drawings through the portal. To access the drawings, click on your point total in the upper right hand corner of the portal then select which gift card you’d like to try and win.

## How You Earn Points

1. **Preventive Care Exams with Blood Work:** annual exam with CMP and CBC
2. **Condition Care Compliance:** doctor visits for specific conditions (diabetes, asthma, etc.)
3. **Health Risk Assessment**
4. **Data Tracking:** device and app integration for steps, sleep, nutrition, weight, blood pressure, glucose and workouts. Manual tracking is also available (requires daily entry).
5. **Education:** interactive digital tools and resource





The Health Savings Account can only be used when enrolled in a QHDHP plan (plans 2 & 3). Only accrued dollars can be used for incurred expenses, and expenses greater than the accrued balance can be reimbursed at a later time. This plan is not a “use-it-or-lose-it” plan. All money contributed to your HSA is yours for eligible medical, dental and vision expenses, and any unused money in the account will rollover into the following year.

**Administrator: HealthEquity**

**Tax Savings**

One of the best benefits of an HSA is that it offers triple tax savings on all contributions. This means that any HSA contribution can be made either pre-tax or is tax deductible at year-end. Any interest income or earnings on investments tied to your HSA also remain tax free. Lastly, as long as the HSA funds are used to pay for qualified health care expenses, then no taxes will be charged upon distribution.

**HSA Benefits**

- 100% of unused funds roll over year-after-year
- Portable — the HSA goes with you even if you switch employers
- Can pay for the eligible expenses of your legal spouse and tax dependents regardless of their insurance
- Can be used for Medicare premiums as well as qualified long-term care premiums

**How an HSA Works with Insurance**

The primary purpose of an HSA is to help pay any eligible out-of-pocket expenses you incur. With a QHDHP, you are responsible for paying 100% of health care costs until you meet your annual deductible. However, under a QHDHP all out-of-pocket expenses (i.e., prescriptions, doctor visits, MRI, etc.) processed through your health insurance apply to your out-of-pocket maximum defined by your health plan. After you reach the out-of-pocket maximum, all eligible expenses for the remainder of the year are paid by your insurance coverage.

**How Do You open a new HSA Account?**

If you elect the QHDHP option, you’ll be given an opportunity during the online enrollment process to elect your annual/per-pay period HSA contribution. The 2025 HSA contribution limits are listed below. Keep in mind your Cornerstones employer contributions are included in the IRS annual limit.

**Catch Up**

If you are 55 or older, you may contribute an additional \$1000 to your HSA each year.

**Penalties for Non-qualified Expenses**

Those under age 65 (unless totally and permanently disabled) who use HSA funds for non-qualified medical expenses face a penalty of 20% of the funds used for such expenses. Funds spent for non-qualified purposes are also subject to income tax.

**You are eligible to open an HSA if:**

- You are covered by the \$3,300 High Deductible Health Plan
- You are not covered by your spouse’s health plan, FSA or HSA
- You are not eligible to be covered as a dependent on someone else’s taxes
- You are not enrolled in Medicare, TRICARE or TRICARE for Life
- You have not received Veterans Administration benefits in the past 6 months

	EMPLOYER CONTRIBUTIONS	TEAM MEMBER DEFERRAL	TOTAL MAXIMUM PER YEAR
2025 CONTRIBUTION LIMIT	Individual: \$350 / Family: \$700	Individual: \$3,950/ Family: \$7,850	Individual: \$4,300/ Family: \$8,550
HSA CATCH-UP CONTRIBUTION*	N/A	\$1,000	\$1,000

\* age 55 or older

## FSA plan highlights:

- Estimate your expenses and plan carefully so that you don't leave a balance in your account at the end of the year because the use-it-or-lose-it rule does apply to both the Health Care and Dependent Care FSAs. Funds can be used for expenses incurred from January 1 through December 31.
- The FSA Grace Period allows 2025 funds to be used through March 15, 2026
- For your Dependent Care FSA, you must submit claims for reimbursement within 60 days of the end of 2025 for claims incurred during the plan year and during the grace period. All claims must be received by HealthEquity on or before March 15, 2026.
- Most over-the-counter medications are not eligible expenses unless you have a prescription from your doctor.
- Your contribution will be in effect for the entire plan year. Team members cannot stop or change their Health Care FSA or Dependent Care FSA contributions during the plan year, unless you have a qualified status change.
- Keep your receipts! Even if you use the debit card successfully, you may still be asked to submit a receipt in order to comply with IRS regulations.

For additional rules and restrictions please contact HealthEquity at [www.healthequity.com](http://www.healthequity.com) or at 866.364.5800

## Administrator: HealthEquity

A Flexible Spending Account (F.S.A.), also known as a Cafeteria/Section 125 Plan, is a separate benefit plan that allows you to direct a part of your pay, on a pre-tax basis, into a special account that can be used throughout the year to reimburse yourself for eligible out of pocket dependent care expenses or medical expenses. It is very important that you carefully predict your yearly out of pocket expenditures, as IRS rules require any unused funds to be forfeited at the end of the plan year.

### You are eligible to open and fund an F.S.A. if:

- You are not enrolled in an H.S.A. account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received Veterans Administrative Benefits.

### Do I need to enroll each year?

A new enrollment is required each plan year during your open enrollment period.

### What are the F.S.A. options and contribution limits for 2025?

#### Option 1: Healthcare reimbursement

Healthcare expenses that are not covered by insurance can be reimbursed through a healthcare reimbursement account. Examples of qualified expenses include copays, deductibles, prescriptions, eye glasses or contacts, dental services, orthodontics and more. (Maximum of \$3,300 per calendar year).

#### Option 2: Dependent care reimbursement

Dependent care costs for a child or adult can be reimbursed. Both spouses or custodial parents must be employed or full-time students and dependents must be a child under age 13 or a child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours per day in your household. (Maximum \$5,000 per calendar year).

#### Option 3: Limited reimbursement

A limited FSA can be paired with a PPO or a High Deductible Health Plan, but can only be used for dental and vision expenses only. (Maximum of \$3,300 per calendar year).

### How do I use my F.S.A.?

There are two different ways you can use the funds in your FSA.

You can use the Benefit Card instead of your own cash or credit cards to pay for eligible expenses. When you use the Benny Card, the amount of the expense is deducted from your account balance at the time of purchase. Another way to use the Benefit Card is by writing the card number on the back of the "balance due" notices you receive from hospitals, doctors, dentists or vision providers.

You may also pay for your expenses upfront using your own cash or credit cards and reimburse yourself by submitting a paper claim form. Completed claim forms and itemized receipts can be mailed, emailed, faxed or uploaded to HealthEquity. Reimbursements would then come to you in the form of either a check or direct deposit.

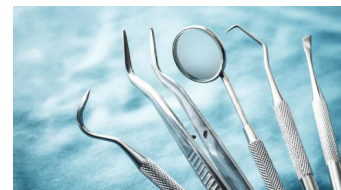
### How do I contribute to my F.S.A.?

Your contribution amount will be divided into equal pay period amounts (*based on your date of hire and remaining pay periods left in the current plan year*), beginning on your effective date and deductions will be taken from your paycheck pre-tax and deposited into your account.

### How do I change my F.S.A. contribution amount?

You may change your FSA contribution amount online in Paycom during open enrollment. For HealthCare Reimbursement your contribution amount must be determined at effective date or open enrollment. For Dependent Care you may make changes throughout the year, if you have a qualified change in status. Should this occur, please see Human Resources.

# DENTAL: DELTA DENTAL OF KS



## Dental plan highlights:

We strongly recommend you ask your dentist for predetermination of the total cost of charges. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in questions.

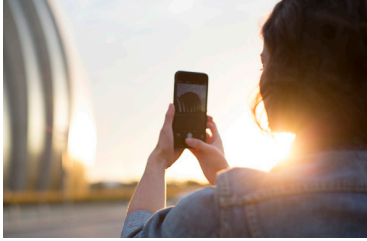
\*When using an out-of-network provider, you are responsible for all amounts over the plan's Maximum Allowable Amount. Because there is no contractual agreement between the carrier and the out of network provider, that provider may bill you for any amount deemed above usual and customary pricing that is not paid by the carrier. Usual and Customary pricing is defined as the amount of money that a particular health insurance company (or self-insured health plan) determines is the normal or acceptable range of payment for a specific dental service.

BASE PLAN	IN- NETWORK	PREMIER & NON-NETWORK
Deductible Single / Family	\$50 / \$150	\$50 / \$150
Annual maximum per person	\$1,000	\$1,000
Type A services: Preventive Exams and cleanings, Bitewing X-rays Fluoride treatment, Space maintainers, Sealants	100% No deductible	100% No deductible
Type B services: Basic restorative (Limits may apply)	80%	80%
Type C services: Major restorative (Limits may apply)	50%	50%

BUY-UP PLAN	IN- NETWORK	PREMIER & NON-NETWORK
Deductible Single / Family	\$50 / \$150	\$50 / \$150
Annual maximum per person	\$1,500	\$1,500
Orthodontia Lifetime maximum per child up to 19	\$1,000	\$1,000
Type A services: Preventive Exams and cleanings (1x per 6 months) Bitewing X-rays Fluoride treatment (up to age 19) Space maintainers (up to age 14) Sealants (up to age 16)	100% No deductible	100% No deductible
Type B services: Basic restorative (Limits may apply)	80%	80%
Type C services: Major restorative (Limits may apply)	50%	50%
Orthodontic services	50%	50%

BASE PLAN	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY
TEAM MEMBER ONLY	\$14.96	\$29.92
TEAM MEMBER + SPOUSE	\$34.13	\$68.26
TEAM MEMBER + CHILD(REN)	\$28.80	\$57.59
TEAM MEMBER + FAMILY	\$48.58	\$97.15

BUY-UP PLAN	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY
TEAM MEMBER ONLY	\$16.90	\$33.80
TEAM MEMBER + SPOUSE	\$38.54	\$77.08
TEAM MEMBER + CHILD(REN)	\$39.55	\$79.09
TEAM MEMBER + FAMILY	\$66.71	\$133.41



## VISION: EYEMED

	IN-NETWORK	NON-NETWORK	FREQUENCY
Eye exam Dilation, prescription and refraction for glasses	\$10 copay	Up to \$35 allowance	Once every 12 months
Frames	\$100 allowance	Up to \$45 allowance	Once every 24 months
Standard Corrective Lenses Single Vision Lined Bifocals Lined Trifocals	\$10 copay \$10 copay \$10 copay	Up to \$25 allowance Up to \$40 allowance Up to \$55 allowance	Once every 12 months
Contact Lenses (In lieu of frames and lenses)	\$115 allowance	Up to \$92 allowance	Once every 12 months

	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY
TEAM MEMBER ONLY	\$3.61	\$7.21
TEAM MEMBER + FAMILY	\$9.13	\$18.25



## PET INSURANCE

Cornerstones offers pet insurance with Pet Protection from Nationwide.

- Get cash back on eligible vet bills by choosing from 2 levels of reimbursement: 70% or 50%
- Same price for pets of all ages
- Use any vet, anywhere (No networks and no prior approvals)
- Optional wellness coverage, including spay/neuter, dental cleaning, exams and vaccinations
- \$250 annual Deductible
- Annual Benefit is \$7500
- Pet Insurance available for Dogs, Cats, Avian, Exotics, Birds and Reptiles.
- Preexisting conditions are excluded

Get a fast, no obligation quote today at [www.petinsurance.cornerstonesofcare.com](http://www.petinsurance.cornerstonesofcare.com) or call **877-738-7874**.



## BASIC LIFE - 100% EMPLOYER PAID

Cornerstones of Care offers a Basic Life and Accidental Death and Dismemberment insurance in the amount of \$25,000 at no cost to you. There is a benefit reduction of 35% at age 65 and an additional 15% at age 70 and an additional reduction of 20% at age 75.

## VOLUNTARY LIFE

<b>OPEN ENROLLMENT</b>	This is a true open enrollment, which means anyone (including those that have not previously had voluntary life) may enroll up to the Guaranteed Issue amount without providing proof of good health.
<b>TEAM MEMBER BENEFIT</b>	Increments of \$10,000 up to \$500,000 or 5x annual base salary (whichever is less)
<b>SPOUSE BENEFIT</b>	Available in \$5,000 increments up to a maximum of \$100,000 must not exceed 100% of team member's benefit
<b>CHILD(REN) BENEFIT</b>	\$10,000. Same flat rate regardless of number of children
<b>TEAM MEMBER GUARANTEE ISSUE</b>	\$150,000 maximum for first time enrollment (with no EOI required).
<b>SPOUSE GUARANTEE ISSUE</b>	100% of team member's benefit amount up to \$50,000 first time enrollment
<b>CHILD(REN) GUARANTEE ISSUE</b>	\$10,000
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>	In the event that death or dismemberment occurs due to an accident this policy pays additional benefits in accordance with a sliding scale base on the occurrence.

### Voluntary Life Rates Monthly Cost- Team member and Spouse

AGE	\$1,000 OF BENEFIT
UNDER 29	\$0.114
30-34	\$0.124
35-39	\$0.134
40-44	\$0.184
45-49	\$0.284
50-54	\$0.444
55-59	\$0.674
60-64	\$1.034
65-69	\$1.824
70-74	\$3.224
75 AND OVER	\$5.284

CHILD	\$1,000 OF BENEFIT
	\$0.218

Spouse rates are based on the spouse's age  
AD&D rates included



**In the Event You Need to Take a Leave of Absence:**

**You can make a request with HR**

**Note:** The HIPAA Privacy Rule established national standards to protect individuals' medical records and other personal health information.

You are encouraged not to share medical information with others in the company, including your Manager. Please only give your personal information to Human Resources.

#### **What is Life Insurance?**

Life Insurance provides for your family should you pass away. Your designated beneficiary will inherit a set sum of money after you perish.

#### **What is AD&D?**

AD&D is Accidental Death and Dismemberment Insurance which pays a benefit if you are seriously injured in an accident and lose a limb or the ability to see, hear or talk, become permanently physically disabled or if you die.

Newly hired team members and their spouses may enroll in a benefit amount up to the guarantee issue amount of \$150,000 for team members and \$50,000 for spouses with no proof of good health.



## VOLUNTARY SHORT -TERM DISABILITY

<b>BENEFIT PERCENTAGE</b>	60% of weekly income
<b>MAXIMUM WEEKLY BENEFIT</b>	\$1,500
<b>ELIMINATION PERIOD</b>	15th day after injury or onset of illness
<b>MAXIMUM BENEFIT PERIOD</b>	13 weeks
<b>PRE-EXISTING CONDITION</b>	If you were diagnosed or treated for a condition up to 3 months prior to enrolling in long-term disability or up to 12 months following enrollment, that condition will not be benefit eligible.

### Short-Term Disability Calculator

YOUR WEEKLY EARNINGS (X .60)	WEEKLY MAX BENEFIT	RATE PER \$10 OF BENEFIT (X \$0.52)	MONTHLY COST
\$500 X .60 = \$260	\$300	30 x \$0.52	\$15.60



## LONG-TERM DISABILITY - 100% EMPLOYER PAID

Long-term disability can replace a portion of your income for an extended period. Cornerstones of Care provides long-term disability for its team members through Pacific Life at no cost to you, as the team member.

<b>BENEFIT PERCENTAGE</b>	60% of monthly base salary
<b>MAXIMUM MONTHLY BENEFIT</b>	\$8,300
<b>ELIMINATION PERIOD</b>	90 Days
<b>MAXIMUM BENEFIT PERIOD</b>	Social Security Normal Retirement Age
<b>PRE-EXISTING CONDITION</b>	If you were diagnosed or treated for a condition up to 3 months prior to enrolling in long-term disability or up to 12 months following enrollment, that condition will not be benefit eligible.

# ACCIDENT

If you or one of your enrolled dependents experiences an accident and seeks medical treatment, Pacific Life pays a lump sum directly to you based on the injuries incurred and treatment received.

BENEFITS	PAID AMOUNT
Initial Treatment (Doctor's office or Urgent Care)	\$50
Initial Treatment (Emergency Room)	\$300
Ambulance	
Air	\$1,000
Ground	\$300
Follow-Up Visits (Limit 6)	\$75
Inpatient Hospital Stay	
Initial Admission	\$1,000
Per Day (365 day limit)	\$300 per day
Initial ICU Admission	\$1,000
ICU Per Day (14 day limit)	\$300 per day
Physical Therapy Visits (Limit 10)	\$20
Dislocations	Up to \$3,375
Fractures	Up to \$4,500
Lacerations	Up to \$600
Burns	Up to \$10,000
Surgery	Up to \$1,500
Accidental Dismemberment	Up to \$50,000
Accidental Death	Up to \$50,000

	EE PAYS PER PAY PERIOD	EE PAYS MONTHLY
TEAM MEMBER ONLY	\$4.40	\$8.80
TEAM MEMBER + SPOUSE	\$7.80	\$15.59
TEAM MEMBER + CHILD(REN)	\$13.60	\$27.19
TEAM MEMBER + FAMILY	\$16.99	\$33.98



Most initial care/emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

Fractures and dislocations require treatment within 90 days of an accident.

## **\$50 Wellness Benefit for each participant.**

You may be paid the benefit when you or your spouse submits proof of a covered screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more.

*Dollar amounts listed are for general estimation purposes only. Where there is a discrepancy between this table and the Accident Policy contract, the contract will prevail. Pacific Life will determine your final reimbursement amount at their discretion and based on a number of variables.*



When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover. The plan pays a lump sum benefit upon first or second diagnosis of a serious health conditions. Below is a brief list of covered diagnoses. Please refer to Paycom for a complete list of benefits.

### \$50 Wellness Benefit for each participant.

You may be paid the benefit when you or your spouse submits proof of a covered screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more.

## CRITICAL ILLNESS

BENEFIT AMOUNT	
TEAM MEMBER	\$10,000 increments up to \$30,000
SPOUSE	\$5,000 increments up to \$15,000 Not to exceed 50% of Team member Benefit
CHILD (UP TO AGE 26)	\$5,000 increments up to \$15,000 Not to exceed 50% of Team member Benefits

COVERED CONDITIONS	PAID AMOUNT
Heart Attack / Stroke / Major Organ Failure / End Stage Renal Disease / Paralysis / Occupational HIV and/or Hepatitis B, C, D / Invasive Cancer / Benign Brain Tumor/ Advanced Alzheimers / Parkinsons	100%
Coronary Artery Bypass Graft	50%
Cancer (in situ)	25%

### Monthly Rates per \$1,000 of Benefit - Team member and Spouse

AGE	RATE	AGE	RATE
25 & UNDER	\$0.375	51-55	\$1.615
26-30	\$0.465	56-60	\$2.165
31-35	\$0.575	61-65	\$3.015
36-40	\$0.755	66-69	\$4.345
41-45	\$0.975	70-74	\$6.695
46-50	\$1.265	75-99	\$9.980

\*Team member rate includes children

## HOSPITAL INDEMNITY

BENEFIT	PAID AMOUNT	DAYS PER YEAR
Admission		
Hospital	\$500	2 days per plan year
ICU	\$500	1 day per plan year
Confinment		
Hospital	\$100	10 days per plan year
ICU	\$100	5 days per plan year
Surgery		
Inpatient	\$100	2 days per plan year
Outpatient	\$50	1 day per plan year

	PER PAY	PER MONTH
TM	\$9.85	\$19.70
TM + SP	\$18.77	\$37.54
TM + CH	\$16.50	\$33.00
TM + FA	\$26.67	\$53.34



## PAID TIME OFF

### HOURLY/NON-EXEMPT TEAM MEMBERS

Time off for vacations, holidays, illnesses or personal issues requiring team member attention is available through the team member accrual of PTO. A team member begins accruing PTO on their first day of employment. Accrual is based on the number of hours for which the team member is regularly scheduled and length of employment. Part-time team members will accrue based on the team member’s regularly scheduled hours. The team member must request PTO within the time frame stipulated by the department and must obtain supervisory approval. PTO must be accrued in order to use it. PTO will not be advanced. If a supervisor reduces an team member’s hours due to census changes, the team member has the option to use PTO or take the time unpaid.

LENGTH OF SERVICE	FULLTIME * EMPLOYEE PER PAY IN HOURS	FULLTIME EMPLOYEE PER YEAR IN HOURS	FULLTIME EMPLOYEE PER YEAR IN DAYS	FULLTIME EMPLOYEE MAX ACCRUAL
0 - 12 months	4.93 hours + 3 days loaded at hire	152 hours	19 days	152 hours
13 - 36 months	7.38 hours	192 hours	24 days	192 hours
37 - 60 months	8.31 hours	216 hours	27 days	216 hours
Over 60 months	9.85 hours	256 hours	32 days	256 hours

\*Fulltime defined as 40 hours per week.

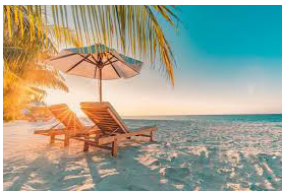
## PAID SICK LEAVE

The Cornerstones of Care Paid Sick Leave policy is designed to offer team members paid leave for a team member or their family member’s mental or physical illness, injury, or health condition, including diagnosis, treatment, and preventive medical care.

This policy applies to regular and temporary team members. Paid Sick Leave (PSL) is intended to help ensure team members have access to paid time off for short-term leave related to their own or a family member’s health. This policy does not replace other established paid time off benefits such as time away, paid time off, holidays, bereavement, jury duty, voting, etc. Cornerstones of Care reserves the right to change the Paid Sick Leave policy at any time. For more information please refer to our policies and procedures.

## EMPLOYEE SERVICE AWARDS

All team members celebrating at least one year of service are recognized for their commitment and hard work at the Quarterly Service Awards Ceremonies. Team members who have reached milestones in their years of service (milestones are in increments of five years, i.e., 5, 10, 15, 20, 25, 30, etc.) are eligible to select a milestone gift.



Team members may transfer accrued, unused PTO into their extended leave bank quarterly. To do this, complete a Request to Transfer PTO form and submit the completed form to human resources. The payroll department will reduce the PTO balance by the number of hours designated by the team member and increase the extended leave balance. Once the transfer is completed, it cannot be reversed.

### Major Holidays

New Years Day: Jan 1, 2025

Martin Luther King: Jan 20, 2025

Memorial Day: May 26, 2025

Juneteenth: Jun 19, 2025

Independence Day: Jul 4, 2025

Labor Day: Sep 1, 2025

Thanksgiving Day: Nov 27, 2025

Day Post Thanksgiving: Nov 28, 2025

Christmas Day: Dec 25, 2025



Check the status of your validation at [verizonwireless-employmentvalidation.com](https://verizonwireless-employmentvalidation.com).

Have questions? Contact your Verizon Wireless Business Specialist.

**Get a Discount of 22%**

Discount applies to most voice and data plans with a monthly account access fee of \$34.99 or higher. Monthly line access fees are not eligible for discounts. Features \$24.99 or higher may be eligible for discounts. Does not apply to unlimited plans. See plan details for more information.

## TIME AWAY

### *Salaried / Exempt Team Members*

Time off for vacations, holidays, illnesses, personal issues, or when needed is available through Time Away (TAH). TAH is not accrued, but rather requested. For team members classified as salaried or exempt, a process called “time away” will be utilized in 2025. Under this policy, the PTO accrual system will no longer apply, and team members will be able to take time off when they need it.

Under time away, team members are expected to:

- Communicate with their supervisor in advance when scheduling time off and recognize all leave requests are still subject to the appropriate approval process.
- Immediately notify their supervisor before the start of the workday when an unscheduled and unapproved absence occurs.
- Understand that, due to staffing needs, sometimes not all time away requests can be honored.
- Meet all assigned goals and deadlines prior to taking time off.
- Understand time away requests cannot exceed two weeks without additional management permission.

For questions, please refer to the Paid Holiday/Time Away resources page on the HR page of MyCornerstonesofCare.

## VERIZON EMPLOYEE DISCOUNT

As a Cornerstones of Care team member, you can save big on the best network. To register for the team member discount or to validate your employment if you're already enrolled in the program, please follow the instructions below. Two Ways to Validate

### **By Email Address**

1. Visit [verizonwireless.com/discounts](https://verizonwireless.com/discounts).
2. Enter your mobile phone number or MyVerizon user ID in the Existing Verizon Customer field.
3. Click Login and Validate by Email with your work email.

### **By Paystub**

1. Visit [verizonwireless.com/discounts](https://verizonwireless.com/discounts).
2. Enter your mobile phone number or MyVerizon user ID in the Existing Verizon Customer field.
3. Click Login and Validate by Paystub and follow the instructions to upload your paystub.

## EMPLOYEE ASSISTANCE PROGRAM

*Powered by BHS Revive and Thrive*

Cornerstones of Care knows that life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. BHS Revive and Thrive provides a free and confidential employee assistance program (EAP) to support you and your household members when life has you down.

### Services available:

- Counseling
- Consultation on:
  - Finances
  - Legal needs
  - Managing team members
  - Life
- Crisis support
- Coaching
- Adult and child care resources
- Personal and professional training
- Digital behavioral health tools

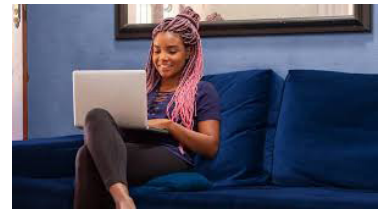
No matter the day or time, these free, confidential services are available 24/7, even on holidays. To access these benefits, download the BHS EAP mobile app, call or text, or visit their website.

## EMPLOYEE ASSISTANCE PROGRAM

*Through Pacific Life Powered by Telus*

You have choices. You also have the option of using the free EAP program through Pacific Life. Their free employee assistance program through TELUS offers you counseling, financial and legal consultations, in addition to crisis support.

[www.telushealth.com](http://www.telushealth.com)



### Contact Information:

**1.800.327.2251**

**[www.bhsonline.com](http://www.bhsonline.com)**



### TELUS HELPSTO:

- Reduce stress
- Handle a life curveball
- Cope after crisis
- Support and improve relationships
- Focus at work
- Lead others
- Navigate the legal system
- Reduce debt
- Live a healthy life

**1.800.433.7916**

# 401(K) RETIREMENT PLAN

**BOK Financial**  
**www.startright.bokf.com**  
**1.800.876.9557**

The Cornerstones of Care 401(k) retirement plan is designed to help you prepare for retirement and attain your financial goals. The 401(k) retirement plan makes it easy for you to save money on a tax-deferred basis. When you enroll in the plan, a personal account will be established with BOK Financial in your name, funded by:

- Your contributions (pre-tax and/or Roth).
- Investment earnings on both types of contributions.

Our 401(k) provider is BOK Financial. Cornerstones team members can log in to [startright.bokf.com](http://startright.bokf.com) and create an account with User ID: Social Security Number / Password: Last 4 digits of SSN plus last 2 digits of birth year

## Eligibility

Cornerstones of Care team members (full-time, part-time 30 or more hours, and PRN) become eligible to participate in the 401(k) plan on the first of the month following 30 days of employment.

## Automatic Deferrals and Automatic Increases

Any team member who has not enrolled or opted out of the 401(k) by their eligibility date will be auto-enrolled into the plan at 5% of their earnings. An rate will increase by 1% every year up to a maximum of 8%.

## Pre-Tax 401(k) Contributions

Pre-tax contributions allow you to reduce your current taxable income. In addition, any earnings on your contributions are also tax-deferred. Any contributions and earnings are fully taxable as ordinary income when you withdraw them.

## Roth 401(k) Contributions

Roth 401(k) contributions are made with after-tax money, so you see no immediate tax benefit. Any earnings from those contributions are tax-free when you take a qualified distribution.

## Cornerstones of Care Contribution Match

Cornerstones of Care is proud to offer an employer match of 2% up to 8% of a team member's deferrals for a total of 10% retirement investment.

## 2025 401(k) Plan Limits

A team member's combined elective deferrals — whether to a traditional 401(k), a Roth 401(k) or both — cannot exceed \$23,000 for tax year 2025 if a participant is under age 50.

If a participant is age 50 or more, he or she may contribute an additional \$7,500 in the form of catch-up contributions.

## Beneficiary Designation

An important aspect of estate planning is making beneficiary designations and keeping them up to date after life changes. It's generally quick and easy to assign or update your beneficiary designation by visiting [startright.bokf.com](http://startright.bokf.com). You will need to provide the name and Social Security number of each beneficiary. If your designation cannot be completed online, you will have access to a paper form and instructions.

## YOUR BUKATY SERVICE TEAM



### **KENDRA CUSICK**

**Account Manager**  
**kcusick@bukaty.com**  
**913.396.0876**

Kendra is responsible for benefit counseling, escalated claims issues, billing, ID card requests and the like.



### **RACHEL BROWNING**

**Account Manager**  
**rbrowning@bukaty.com**  
**913.258.2243**

Rachel is responsible for assisting with administrative issues including terms and enrollments, Team member COBRA concerns

**Note:** If you are unable to resolve your issues or questions with the insurance carrier, please contact your Bukaty Service Team.