



WICHITA STATE  
UNIVERSITY

INTERCOLLEGIATE ATHLETIC  
ASSOCIATION, INC.

**Summary of  
Employee Benefit Plans  
2025**

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*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. If you have questions about contracting providers or your benefits, contact your claims payer or insurance company for more information.*

*Each benefit plan may be amended or terminated at the sole discretion of Wichita State University Intercollegiate Athletic Association, Inc (ICAA). Furthermore, nothing in this Summary of Employee Benefit Plans is intended to guarantee employment of any employee with Wichita State University Intercollegiate Athletic Association, Inc (ICAA).*



## **WICHITA STATE UNIVERSITY**

Department of InterCollegiate Athletics \* 1845 Fairmount \* Wichita, Kansas 67260-0018

Dear ICAA Staff:

Our employees are one of our most important assets. We recognize the importance of your family's need for financial security, which is why we strive to offer a comprehensive benefits package.

This booklet is designed to give an overview of the various benefits plans that you can participate in. I hope you find it informative in helping to make the important decisions concerning coverage for yourself and your family.

Sincerely,

Kent Hegenauer  
Chief Financial Officer/Senior Associate Athletic Director

# Important Information

## Open Enrollment

Open Enrollment is the one time per year you may start, stop or change who is insured on your insurance plans. Any requests after Open Enrollment to start, stop or change who is insured must be due to a Qualifying Life Event listed below.

## Mid-Year Changes

After your initial eligibility date, you may only change your benefit election and covered dependents within 31 days following a Qualifying Life Event including:

- Birth or adoption of a dependent child;
- Marriage, legal separation, annulment, or divorce;
- Death of spouse and/or dependent;
- Spouse/Dependent's loss of eligibility (see above);
- Termination or commencement of spouse's employment with health care coverage offered or open enrollment;
- Employee or spouse's eligibility for Medicare.

## Who is Eligible?

**All active, full time employees regularly working at least 30 hours per week are eligible for all benefits the first of the month following 30 days.**

As an employee eligible to enroll in the group insurance plans, you may elect to enroll your dependents in some of the benefit plans.

Eligible dependents include:

- Your legal spouse;
- Your dependent child or step child up to age 26 for the medical plan.
- 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 2025, if you do not 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 WSU ICAA, and buy coverage through a Federal or State Exchange- you and your family will not qualify for a subsidy through the Exchange.
- WSU ICAA offers medical plans that meet the Minimum Essential Benefits guidelines and are deemed Affordable per Health Care Reform guidelines.
- 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](http://www.healthcare.gov).

# Medical Insurance Plans

Insured by Blue Cross Blue Shield of Kansas

Plan Year 01/01/25 – 12/31/25      Calendar Deductible 01/01/25 – 12/31/25

	Option 1 - \$1,500
Deductible	\$1,500 per person \$3,000 per family
Coinsurance	20%
Maximum Out-of-Pocket Includes deductibles, copayments, and coinsurance	\$6,350 per person \$12,700 per family
Primary Care Office Visits	\$35 Copay
Telehealth Visits	\$35 Copay
Specialist Office Visit	\$70 Copay
Routine Vision Exam	\$35 Copay - 1st routine eye exam \$70 Copay - Subsequent visits
Preventive (see certificate)	100% Covered per Health Care Reform
Outpatient Mental Illness & Substance Use Disorders	\$35 Copay
Outpatient Lab & Radiology (Includes advanced imaging)	Paid at 100% up to a combined maximum of \$300 for each covered person, each benefit period.
Outpatient Surgery	Subject to Deductible & Coinsurance
Inpatient Services	Subject to Deductible & Coinsurance
Emergency Services Emergency Room Urgent Care	\$250 Copay then Deductible & Coinsurance \$35 Copay
Ambulance (ground or air)	Subject to Deductible & Coinsurance
Lifetime Benefit	Unlimited
Prescription Drugs Generic Preferred Brand Non-Preferred Brand Specialty Non-Preferred Specialty	\$15 Copay \$50 Copay \$75 Copay \$150 Copay 20% up to \$250

*This is only a brief summary of the benefits. Refer to the BCBS summary of benefits for more detailed information.*

# Medical Insurance Plans

Insured by Blue Cross Blue Shield of Kansas

Plan Year 01/01/25 – 12/31/25      Calendar Deductible 01/01/25 – 12/31/25

	Option 2 - \$5,000 High Deductible Health Plan
Deductible	\$5,000 per person \$10,000 per family
Coinsurance	0%
Maximum Out-of-Pocket Includes deductibles, copayments, and coinsurance	\$6,350 per person \$12,700 per family
Primary Care Office Visits	100% Covered After Deductible
Telehealth Visits	100% Covered After Deductible
Specialist Office Visit	100% Covered After Deductible
Routine Vision Exam	100% Covered After Deductible
Preventive (see certificate)	100% Covered per Health Care Reform
Outpatient Mental Illness & Substance Use Disorders	100% Covered After Deductible
Outpatient Lab & Radiology (Includes advanced imaging)	100% Covered After Deductible
Outpatient Surgery	100% Covered After Deductible
Inpatient Services	100% Covered After Deductible
Emergency Services Emergency Room	100% Covered After Deductible
Urgent Care	100% Covered After Deductible
Ambulance (ground or air)	100% Covered After Deductible
Lifetime Benefit	Unlimited
Prescription Drugs	
Generic	\$15 Copay After Deductible
Preferred Brand	\$50 Copay After Deductible
Non-Preferred Brand	\$75 Copay After Deductible
Specialty	\$150 Copay After Deductible
Non-Preferred Specialty	20% up to \$250 After Deductible

*This is only a brief summary of the benefits. Refer to the BCBS summary of benefits for more detailed information.*

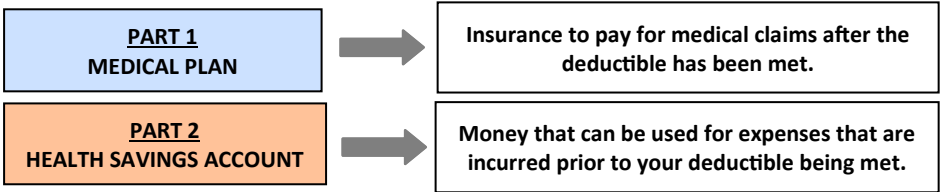
# Health Savings Account Information

If you enroll in the Option 2 - \$5,000 High Deductible Health Plan (HDHP) you will be able to open a Health Savings Account (HSA). You can open a HSA account at any bank or credit union which offers this service. You are responsible for opening your own HSA and making contributions. With an HSA, you can deposit money into your account and use the HSA money to pay for eligible medical expenses. When you do your taxes at the end of the year, it will be an “above the line” deduction, therefore your taxable income is reduced by the amount you contributed to your HSA.

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.

**\*\*Important\*\***

You should open your HSA prior to the effective date of your High Deductible Health Plan (HDHP). Medical costs incurred after your HDHP is effective, but before your HSA is established, can not be paid with money deposited in your HSA.



## HSA Advantages:

- You own the account - If you retire or leave employment the account stays with you.
- All contributions and earnings on the account are tax free.
- Balances in the account roll-over from year to year with no aggregate maximum—you do not lose the money.

## You can use money in your HSA to pay for eligible expenses including:

- |                     |                           |                              |
|---------------------|---------------------------|------------------------------|
| • Deductibles       | • Prescriptions           | • Vision Expenses            |
| • Copays            | • Dental Expenses         | • Glasses/Contacts           |
| • Coinsurance       | • Orthodontics            | • Ambulance/ER Services      |
| • Chiropractic Care | • Long Term Care Services | • Breast Pumps & Accessories |

**OTC Medications:** Written prescriptions are not required for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.

**Menstrual Care Products:** Menstrual care products, including items like tampons, pads, cup, etc. are eligible expenses under an FSA or HSA.

\*See IRS publication 502 for a full list of eligible expenses.

# Health Savings Account FAQ's

- 1. Who can have an HSA?** The individual must be:
  - Covered by a HDHP (only Option #2);
  - not covered under other health insurance;
  - not enrolled in Medicare; and
  - not another person's dependent.
- 2. Where can I open an HSA?** Many banks and credit unions offer HSA's.
- 3. When do I see the tax savings?** When you do your taxes at the end of the year, it will be an above the line deduction, therefore your taxable income is reduced by the amount you contributed to your HSA.
- 4. 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.
- 5. How much can I contribute to my HSA account?**  
**2025:** Individual Coverage - up to \$4,300 per year; Family Coverage - up to \$8,550 per year  
Age 55+ can contribute an additional \$1,000. Limits apply.
- 7. What happens if I lose my health insurance?** You may continue to use your HSA money to pay for eligible expenses, even if you do not have a qualifying health insurance plan, but you cannot keep contributing money to your HSA.
- 8. Can I use my HSA money to pay for my premiums?** HSA money can pay for health insurance premiums if you are collecting Federal or State unemployment benefits or are paying COBRA premiums.
- 9. What if I need medical care in another country?** You can use your HSA money for the same medical expenses anywhere in the world.
- 10. Can I withdraw my HSA money if I need to?** Yes, but the withdrawal is taxable and you will pay a 20% penalty for non-qualifying withdrawals.
- 11. When I die, do I lose my HSA money?** No. You can name a beneficiary to receive your HSA money.
- 12. How much does it cost to set up an HSA?** This depends on the bank or credit union you choose. Most usually have a one-time set up fee, monthly fee, debit card fees, printed check fees, and overdraft fees. Shop around for the lowest fees.
- 13. 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.
- 14. Do I need to keep any records when I use my HSA?** Although some financial institutions track 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.
- 15. What if I do not use all of 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.
- 16. Will my bank notify me if I have exceeded my allowable contribution amount?** No, it is your sole responsibility to keep track of the amounts deposited and spent from your account.

**\*Please Note: By selecting the HDHP and Health Savings Account (HSA) you may not participate in the WSU ICAA Flexible Spending Account (FSA).**



# PPO Plan Information

In a Preferred Provider Organization (PPO) health plans, employees and dependents choose their physician, other healthcare providers and dentists from a select list of contracting providers offering quality care along with substantial discounts. By receiving your care from providers who contract with your PPO network, you will receive the highest level of benefits offered by the plan. The list of contracting providers can change. You should verify that the healthcare provider is contracting with the PPO network prior to each service.

Your medical plan uses the Blue Choice PPO Network. If you choose to receive your medical care from a provider who does not contract with the Blue Choice PPO Network, you will be responsible for a higher deductible and coinsurance amounts. In addition, your benefits will be based on an “allowed” amount which is similar to the amount received by a contracting provider. A non-contracting provider can balance bill you the difference between the “billed” and “allowed” amount.

**If you receive services from a non-contracting provider, the amount you will pay could be substantially more than if you receive services from a contracting provider.**

## TO FIND CONTRACTING BCBS PROVIDERS:

1. Go to [www.bcbsks.com](http://www.bcbsks.com)
2. Under “Find a Doctor/Hospital” click on “Doctor/Hospital Search”
3. From the drop down, select “Blue Choice Preferred - Care Blue Networks” and enter your location. Or, if you log into BlueAccess first, the tool will automatically select the appropriate network.
4. Then you can search for a doctor, hospital, or other health care provider.

## BCBS Preventive Services

Consumers can receive some preventive services without any cost-sharing, meaning they will not pay deductibles, copays or coinsurance for the preventive services outlined. Preventive services must be provided by an eligible contracting provider as outlined in the member benefit description. **Preventive services are subject to change.** Please visit our website at [www.bcbsks.com](http://www.bcbsks.com) to get the latest information as it becomes available.

## 2025 BCBS Contract Changes

### Non-BlueEdgeSM with ResultsRx Formulary

#### Changes are effective at anniversary unless otherwise indicated

**Telemedicine** - Office visits provided via telemedicine are covered at 100% of the allowable charge. This is applicable to those plans that currently have an office visit copay. All other services provided via Telemedicine are subject to the same cost sharing provisions as a non- telemedicine service.

**SmartShopper** - SmartShopper delivers cost savings by empowering consumers to find cost-effective care with its digital platform and personalized consumer experience.

# Preventive services

The items listed below are services that some consumers can receive without any cost-sharing, meaning they will not pay deductibles, copays or coinsurance for the preventive services outlined. Preventive services must be provided by an eligible contracting provider as outlined in the member benefit description. **Preventive services are subject to change.**



## Preventive services for adults

- Abdominal aortic aneurysm screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Behavioral counseling to promote a healthy lifestyle in adults with cardiovascular risk factors
- Screening for anxiety disorders in adults, including pregnant and postpartum persons
- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk, and coverage for certain statins in adults 40-75 years old at increased risk of cardiovascular disease
- Colorectal cancer screening for adults 45-75 years old
- Depression screening for adults
- Type 2 diabetes screening for adults aged 35-70 who are overweight or obese
- Diet counseling for adults with high cholesterol, cardiovascular disease and diet-related chronic disease
- Counseling adults with fair skin types to reduce risk of skin cancer
- Exercise interventions to prevent falls in certain adults at increased risk for falls
- Hepatitis B virus infection screening in persons at high risk of infection
- Hepatitis C virus infection screening for adults at higher risk
- HIV pre-exposure prophylaxis (PrEP) for persons who are at high risk of HIV acquisition
- HIV screening for all adults at higher risk
- Lung cancer screening of adults of increased risk
- Routine immunizations for adults – doses, recommended ages and recommended populations vary
- Obesity screening and counseling for all adults
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculin screening in adults of increased risk
- Unhealthy drug use screening via questionnaire (does not include testing biological specimens)

## Preventive services for women including pregnant women

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- Behavioral counseling interventions for healthy weight and weight gain in pregnancy
- Breast cancer genetic test (BRCA) counseling for women at higher risk for breast cancer
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling for women at higher risk and providing of coverage for certain drugs taken for chemoprevention
- Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
- Interventions during pregnancy and after birth to promote and support breastfeeding
- Cervical cancer screening
- Chlamydia infection screening for sexually active younger women and other women at higher risk
- Contraception – select contraceptive methods, sterilization procedures, and patient education and counseling, including emergency contraceptives
- Counseling interventions for pregnant and postpartum persons at increased risk of perinatal depression
- Domestic and interpersonal violence screening and counseling for all women
- All persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

- Gonorrhea screening for all women at increased risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Human immunodeficiency virus (HIV) screening and counseling for women of higher risk
- Human papillomavirus (HPV) testing every three years for women who are 21 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Syphilis screening for all pregnant women
- Screening for preeclampsia in pregnant women and coverage for low-dose aspirin in women after 12 weeks gestation who are at high risk of preeclampsia



### Stay informed

For more information on health care and preventive services, please visit [healthcare.gov](https://www.healthcare.gov).

## Preventive Services for Children

- Congenital hypothyroidism screening for newborns
- Counseling of children and adolescents with fair skin types to reduce risk of skin cancer
- Fluoride supplementation for children without fluoride in their water source
- Fluoride varnish for infants and children
- Gonorrhea preventive medication for the eyes of all newborns
- Hematocrit or hemoglobin screening for children
- HIV screening for adolescents at higher risk
- Interventions to prevent initiation of tobacco use among school aged children and adolescents
- Iron supplements for children of certain ages at risk for anemia
- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling
- Phenylketonuria (PKU) screening in newborns
- Sickle cell screening for newborns
- Screening for major depressive disorder in adolescents
- Sexually transmitted infection (STI) prevention counseling for adolescents at higher risk
- Tuberculin testing for children at increased risk of tuberculosis

## Preventive Services for Children: Bright Future Recommendations\*

- Alcohol, drug and tobacco use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Depression screening for adolescents
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
- Height, weight and body mass index measurements for children
- Immunization vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary
- Oral health assessment for young children
- Vision screening

\*Bright Futures is a national health promotion and preventive initiative, led by the American Academy of Pediatrics.

*This is a summary of preventive services – it is not a legal document. Preventive services are subject to change. The exact provisions of the benefits and exclusions are contained in the certificate.*

Visit us at [bcbsks.com](http://bcbsks.com)



MC252 01/24



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# Get care 24/7

Telehealth services allow you to get care whenever you need it.

Blue Cross members have access to virtual care services through their own network provider or Amwell®. Amwell is convenient, affordable, private and secure.

## Virtual care options

Telehealth through Amwell isn't meant to replace your primary care provider (PCP). Amwell is designed to provide care for non-emergency services when your PCP isn't available, after hours or on the weekend.

Ask your doctor about their virtual visit options. Virtual visits are covered the same as in-office visits under your Blue Cross plan.

## Patient benefits:

- Available 24/7/365
- Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Private and secure
- No exposure to other potentially contagious patients

## When can I use it?

Consult a doctor and get prescriptions sent to the pharmacy of your choice for common conditions like:

- Cold or flu
- Sinus infection
- Fever
- Pink eye
- Rash
- Ear infection

## Behavioral health services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available through Amwell seven days a week, 6:00 a.m. to 10:00 p.m. CST.

## Can my family use Amwell?

Yes, if your spouse and/or children are covered under your Blue Cross plan.



Register for Amwell – for free!  
[bcbsks.com/telehealth](https://bcbsks.com/telehealth)

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Visit us at [bcbsks.com](https://bcbsks.com)



MC120 09/23



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# Welcome to BlueAccess®

Our secure online member portal is the gateway to your health information

With BlueAccess, you can quickly and securely:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

Registration is quick and simple

- 1 Go to [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).
- 2 Click *Register for a BlueAccess account*.
- 3 Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.  
[bcbsks.com/app](https://bcbsks.com/app)



MC371 10/22



For a complete look at your healthcare plan, log in to your BlueAccess account at [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.
  - View your copay, deductible and coinsurance amounts
  - Common medical coverage information
  - Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** | See how much we paid, what your responsibility is and what the provider write-off amount is.
- 5 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365®** | Exclusive health and fitness deals and discounts.



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## ■ FOR YOUR EMPLOYEES

Did you know that, as Blue Cross and Blue Shield members, your employees have access to exclusive discounts on gym memberships, wearables, weight loss programs and more? With Blue365, you can help make it easier and more economical for your employees to workout, eat healthy, and live well. Blue365 offers the best discounts from top brands including:



## ■ ENHANCED PERKS AT NO-COST WITH BLUE365:

- All members need to do is register at <https://www.blue365deals.com/user/register>
- Share this registration link with your employees so they can start saving today

## CHECK OUT:

<https://www.blue365deals.com/employer-solutions>  
for more information on how Blue365 can support your organization with bulk discounts

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Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are not covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal healthcare program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact your local Blue Company. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

19-0273/05

Diabetes • Prediabetes • Weight

# Don't forget nutrition care



## Enroll anytime of year for \$0/month\*

This open enrollment, make sure to keep all your health needs in mind. If you or a loved one struggle with type 2 diabetes, high blood sugar, or weight gain, it may be time to explore nutrition therapy with Virta Health.

## A virtual nutrition clinic made for real life

Instead of a one-size-fits-all diet, Virta's providers and health coaches help members eat their way to better health with a personalized nutrition plan designed for your health needs, tastes, and lifestyle. Every day, members are reversing poor health and redefining what's possible.

**"Surprisingly, I'm able to eat more of the food that I enjoy now than I ever could before I started on Virta. My Virta doctor and health coach are my dream team."**

Kenneth, Virta member<sup>3</sup>

## 10-week member results<sup>1,2</sup>

-  **18lbs** average weight loss
-  **1.0** average A1C reduction
-  **94%** stopped/reduced insulin

## The Virta difference

<b>Nutrition, not calorie restriction</b>	<i>Eat until you feel full</i>
<b>Personalized, not one-size-fits-all</b>	<i>Your plan covers your needs &amp; tastes</i>
<b>About the journey, not the judgment</b>	<i>Get caring providers and coaches</i>

Check eligibility:

[virtahealth.com/join/bcbsks](https://virtahealth.com/join/bcbsks)



Reversal on Virta is defined by reaching an A1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

1. McKenzie AL et al. JMIR Diabetes 2017.

2. For members enrolled in type 2 diabetes reversal.

3. Kenneth's quote was provided to Virta Health on 09/2022.

\* Blue Cross and Blue Shield of Kansas fully covers the cost of Virta (valued at over \$3,000) for eligible members with type 2 diabetes.

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Kansas contracts with Virta Health to provide a type 2 diabetes reversal program to members. Virta Health is unaffiliated with Blue Cross and Blue Shield of Kansas.



# FlexAccess™

## Specialty Copay Solution

## Save money on your high-cost medicines

Medicines for long-term health conditions can be expensive and hard to get when and where you need them.

FlexAccess is here to help. Blue Cross and Blue Shield of Kansas has partnered with FlexAccess to find the best copay assistance (coupon) discounts for you — meaning your medicines may be cheaper and easier to get.

### Enrollment

When purchasing certain drugs, you will be contacted by a FlexAccess team member by phone to register you in the drug manufacturer's copay assistance program to minimize your out-of-pocket expense. If you choose not to register with FlexAccess, you may be responsible for your copay without assistance.

Please note that some manufacturers do not allow FlexAccess to enroll you in the manufacturer copay assistance program on your behalf. If FlexAccess is unable to complete the enrollment on your behalf, they will provide you with the information necessary for you to self-enroll in the copay assistance program. Once you have self-enrolled, you will be asked to share your copay assistance information with your pharmacy.



### Here are some great benefits you'll gain when utilizing FlexAccess.

- **Savings:** Your copays (what you pay for medicine at the pharmacy) will almost always be \$0–\$35.
- **Peace of mind:** What you pay for your purchases through FlexAccess will count toward your deductible (what you pay before your plan starts paying). They will also count toward your out-of-pocket maximum (the most you pay in a plan year).

Visit us at [bcbks.com](https://www.bcbks.com)



BlueCross BlueShield  
**Kansas**



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# 2025 Prescription Drug Changes

- **Formulary** - The list of preferred medication is subject to change periodically. Members can obtain the most accurate prescription drug coverage information by selecting the BCBSKS ResultsRx Medication List at [bcbsks.com/drugs](https://bcbsks.com/drugs).
- **Renaming of Drug Tiers (Effective 1/1/2025):** The naming for drug tiers generic, brand, and specialty (including preferred and non-preferred levels) are changing to a tier level to match what is exhibited within the formulary.

## Medication Search

You and your doctor can search for a drug, find out if it's covered, and see if there are alternatives that cost less. It is highly encouraged that you review the formulary list to see if your current medications are covered. If a drug is not on the formulary, it will not be covered by your health plan. This publication lists many of the non-covered drugs along with alternative drugs that are covered. The list is divided into four sections; Non-covered with preferred alternatives, Standard non-covered drugs, Non-covered with over-the-counter alternatives, Non-covered due to high costs.

### TAKE THESE STEPS:

1. Go to [www.bcbsks.com](https://www.bcbsks.com)
2. Click "Prescription Drugs", then click "See if your drug is covered"
3. Click on "BCBSKS ResultsRX Medication List"
4. You can search drugs by name or scroll down for the complete drug list.



**Note: CVS Pharmacy is an OUT-OF-NETWORK pharmacy.**

## Rx Mail Order

Home delivery through Express Scripts® Pharmacy is a safe, convenient way to get your long-term medicines delivered right to your door. It may even help you save money. Plus, Express Scripts® Pharmacy offers:

- 24/7 access to a team of knowledgeable pharmacists and support staff
- Free standard delivery and Tamper-proof, unmarked packaging
- Refill reminder notices through your phone or email, whichever you prefer
- Multiple locations across the U.S., for fast processing and dispensing

### It's easy to get started:

- Go to [esrx.com/BCBSKS](https://esrx.com/BCBSKS).
- Register and create a profile.
- See your active drugs and/or send your refill order.
- Or call 1-833-599-0511

**\*Express Scripts® Pharmacy mobile app makes it easy to manage your prescriptions!**



# Dental Insurance Plan

Insured by Delta Dental of Kansas



<b>Maximum</b>	<b>\$1,500 per person per <u>calendar year</u></b>
<b>Preventive &amp; Diagnostic</b>  <b>No Deductible – 100% Payment</b>	<p><u>Oral examinations</u>: two times per Calendar year</p> <p><u>Diagnostic x-rays</u>: bitewing two times per Calendar year for dependents under age 18 and once each 12 months for adults age 18 and over</p> <p><u>Full mouth x-rays or panoramic x-rays</u>: once each 5 years</p> <p><b><u>Prophylaxis (cleanings)</u>: unlimited</b></p> <p><u>Topical fluoride</u>: two times per Calendar year for dependents under 19</p> <p><u>Space maintainers</u>: only if under age 14 and only for premature loss of primary molars</p> <p><u>Sealants</u>: once per lifetime if under age 16 when applied to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact</p>
<b>Deductible</b>	<p>\$25.00 per person per calendar year</p> <p>\$75.00 maximum per family per calendar year</p> <p>*Deductible does not apply to Diagnostic and Preventive procedures</p>
<b>Basic Services</b>  <b>After Deductible – 80% Payment</b>	<ul style="list-style-type: none"> <li>- 1 emergency examination per year by dentist for the relief of pain</li> <li>- Extractions and other oral surgery including pre &amp; post operative care</li> <li>- Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; &amp; stainless steel crowns for dependents under 12</li> <li>- Procedures for root canal treatments and root canal fillings                             <ul style="list-style-type: none"> <li>a) Includes procedures for the treatment of diseases of the tissues supporting the teeth; Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis</li> <li>b) Surgical periodontal procedures</li> </ul> </li> </ul>
<b>Major Services</b>  <b>After Deductible – 50% Payment</b>	<ul style="list-style-type: none"> <li>- When teeth cannot be restored with a filling material, provides individual crowns.</li> <li>- Bridges, partial and complete dentures, includes repairs and adjustments.</li> <li>- Implants</li> </ul>
<b>Right Start 4 Kids (RS4K)</b>	The Right Start 4 Kids by provides 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.
<b>Orthodontics</b>	Not Covered
<b>Dependents</b>	Covered up to age 26

## TO FIND CONTRACTING DELTA DENTAL PROVIDERS:

1. Go to: [www.deltadentalks.com](http://www.deltadentalks.com) and click on “Find a Dentist”
2. Select the “Specialty” and under “Your Plan” select “Delta Dental Premier” then click “Find Dentists”

Once you are logged in, you can also view your benefits, print an ID card, use the Delta Cost Estimator to estimate procedure costs & review your claims!

# Voluntary Vision Plans

Insured by Surency Life and Health

## OPTION 1 – Exam & Materials

Services	In Network Member Cost	Out of Network Allowances
<b>Vision Exam</b> with dilation as necessary Retinal Imaging	\$10 Up to \$39	\$35 N/A
<b>Contact Lens Fit &amp; Follow-up:</b> <i>(contact lens fit &amp; 2 follow-up visits are available once a comprehensive eye exam has been completed)</i>  <b>Standard-</b> spherical clear contact lenses in conventional wear & planned replacement (examples include but not limited to disposable, frequent replacement, etc.)  <b>Premium-</b> all lens designs, materials & specialty fittings other than Standard Contact Lenses (examples include toric, multifocal, etc.)	\$40  10% off Retail	\$0  \$0
<b>Frames:</b> any available frame at provider location	\$130 Allowance	\$65
<b>Standard Plastic Lenses:</b> Single Vision Bifocal Trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	\$25 \$40 \$55 \$55
<b>Lens Options:</b> Standard Polycarbonate  UV Coating Tint (Solid & Gradient) Standard Scratch-Resistance Standard Anti-Reflective Coating Standard Progressive (Add-On to Bifocal) Premium Progressive (Add-On to Bifocal) Other Add-Ons & Services	Adults: \$40 Dependents under 19: \$0  \$15 \$15 \$15 \$45 \$90 \$110 - \$135 20% off Retail Price	\$25 \$25  Not Covered Not Covered Not Covered Not Covered \$40 \$40 Not Covered
<b>Contact Lenses:</b> -Contact lens allowance includes materials only -Allowance not available if eyeglasses are elected  Conventional  Disposable  Medically Necessary	\$130 Allowance, 15% off Balance over \$130  \$130 Allowance  \$0	\$100  \$100  \$200
<b>Additional Pairs Benefits:</b>     <b>Laser Vision Correction</b> For Lasik providers call 1.877.5LASER6	40% discount off complete pair of eyeglass purchase & 15% off conventional contact lenses  15% off retail price or 5% off promotional price	N/A  N/A



# Voluntary Vision Plans

Insured by Surency Life and Health

## OPTION 2 - Materials Only

<b>Frames, Lens &amp; Options Package:</b> <i>Any frame, lens &amp; lens option available at provider locations</i>	\$200 Allowance for Frame, Lens & Lens Options, 20% off Balance over \$200	\$200
<b>Contact Lens:</b> <i>(in lieu of frames, lens &amp; options package)</i>	\$200 Allowance	\$200

- *Service frequencies are computed by calendar year, not date of service.*
- *A child is eligible for coverage under the plan if the child is under age 26.*

*Note: Generally, Medicare does not cover eyeglasses or contact lenses.*

### To find an In Network Provider:

- 1) Go to [www.surency.com](http://www.surency.com) and select "Surency Vision"
- 2) Select "Find a Provider near you"
- 3) For Option 1—Exam & Materials, select the "Insight Network"  
For Option 2—Materials Only, 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.\*\*\***



# Life and AD&D Insurance Plan

Insured by Guardian

***Paid 100% by Employer***

### Employee

Life Insurance .....150% of Annual Salary (Max \$200,000)  
AD&D.....150% of Annual Salary (Max \$200,000)

*(rounded to the next higher \$1,000)*

These benefits will be reduced 65% at age 65, an additional 25% at age 70, and an additional 15% at age 75.

# Voluntary Life and AD&D Insurance Plan

Insured by Guardian

## Employee Coverage –

The voluntary life insurance plan allows each employee the option to purchase additional life insurance coverage.

- **Guarantee Issue: \$100,000** under age 65; age 65 – 69 \$50,000; age 70+ \$10,000
- Minimum: \$10,000; Maximum: \$200,000
- Increments of \$10,000
- Matching Accidental Death and Dismemberment
- Coverage reduces 35% at age 65, an additional 25% at age 70, and an additional 15% at age 75.

## Spouse Coverage –

Coverage for spouses is also available if the employee enrolls in the voluntary life insurance plan.

- Guarantee Issue: **\$20,000** under age 65; age 65+ \$10,000
- Minimum: \$10,000; Maximum: \$200,000 (not to exceed 100% of Employee's amount)
- Increments of \$5,000
- Matching Accidental Death and Dismemberment
- Coverage reduces 35% at age 65, an additional 25% at age 70, and an additional 15% at age 75.

**\*Note- Spouse premiums will be calculated based on employee age**

## Children Coverage -

- Guarantee Issue: 14 days to 26 years
- \$10,000 benefit (not to exceed 100% of Employees amount)
- Coverage is available if the employee enrolls in the voluntary life insurance plan.
- Matching Accidental Death and Dismemberment

This benefit provides coverage for all dependent children regardless of the number of children.

## Plan Highlights:

- Will Prep Services: Provides resources to prepare wills and other planning documents.
- Enhanced AD&D Features: Child Education Benefit, Catastrophic Loss, Education & Retraining Benefit, Seatbelt & Airbag Benefit

# Voluntary Life and AD&D Insurance Plan

Insured by Guardian

EMPLOYEE & SPOUSE RATES PER \$1,000	
<30	0.0325
30-34	0.0325
35-39	0.0525
40-44	0.0775
45-49	0.1125
50-54	0.1975
55-59	0.3025
60-64	0.3125
65-69	0.5375
70-74	1.1875

ALL CHILDREN RATE TABLE	
\$10,000	\$1.13

- Rates shown are per pay period
- Spouse premiums are calculated based on Employee age
- Rates can adjust once each year on the program anniversary date at each five year age band.
- The voluntary plan is portable, includes waiver of premium, includes accelerated life benefit, and conversion is available when the insurance terminates.

Use this formula to calculate your premium:

Semi-Monthly Rate Per \$1,000	x	Benefit in \$1,000's	=	Semi- Monthly Cost
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## OPEN ENROLLMENT

You may elect coverage for you and your spouse up to the **Guaranteed Issue Amount** when you are first eligible to enroll.

For future open enrollment periods if you enrolled for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for an increase of coverage, by an electable amount up to \$50,000 not to exceed the Guarantee Issue.

Any late enrollees will have to complete a medical questionnaire (EOI).

# Online Evidence of Insurability (EOI)

Insured by Guardian

EOI's that need to be completed for **Voluntary Life Insurance**, can be completed online.

**Follow the steps below:**

1. Go to [guardiananytime.com/eoi](http://guardiananytime.com/eoi)
2. Click "Yes, I have read and agree to the Disclosure Statement"
3. Enter Group ID : 00555477
4. Select the coverages you are applying for and fill in your current and new election amounts.

**Tip:** Enter "0" for current amount if this is a new election or if this is a request to increase your short term disability or long term disability coverage.

# 3-1 Supplemental Health Plan

Insured by Guardian

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



## Critical Illness Plan

The 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

<b>Benefit Amount</b> <b>(50% reduction at age 70)</b>	<b>Employees:</b>	<b>\$5,000</b>
	<b>Spouse:</b>	<b>\$5,000</b>
	<b>Dependent Children:</b>	<b>\$2,500</b>

Covered Conditions (lump sum payments)	Illness	1st Occurrence	2nd Occurrence
	Cancer		
	Invasive Cancer	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250 per lifetime	Not Included
	Vascular		
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Arteriosclerosis	30%	0%
	Other		
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
Cancer Vaccine	\$50 per lifetime for receiving a Cancer Vaccine		
<b>Pre-Existing Condition Limitation:</b> <u>3 month look back period, 12 month exclusion period;</u> Any sickness or injury for which the insured person received treatment within 3 months prior to the effective date won't be covered for the first 12 months of the policy.			



# 3-1 Supplemental Health Plan

Insured by Guardian



## Accident Plan

Guardian's 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, on or off the job!

Emergency Care Benefits:	
Ambulance Transportation	\$100 Ground, \$500 Air
Emergency Treatment	\$150
Diagnostic Examination	\$100 per CT/MRI scan
Initial Physician Office Visit/ Urgent Care	\$50
General Treatment Benefits:	
Initial Hospital Admission	\$750
Initial ICU Hospital Admission	\$1,500
Hospital Confinement	\$175 per day, 365 days maximum
ICU Confinement	\$350 per day, 15 days maximum
Rehabilitation Facility Confinement	\$150 per day, 15 days maximum
Follow-up Physician Office Visit	\$25 up to 6 treatments
Specified Injury & Treatment Benefits:	
Fractures	Up to \$4,500
Dislocations	Up to \$3,600
Burns (2nd & 3rd Degree)	Up to \$12,000 Skin Graft 50% of burn benefit
Coma	\$7,500
Concussion	\$50
Lacerations	Up to \$300
<b>Child Organized Sport</b>	20% increase to child benefits if injury due to an organized sport
<b>Additional Benefits Include</b>	Rehab, X-Ray, Surgery, Lodging, and Family Care
<b>Wellness Benefit:</b>	\$50 per covered person, per calendar year, for completing a Wellness Screening. This would include the employee, spouse, and any covered children!

### Eligible Wellness Screenings Include:

- Routine Annual Physical
- Immunizations
- Mammography
- Fasting blood glucose test
- Chest X-ray, Colonoscopy, Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (HDL and LDL)
- Stress test bicycle or treadmill

*\*See Plan Summary for complete list.*

# 3-1 Supplemental Health Plan

Insured by Guardian



## Hospital Indemnity Plan

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

<b>Hospital Admission</b>	\$1,000 per admission to a max of 1 admission per year per insured (hospitalization due to sickness only)
<b>Hospital Confinement</b>	\$100 per day; Maximum of 15 days per year, per insured
<b>Pre-Existing Condition Limitation:</b> <u>3 month look back period, 12 month exclusion period;</u> Any sickness for which the insured person received treatment within 3 months prior to the effective date won't be covered for the first 12 months of the policy.	

### Plan Highlights:

- Portability allows the employee to take the coverage with them even if employment has ended.
- Employees over the age of 69 are not eligible to enroll in the Supplemental Health Package. After initial enrollment, Supplemental Health coverage will continue as long as an insured is actively at work.

### Exclusions include but are not limited to:

- Suicide or Self-Inflicted Injury
- Elective Surgery
- Gastric or Intestinal Bypass Services
- Cosmetic Surgery

# Long Term Disability

## Insured by Guardian

### 100% EMPLOYER PAID

- Monthly Benefit – 60% to \$10,000
- Elimination Period – 90 days
- Duration – Social Security normal retirement age
- Pre-Existing Condition – 3 months prior, 12 months after exclusion

Eligible employees will automatically be enrolled in the employer paid Long Term Disability Plan.

Along with this coverage, employees also have access to Guardian's **Employee Assistance Program**. There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Matters and is available to you and your family in connection with your group insurance from Guardian. It's confidential — information will be released only with your permission or as required by law.

### Employee Assistance Program (EAP) Consultative Services

- Telephonic Counseling – Unlimited, 24/7 consultations with master's and doctoral-level counselors
- Face-to-Face Counseling – Up to 3 visits per employee/household member per year
- Tobacco Cessation Coaching – Unlimited telephonic support and resources to assist with tobacco cessation

### Work/Life Assistance & Resources

- WorkLife Services – Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities.
- Child and Elder Care Referral – Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)

### Legal/Financial Assistance & Resources

- Legal Consultation – Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms
- Financial Consultation – Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching
- ID Theft – Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education
- Will Prep/Legal Document Preparation/Tax Consultation

### **To contact the EAP:**

Phone: 1-800-386-7055 (Available 24 hours a day, 7 days a week)

Website: [worklife.uprisehealth.com](http://worklife.uprisehealth.com) (Username – Matters; Password: wlm70101)

# Flexible Spending Accounts

Administered by Surency FLEX

The Internal Revenue Code Section 125 allows an employer to establish a salary reduction agreement for the benefit of employees. The employee's portion of the insurance premiums, eligible health care and dependent care expenses are deducted from the employee's "gross income" before taxes are calculated. The amount of taxes withheld uses the lower "net taxable income" amount. Since deductions are before taxes are calculated, the employee's taxable income is reduced. The employee's take-home pay increases because federal and state income tax, FICA and Medicare tax are not paid on the amount deducted.

**PREMIUM SAVINGS PLAN** allows you to pay for your share of the group health and dental insurance premiums on a before-tax basis. You may not stop the deductions or change how you enroll in these plans unless you have one of the below status changes.

- Termination of employment
- Spouse changes jobs
- Birth or adoption of a child
- Child no longer eligible
- Change of marital status
- Death of a dependent

Other reasons may be within the provisions of the plan. The plan administrator must approve all changes.

## FLEXIBLE SPENDING ACCOUNTS (FSA):

FSA's operate on a plan year basis. Each year you must elect to participate in the Flexible Spending Account. You estimate the amount of eligible expenses you and your dependents will likely incur, and from this amount, determine how much you would like to set aside in the Flexible Spending Account.

**MAXIMUM ANNUAL CONTRIBUTION: \$3,300 per year/per-tax**

### CARRY OVER:

**Up to \$660 (UPDATED AMOUNT)** of unused amounts in a current plan year's health flexible spending arrangement (FSA) can be "carried over" to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year. **Any amount over \$660 will be forfeited.**

**\*\*IMPORTANT INFORMATION** - You are required to re-enroll in the FSA during Open Enrollment in order to use your Carry Over funds for the following plan year. If you do not re-enroll, your remaining balance will be forfeited.

### QUICK FACTS:



- You **do not** have to be enrolled in a medical plan to participate in a FSA!
- In most cases, you can also use your FSA money to pay for expenses incurred by your spouse and dependents (up to age 26).
- You can only use your FSA money to pay for expenses which incur within the plan year.
- The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a qualified election change event.

# Flexible Spending Accounts

## Administered by Surency FLEX

Most expenses applied to the deductible, coinsurance or copay of your health benefit plan can be submitted for reimbursement. For example, your health plan contains office visit and prescription drug copays. Consider depositing money in the Flexible Spending Account so you can pay those expenses with tax-free dollars. Call **866-818-8805** or visit [Surency.com](https://www.surency.com) to view a complete list of eligible expenses.

COMMON FSA ELIGIBLE EXPENSES		
Abortion	Eyeglasses (Prescription & Reading)	Ovulation Kits
Acupuncture	Fertility Enhancement	Oxygen
Adult Diapers	Guide Dog	Physical Therapy
Alcohol/Drug Treatment	Hearing Aids (& Batteries)	Pregnancy Test Kit
Ambulance	Home Care	Prescription Glasses
Artificial Limb/Teeth	Home Improvements	Prescription Medicines
Athletic Care	Hospital Services	Prosthesis
Bandages	Hot/Cold Therapy Packs	Psychiatric Care
Birth Control Pills	Infertility Treatments	Psychoanalysis
Blood Pressure Monitors	Laboratory Fees	Psychologist
Body Scan	Lactation Expenses	Smoking Deterrents
Braille Books & Magazines	Lasik Eye Surgery	Splints & Casts
Breast Pumps & Supplies	Lead-Based Paint Removal	Sterilization
Breast Reconstruction	Learning Disability	Sunscreen (SPF 15 or over)
Capital Expenses	Lifetime Care Payments	Surgery
Car (Special Hand Controls)	Long-Term Care	Telephone (Hearing Impaired)
Catheters	Medical Conferences	Therapy
Chiropractor	Medical Information Plan	Thermometers
Contact Lenses/Solutions	Mileage for medical trips	Transplants
Contraceptives	Nursing Home	Transportation (Medical)
Crutches	Nursing Services	Vasectomy
Dental Treatment	Optometrist	Vision Exams
Denture Adhesives/Repair	Organ Donors	Weight Loss (Program Fees)
Denture Pain Relief/Cleansers	Orthodontic Fees (braces)	Wheelchair
Diabetes Testing/Supplies	Orthopedic Supports	Wig (Hair Lost Due to Disease)
Diagnostic Devices	Osteopath	X-rays/Diagnostic Testing
<b>OTC Medications:</b> Written prescriptions are not required for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.		
<b>Menstrual Care Products:</b> Menstrual care products, including items like tampons, pads, cup, etc. are eligible expenses under an FSA or HSA.		

# Flexible Spending Accounts

Administered by Surency FLEX

Burial/Funeral Expenses	Health Club Dues	Sunglasses (non-prescription)
Cosmetic Procedures	Household Help	Swimming Lessons
Dance Lessons	Illegal Treatments	Tanning
Diapers/Diaper Service	Insurance Premiums	Teeth Whitening
Electrolysis/Hair Removal	Maternity Clothes	Medicine (from Outside U.S.)
Fitness Programs	Piercings	Veterinary Fees
Future Medical Services	Nutritional Supplements/ Vitamins (Over-the-Counter)	Warranties (for Eyeglasses or Hearing Aids)
Exercise Equipment (unless prescribed)	Toiletries (Toothbrush, Toothpaste, etc.)	Weight-Loss Programs (unless prescribed)

## DEPENDENT CARE ACCOUNTS

These accounts reimburse 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 **\$5000.00** per plan year.

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 or nursery school, 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 care giver or home aide for providing eligible care.
- Any other qualified dependent care expenses as defined by the IRS.
- The debit card is not available for dependent care expenses (unless the provider has the specific capabilities)

**The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a qualified election change event.**

### Tips:

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.

# Flexible Spending Accounts

Administered by Surency FLEX

**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 . 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.



## HOW TO USE YOUR BENEFITS CARD

- 1) If purchasing multiple items, have the cashier ring up all of your items together.
- 2) When it’s time to pay, swipe your Surency Flex Benefits Card first. Select ‘credit’ and sign for your purchase. Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select ‘debit’ and enter the PIN.
- 3) All eligible expenses will be paid for from your account and deducted from your total. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
- 4) Keep your receipts in the event that further validation is needed.

## 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 Surency.com to upload your receipt.	Visit Surency.com to download a paper claim form. Complete and return to Surency.

## Online Account Access

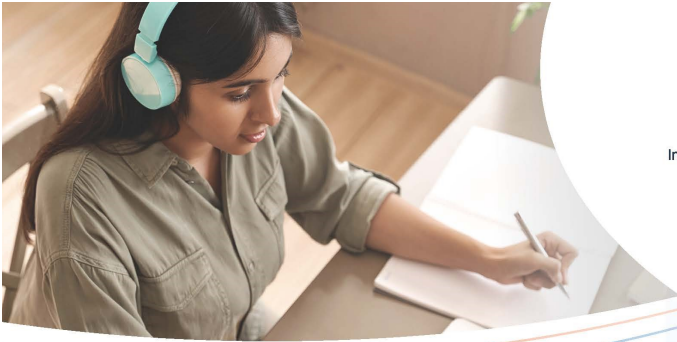
Create a Member Account at [Surency.com](https://www.surency.com) or download the mobile app!

- 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.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.

**On the Surency FLEX mobile app, you can snap photos of your receipts to submit with new or existing claims!**



# Benefit Advocate Center (BAC)



Insurance | Risk Management | Consulting

## Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

1

### Explanation of benefits

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

2

### Prescription challenges

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

3

### Benefits questions

Are you unsure if the insurance company will pay for a certain procedure?

4

### Claim issues

Did you receive a bill from a doctor but don't know why?

5

### Difficult situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

## Connect with Us

**Wichita State University  
Intercollegiate Athletic  
Association, Inc.**

Phone: (833) 295-9075

Email:

BAC.wsuofintercollegiateathleticasso  
cadvocates@ajg.com

## Hours of operation

Monday – Friday

7 a.m. – 8 p.m. Central Time

[ajg.com](http://ajg.com)

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# Notices

## Women's Health & Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Option 1 - \$1,500 (Individual: 20% coinsurance and \$1,500 deductible; Family: 20% coinsurance and \$3,000 deductible)

Plan 2: Option 2 - \$5,000 High Deductible Health Plan (Individual: 0% coinsurance and \$5,000 deductible; Family: 0% coinsurance and \$10,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 316-978-5388 or [khegenauer@goshockers.com](mailto:khegenauer@goshockers.com).

## Newborns' and Mothers' Health Protection Act

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 a 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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](http://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 **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **1-866-444-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 July 31, 2024. Contact your State for more information on eligibility –




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To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# HIPAA Special Enrollment Notice

## Wichita State University Intercollegiate Athletic Association, Inc. Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Wichita State University Intercollegiate Athletic Association, Inc. Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Kent Hegenauer - Chief Financial Officer/Senior Associate Athletic Director at 316-978-5388 or [khegenauer@goshockers.com](mailto:khegenauer@goshockers.com).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

# Notice of Creditable Coverage

Important Notice from Wichita State University Intercollegiate Athletic Association, Inc.

## About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Wichita State University Intercollegiate Athletic Association, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Wichita State University Intercollegiate Athletic Association, Inc. has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Wichita State University Intercollegiate Athletic Association, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Wichita State University Intercollegiate Athletic Association, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Wichita State University Intercollegiate Athletic Association, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Wichita State University Intercollegiate Athletic Association, Inc. changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

<b>Date:</b>	<b>January 01, 2025</b>
<b>Name of Entity/Sender:</b>	<b>Wichita State University of Intercollegiate Athletic Association, Inc.</b>
<b>Contact—Position/Office:</b>	<b>Kent Hegenauer - Chief Financial Officer/Senior Associate Athletic Director</b>
<b>Office Address:</b>	<b>1845 Fairmount St Wichita, Kansas 67260-9700 United States</b>
<b>Phone Number:</b>	<b>316-978-5388</b>



# Bi-Weekly Payroll Deductions (24 Deductions)

Beginning January 1, 2025

<u>Medical &amp; Dental Plans</u>	<u>Deductions</u>
<b>OPTION 1 - \$1,500</b>	
Employee Only	\$82.37
Employee + Spouse	\$281.28
Employee + Child(ren)	\$262.04
Family	\$452.33
<b>OPTION 2 - \$5,000 HDHP</b>	
Employee Only	\$47.80
Employee + Spouse	\$206.96
Employee + Child(ren)	\$192.00
Family	\$342.54

<u>Vision Insurance Plans</u>	<u>Deductions</u>
<b>Option 1 - Exam &amp; Materials</b>	
Employee Only	\$4.97
Employee + Spouse	\$9.73
Employee + Child(ren)	\$8.68
Family	\$13.45
<b>Option 2 - Materials Only</b>	
Employee Only	\$4.87
Employee + Spouse	\$9.54
Employee + Child(ren)	\$8.51
Family	\$13.18






<u>3in1 Supplemental Plan</u>	<u>Deductions</u>
Employee Only	\$12.78
Employee + Spouse	\$25.35
Employee + Child(ren)	\$19.20
Family	\$32.06

# Bi-Weekly Payroll Deductions (24 Deductions)


Beginning January 1, 2025

Basic Life Insurance Plan	100% Employer Paid
Voluntary Life Insurance Plan	100% Employee Paid (See page 14 for rates)
Long Term Disability Insurance Plan	100% Employer Paid

## Carrier Contacts

<div><div><b>Blue Cross Blue Shield of Kansas</b></div><div>Member Services: 1-800-432-3990</div><div>Website: <a href="http://www.bcbsks.com">www.bcbsks.com</a></div><div><ul style="list-style-type: none"><li>· Order a new ID card</li><li>· Change/switch your Primary Care Physician</li><li>· Questions regarding deductibles, coverage &amp; claims</li></ul></div><div></div></div>	
<div><div><b>Delta Dental of Kansas</b></div><div></div><div>Member Services: Local: 316-264-4511 1-800-234-3375</div><div>Website: <a href="http://www.deltadentalks.com/Subscribers">www.deltadentalks.com/ Subscribers</a></div></div>	<div><div><b>Download the Delta Mobile App!</b></div><div></div><div><ul style="list-style-type: none"><li>· Find in-network dentists</li><li>· Access your ID card</li><li>· Review claims &amp; coverage</li></ul></div></div>
<div><div><b>Surency Vision</b></div><div></div><div>Member Services: 1-866-818-8805</div><div>Website: <a href="http://www.surency.com/Members/SurencyVision/">www.surency.com/Members/ SurencyVision/</a></div></div>	<div><div><b>Download the Surency Mobile App!</b></div><div></div><div><ul style="list-style-type: none"><li>· Find in-network providers</li><li>· Access your ID card</li><li>· Review claims &amp; coverage</li></ul></div></div>
For questions about your claim, contact: EyeMed Vision Care at 1-866-939-3633	


# Carrier Contacts


<b>Surency FLEX - FSA</b>  Member Services: 1-866-818-8805  Website: <a href="https://www.surency.com/flex/fsa">https://www.surency.com/flex/fsa</a>  Email: flex@surency.com	<b>Download the Mobile App!</b>  <ul style="list-style-type: none"><li>• Check account balance</li><li>• View &amp; submit claims</li><li>• Submit receipts</li></ul>
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<b>Guardian</b>  Customer Service: 888-482-7342  Website: <a href="http://www.guardianlife.com">www.guardianlife.com</a>	
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<b>Gallagher Benefit Services</b>  Phone: 833-295-9075 Fax: 316-685-5520 Website: <a href="http://www.ajg.com">www.ajg.com</a> BAC Email: <a href="mailto:wsuofintercollegiateathleticassocadvocates@ajg.com">wsuofintercollegiateathleticassocadvocates@ajg.com</a>	 <b>Gallagher</b> Insurance   Risk Management   Consulting
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# Helpful Tools

<b>GoodRx</b>  Good Rx collects & compares prices from over 70,000 pharmacies. You can also find discounts and print free coupons.  Website: <a href="http://www.goodrx.com">www.goodrx.com</a>	<b>Download the Mobile App!</b> 
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<b>FSAstore</b>   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: <a href="http://www.fsastore.com">www.fsastore.com</a>
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**Booklet Prepared by:**



**Gallagher**

Insurance | Risk Management | Consulting