

Happy, Healthy, and Well

ANDOVER PUBLIC SCHOOLS
Employee Benefits
12/01/2017 - 12/31/2018





On your mark, get set, ENROLL!

Yes, it's that time of year again. Open Enrollment is your once-a-year chance to review all the benefits Andover Public Schools has to offer and decide what's right for you and your family.

What is Changing?

We've made changes to your benefits for 2017-2018. See what's new:

- **13 month benefit period** - Beginning 12/01/2017 through 12/31/2018, to align our benefit period with our benefit renewal date, we will have a 13 month benefit period. Beginning 01/01/2019 and forward the renewal date and benefit period will be the same.

New Additions

- **BlueCross BlueShield of Kansas (BCBSKS)** - We are excited to announce our insurance carrier is moving from Aetna to BCBSKS effective 12/01/2017.
- **Telehealth (Amwell)** - With BCBSKS coverage, you can have a live visit on your computer or mobile device with a doctor at a time that works for you. BCBSKS provides telehealth services through American Well (Amwell). It is easy to use, affordable, private and secure. The live visit is treated the same as a regular office visit.

2017 Changes to Current Benefits

- **Flexible Spending Account (FSA)** - The annual maximum contribution amount will increase to \$2,600
- **Medical premium contribution amount** - The district is increasing the employer contribution amount towards medical premiums, effective 12/01/2017.

What's not changing?

Many of our benefit programs will remain the same for 2017-2018:

Dental | Vision | Aflac | Legal | Short-term Disability | Life Insurance | KPERS | Retirement



WHO DO I CONTACT WITH BENEFIT QUESTIONS?

Employee Benefits Coordinator, Julie Rogers (316) 733-3624 or rogersj@usd385.org

We want you to be healthy, vibrant and productive so you can live the life you want. An important first step in maintaining good health or improving your health is choosing the right benefits coverage to meet you and your family's needs. The benefits enrollment period is your opportunity to review your benefit options and decide which benefits will keep you well and protected in 2017-2018.

So get ready to take advantage of your benefits by reviewing this guide. This guide offers you a quick reference and overview of benefits; we compiled this summary so you can see which benefits are best for you and your family. It is your responsibility to read and review this entire guide. Get informed. Ask questions. Take the time to attend an open enrollment meeting in person and attend a 1x1 help session. Then complete enrollment online or waive coverage. All coverage will end on December 31, 2018.

Open Enrollment Meetings:

- Monday, October 2nd at 7:00 - 8:30 PM, Andover Central High School
- Wednesday, October 4th at 4:00 - 5:30 PM, Andover High School

Enrollment 1x1 Help Sessions:

- Friday, October 6th at 12:00 - 4:00 PM, Andover District Office
- Wednesday, October 11th at 8:00 - 12:00 PM, Andover District Office



Complete enrollment through [Employee Navigator](#).

The open enrollment window starts on Monday, October 2nd and ends on Friday, October 13th.

You are responsible for completing online enrollment and turning in any required enrollment paperwork **by 4:30 PM Friday, October 13, 2017**. **If you miss the deadline, you will not be enrolled in the benefit unless due to a qualifying event as listed below.**

Qualifying Events as defined by law:

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 31 days following a qualifying event such as:

- Birth or adoption of a child
- Marriage, legal separation, annulment, or divorce
- Death of spouse and/or dependent
- Dependent's loss of eligibility
- Termination or loss of coverage due to a reduction in hours



Instructions for online enrollment through Employee Navigator

How to create an Employee Navigator account:

- Open the following URL <https://www.employeenavigator.com> in your web browser
- You have now accessed Employee Navigator's homepage
- Click the link for "Login" at the top right corner of the page
- You will be redirected to the Employee Navigator Login portal
- Then click the link "Register as a new user"
- Registration page will pop up
- Enter your first and last name
- Enter your Company Identifier number: **AndoverUSD**
- Enter the last four digits of SSN
- Enter your birth date (mm/dd/yyyy)
- Then click "Next"
- Enter all the marked fields to complete the registration process

employee
NAVIGATOR

Username

Password

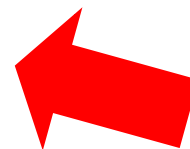
Login

[Reset a forgotten password](#)

[Register as a new user](#)

How to Access the Employee Navigator Login Portal:

- Open the following URL <https://www.employeenavigator.com> in your web browser
- You have now accessed Employee Navigator's homepage
- Click the link for "Login" at the top right corner of the page
- You will be redirected to the Employee Navigator Login portal
- Enter your username and password and click 'Log In'
- Once you have signed in, you can choose to log out at any time



Click on one of the links below (or copy the links to your web browser) for assistance on the following:

- ⇒ **Creating an employee account:** https://www.youtube.com/watch?v=RlyuY_rdhSE
- ⇒ **Enrolling in benefits:** <https://www.youtube.com/watch?v=0vFCbg3yFZo>



Who is Eligible?

Employees - All active full time employees working 30 or more hours per week are eligible to enroll. New employees are eligible the first of the month following date of hire.

Dependents - As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse
- Your dependent child or step child up to age 26
- 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 – even if the child does not reside with you

The fee for not having health insurance in 2017

The individual mandate became effective on 01/01/2014, stating if you can afford health insurance but choose not to buy it, you must pay a fee referred to as the “individual mandate.”

The fee is calculated in two different ways - as a percentage of your household income, and per person.

You'll pay whichever is higher.

- Percentage of income: 2.5% of household income
- Per person: \$695/adult, \$347.50/child (maximum of \$2,085)

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.

For 9, 10, & 11 month employees for all benefits elected, you will be required to remain on the plan during the summer months and you will pre-pay for these months of coverage through payroll deduction.

For classified employees taking the \$120-month salary in lieu of health insurance, please note that due to the health care reform, proof of group health insurance will be required during open enrollment in order for your salary in lieu payments to continue.

If you are eligible for benefits at Andover Public Schools and choose to purchase coverage through a Federal or State Exchange, you and your family will not qualify for a subsidy through the Exchange.



medical



**BlueCross
BlueShield
of Kansas**

We want to make sure we have the best provider network for our employees. That means we often compare benefit partners. We found that BlueCross BlueShield of Kansas (BCBSKS) is a better fit for Andover Public Schools than Aetna. Costs shown in the table below are for in-network services, **our network is through BlueChoice**. You can see any doctor or pharmacist, but you will pay more if you go out of network. Before you go, make sure you know how much you'll pay.

Medical Coverage	Option 1	Option 2	Option 3	Option 4
Network Benefit Period	BlueChoice 12/01/2017 through 12/31/2018			
Deductible (Individual Family)	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$3,000 \$6,000
Coinsurance (Plan Member)	80% 20%	80% 20%	80% 20%	80% 20%
Coinsurance Out-of-Pocket (Individual Family)	\$1,000 \$3,000	\$1,000 \$3,000	\$1,000 \$2,000	\$1,900 \$3,800
Maximum Out-of-Pocket (Individual Family)	\$6,350 \$12,700	\$6,350 \$12,700	\$6,350 \$12,700	\$6,350 \$12,700
HSA Qualified Plan	No	No	No	Yes
Referrals Required	No	No	No	No
Office Visit (Primary Specialist)	\$30 \$60	\$30 \$60	\$35 \$65	20% after Deductible
Telehealth (Amwell) Visit (Primary Specialist)	\$30 \$60	\$30 \$60	\$35 \$65	20% after Deductible
Preventive Care	Covered 100%, no Deductible			
Urgent Care	\$75, then 20%	\$75, then 20%	\$75, then 20%	20% after Deductible
Emergency Room	\$100, then 20%	\$100, then 20%	\$100, then 20%	20% after Deductible
Outpatient Diagnostic Lab	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Diagnostic X-Ray	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Vision Exam	Covered 100% no Deductible			20% after Deductible
Drug (Rx) Coverage	Option 1 Rx	Option 2 Rx	Option 3 Rx	Option 4 Rx
Rx Deductible (Individual Family)	\$200 \$600	\$200 \$600	\$200 \$600	Medical Deductible Applies
Generic <i>Tier 1</i> (Retail Mail Order)	\$20 \$50	\$20 \$50	\$20 \$50	\$10 after Deductible \$25 after Deductible
Preferred Brand <i>Tier 2</i> (Individual Family)	\$40 after Deductible \$100 after Deductible	\$40 after Deductible \$100 after Deductible	\$40 after Deductible \$100 after Deductible	\$25 after Deductible \$62.50 after Deductible
Non-Preferred Brand <i>Tier 3</i> (Individual Family)	\$70 after Deductible \$175 after Deductible	\$70 after Deductible \$175 after Deductible	\$70 after Deductible \$175 after Deductible	\$50 after Deductible \$125 after Deductible
Specialty (Retail Only)	20% up to \$80 after Deductible	20% up to \$80 after Deductible	20% up to \$80 after Deductible	20% after Deductible



*As of the printing of this document, Employer Contributions and Employee Contributions shown in the table below are accurate for classified and administrative groups, but are pending ratification of the Negotiated Agreement by the Andover Education Association and the Andover Board of Education for employees covered by the Agreement. If ratification is not obtained, rates will be adjusted to reflect a \$316 board contribution on all medical premiums, and employee contributions will increase to cover the remaining total premium cost.

2017 - 2018 Medical, Rx Premiums

	Enrollment Tier	Total Premium	Employer Contribution* (What the District Pays)	Employee Contribution* (What YOU Pay)
Option 1 \$1,500 Ded.	Employee Only	\$520.05	\$430.00	\$90.05
	Employee + Spouse	\$1,116.99	\$530.00	\$586.99
	Employee + Child(ren)	\$1,092.60	\$530.00	\$562.60
	Employee + Family	\$1,687.49	\$630.00	\$1,057.49
Option 2 \$3,000 Ded.	Employee Only	\$482.19	\$430.00	\$52.19
	Employee + Spouse	\$1,035.56	\$530.00	\$505.56
	Employee + Child(ren)	\$1,013.62	\$530.00	\$483.62
	Employee + Family	\$1,565.49	\$630.00	\$935.49
Option 3 \$5,000 Ded.	Employee Only	\$448.77	\$430.00	\$18.77
	Employee + Spouse	\$963.71	\$530.00	\$433.71
	Employee + Child(ren)	\$943.89	\$530.00	\$413.89
	Employee + Family	\$1,457.75	\$630.00	\$827.75
Option 4 (HSA) \$3,000 Ded.	Employee Only	\$465.65	\$430.00	\$35.65
	Employee + Spouse	\$1,000.01	\$530.00	\$470.01
	Employee + Child(ren)	\$981.50	\$530.00	\$451.50
	Employee + Family	\$1,515.86	\$630.00	\$885.86



HOW TO FIND A BCBSKS PROVIDER

Not sure if your doctor is in-network? No problem.
Visit www.bcbsks.com for the provider look up tool.

Remember our network is BlueChoice!

Or call toll-free (800) 432-3990

Maximize your benefits

- Utilize network providers to limit your out-of-pocket expenses
- Visit bcbsks.com to see a complete list of online services
- Use mail order pharmacy benefit to lower costs
- Use generic medications when possible

Telehealth continues to be a popular service for employees as it provides on-demand, 24/7, video and telephone access to affordable, quality medical care through a national network of doctors. Download the app! To find out more information about this program, go to bcbsks.com/telehealth.






dental



We are excited to continue offering our dental benefits through Delta Dental of Kansas as a way to keep your health and wellness a priority. You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. Stay in the **Delta Dental Premier** network and save!

Dental Coverage	In-network Benefit Overview
Network	Delta Dental Premier Network
Benefit Period	Calendar Year
Deductible (Individual Family)	\$50 \$150
Deductible Applies To	Type II & III
Maximum Benefit(s) Per Person	\$1,500
Type I - Diagnostic & Preventive Services	Covered 100%, no Deductible
Type II - Basic Services	20% after Deductible
Type III - Major Services	50% after Deductible
Dependent Child Age Limit	26

- DENTAL COVERAGE IS LINKED WITH -
OVERALL WELL-BEING

**DELTA DENTAL OF KANSAS
WEBSITE CAPABILITIES**

Go to www.deltadentalks.com to locate a participating Premier dentist, check plan information/claim status, print an ID card, and so much more! Or contact Customer Service at (316) 264-4511 or toll-free at (800) 234-3375.

2017 - 2018 Dental Premiums

Enrollment Tier	12 Payrolls	24 Payrolls
Employee Only	\$31.99	\$16.00
Employee + Spouse	\$63.31	\$31.66
Employee + Child(ren)	\$62.71	\$31.36
Employee + Family	\$106.50	\$53.25





vision



A clear view of your benefits helps you steer toward success, personally and professionally, and carrying vision coverage protects one of your most important senses, your sight. We will continue offering two vision plans through Surency, you can decide which plan best fits you and your family's needs!

Option 1 - Comprehensive Plan	In-network Benefit Overview
Network	Access
Frequency	Once per Calendar Year
Eye Exam Copay	\$10
Contact Lens Fit & Follow-up	Contact lens fit and two (2) follow-up visits are available once a comprehensive eye exam has been completed.
Frames	\$130 Allowance
Standard Plastic Lenses Copay	\$25

Lens Options

Standard Polycarbonate (Adult Dependent under 19)	\$40 \$0
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-resistance	\$15
Standard Anti-reflective Coating	\$45
Standard Progressive (Add-on to Bifocal)	\$65
Premium Progressive (Add-on to Bifocal)	\$65 + 80% of Retail less \$120
Other add-ons and Services	20% off Retail Price

Contact Lenses

Contact lens allowance includes materials only. Allowance not available if eyeglass lenses are elected.

Conventional	\$130 Allowance, 15% off Balance Over \$130
Disposable	\$130 Allowance



Option 2 - Materials Only Plan	In-network Benefit Overview
Network	Access
Frequency	Once per Calendar Year
Frames, Lenses & Options Package	\$200 Allowance for Frame, Lenses & Lens Options
Contact Lenses in lieu of	\$200 Allowance (Declining Balance Allowed)



2017 - 2018 Vision Premiums



Option 1 - Comprehensive Plan

Enrollment Tier	12 Payrolls	24 Payrolls
Employee Only	\$8.81	\$4.41
Employee + Spouse	\$18.50	\$9.25
Employee + Child(ren)	\$15.86	\$7.93
Employee + Family	\$29.67	\$14.84



Option 2 - Materials Only Plan

Enrollment Tier	12 Payrolls	24 Payrolls
Employee Only	\$8.11	\$4.06
Employee + Spouse	\$17.01	\$8.51
Employee + Child(ren)	\$14.59	\$7.30
Employee + Family	\$28.36	\$14.18



LOCATE A SURENCY VISION NETWORK PROVIDER

Go to www.surency.com to locate a participating vision provider.

Be sure to click on the Access Network.

Call Surency Vision at (866) 818-8805 or access their [FAQ](#) page to see answers to common member questions.



finances



Help protect what matters - you, your family and your future. We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

Voluntary Term Life Insurance & Accidental Death and Dismemberment (AD&D)	Benefits Overview		
Eligibility Requirement	Actively working a minimum of 30 hours per week		
Dependent Eligibility Requirement	Children under age 21, or 25 if a full-time student. In order for spouse and/or children to be eligible for coverage, you must elect coverage for yourself.		
AD&D Benefit Amount	Same as the life amount elected.		
Coverage Guidelines			
	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$200,000	5 times annual salary, up to \$500,000
Spouse	\$5,000	100% of employee’s benefit, up to \$50,000	50% of employee’s benefit, up to \$100,000
Children	\$2,000	100% of employee’s benefit	50% of employee’s benefit, up to \$10,000

How would you pay your bills if you were sick or injured temporarily? Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

Voluntary Short-Term Disability	Benefits Overview
Eligibility Requirement	Actively working a minimum of 30 hours per week
Elimination Period (Injury Illness)	15th Day 15th Day
Weekly Benefit	60% pre-tax weekly earnings
Maximum Benefit Period	Up to 24 weeks
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	None

WHERE CAN I GET MORE DETAILS?

Locate coverage selection and premium calculations/amounts on Employee Navigator. Also check out the additional services offered through Mutual of Omaha.



Employee benefits that put more money in your pocket! Are you making the most of your employee benefits package?

We are continuing our partnership with Discovery Benefits for our Flexible Spending Account (FSA) and Dependent Care administration to give you the opportunity to save on health care costs. Take a moment to review the options available.

Discovery Benefits (FSA & Dependent Care) Benefit Overview	
Benefit Period	12/01/2017 through 11/30/2018
FSA Maximum Contribution	\$2,600
Dependent Care Maximum Contribution	\$5,000
Eligibility Requirement	30 hours per week
Do I have to be enrolled in the district's medical plan to participate?	No. The IRS states no law prohibiting an employee from participating in a Flexible Spending Account if they are not enrolled in their company's health insurance.
Do I have to enroll/re-enroll every year?	Yes. You are <u>required</u> to enroll/re-enroll annually; if you do not elect to enroll then you will not be able to participate for the upcoming benefit year.
What if I have leftover funds at the end of the benefit period?	We allow a "grace period" after the end of the benefit period, which permits a participant to incur expenses and pay for them from their FSA funds.
What is the length of the grace period?	2 & 1/2 months for both Medical FSA and Dependent Care FSA
When and why do I need to substantiate Benefits Debit Card transactions?	Due to IRS regulations, certain Benefits Debit Card transactions need to be substantiated. Substantiating means validating the transaction to ensure the card was used for IRS approved items/services within the allowed time frame.

Make sure you take the time to inform yourself on how these benefit offerings work. The links below will take you to important information to help you confidently navigate what is best for you and your family in the upcoming benefit year.

Account Login: Order additional debit cards (at no cost), file a claim, upload receipts, check account balances, enroll in direct deposit, find a form, pay the provider, etc.

FSA Calculator: Take the guesswork out of FSA contributions.

Eligible Expenses: Find out what expenses are eligible, you may be surprised!

FSA Store: A true place where you can shop and save.

Common Questions: Because you're not the only one who has them.

Employee Videos: Looking for FSA 101? Click this link.

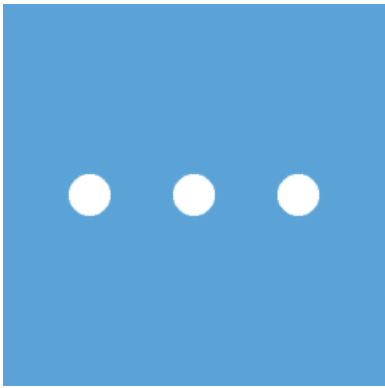
Mobile App: This FREE mobile app gives you the power to manage your benefits anytime, anywhere.

STILL HAVE QUESTIONS?

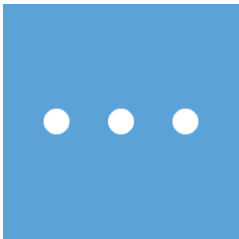
Call (866) 451-3399

M-F from 6 AM - 9 PM CST

Prefer not to call? No problem! Go to www.discoverybenefits.com/contact
and choose from live chat, email, fax, or mail.



supplementary



You can win the battle against a critical illness, but can you handle the added costs? Our group critical illness plan through Aflac helps prepare you for the added costs of battling a specific critical illness.

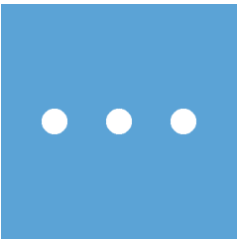


Aflac Critical Illness Plan Benefit Overview				
Illnesses 100% Covered	Cancer, Heart Attack, Stroke, Major Organ Transplant, Reneal Failure			
Annual Wellness Benefit	\$50 per Calendar Year for Employee and Covered Spouse			
	Monthly Premiums			
	Non-Tobacco Users		Tobacco Users	
	Employee \$10,000	Spouse \$5,000	Employee \$10,000	Spouse \$5,000
Age Bands				
Ages 18-29	\$5.45	\$3.60	\$7.95	\$4.85
Ages 30-39	\$8.55	\$5.15	\$13.45	\$7.60
Ages 40-49	\$15.55	\$8.65	\$30.75	\$16.25
Ages 50-59	\$26.68	\$14.22	\$51.75	\$26.75
Ages 60-69	\$41.75	\$21.75	\$81.75	\$41.75

Do you know how much a trip to the emergency room could cost you? You don’t budget for accidents if you’re like most people. Our accident insurance plan through Aflac provides 24 hour benefits to help cover the costs of unexpected medical bills.



Aflac Accident Plan Benefit Overview	
Annual Wellness Benefit	\$60 per Calendar Year for Employee and Covered Spouse and/or Child(ren)
Hospital Benefits	Refer to Brochure on Employee Navigator for Details
AD&D	Refer to Brochure on Employee Navigator for Details
Major Injuries	Refer to Brochure on Employee Navigator for Details
Specific Injuries	Refer to Brochure on Employee Navigator for Details
Additional Benefits	Refer to Brochure on Employee Navigator for Details
	Monthly Premiums
Employee	\$16.21
Employee + Spouse	\$23.19
Employee + Child(ren)	\$30.90
Employee + Family	\$37.88



Does your major medical insurance cover all of your bills? Even a small trip to the hospital can have a major impact on your finances. Our Hospital Indemnity HSA-compatible plan can help cover expenses and protect your savings.



Aflac Hospital Indemnity Plan Benefit Overview	
Hospital Admission	\$1,000
Hospital Confinement	\$250 per Day
Hospital Intensive Care	\$250 per Day
	Monthly Premiums
Employee	\$23.70
Employee + Spouse	\$46.60
Employee + Child(ren)	\$33.70
Employee + Family	\$56.65

How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$500), and Hospital Confinement (\$250 per day).

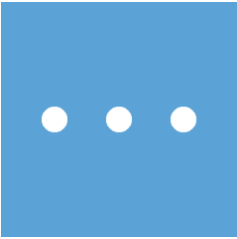


WE’VE GOT YOU
UNDER OUR WING.



Questions? Curiosity? Need help filing a claim? No problem! Our dedicated Aflac representative is here to assist. Contact Saida Sosa today!
Saida_Sosa@us.aflac.com or by phone at (316) 554-4990





The LegalShield Membership Includes Services:

1. Legal Advice - Unlimited legal issues, personal, business & pre-existing
2. Letters/calls made on your behalf
3. Contracts and documents reviewed (up to 10 pages)
4. Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
5. Moving Traffic Violations
6. Trial defense including Pre-Trial & Trial Representation (on the job, criminal, or civil)
7. 25% Preferred Member Discount (Divorce, Bankruptcy, Criminal Charges, Other Matters,)
8. 24/7/365 Emergency Access (limited matters)
9. Online Legal forms
10. Member Perks (shopping discounts)

Individual or Family Monthly Cost:

\$15.95

The IDShield Membership Includes Services:

1. Full Service Restoration - Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.
2. Privacy Monitoring – Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
3. Security Monitoring – SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking.
4. Consultation – Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Individual or Family Monthly Cost:

\$18.95

Both Services (LegalShield & IDShield Combined) Monthly Cost:

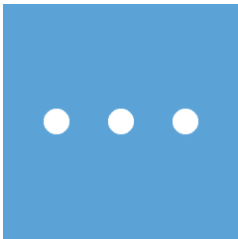
Individual: \$24.90

Family: \$30.90

Bob Pilcher bobbilcher58@gmail.com

Employee Group Benefits & Security Specialist

(620) 965-2545 office | (316) 215-5100 mobile



403(b) & 457(b) Retirement Plans

Will you have enough money when you want to retire? It is important to start saving now.

Brought to you by the Omni Group, USD 385 has adopted a 403(b) Plan that meets the regulations of Section 403(b) of the Internal Revenue Service code. The 403(b) Plan allows employees to contribute money on a pre-tax basis to approved investment companies for retirement. *You may start, stop, or change coverage elected throughout the year.*

Omni provides a Participant Website at www.omni403b.com. The website features step by step instructions to guide you through all of the features and options. **Note:** Elections are offered through the Omni website link; this plan will not be provided through the Online Employee Navigator.

Omni makes it easy for you to:

- Obtain vendor contact information
- Make changes to the amount of your deferral elections
- Make changes to your vendor(s)
- Request vouchers for hardship withdrawals
- Request vouchers for contract exchanges

The website is available 24 hours a day, 7 days a week.

If you do not have Internet access, have questions regarding the website or want to make a request, contact Omni Customer Service, or you may contact the District Business Office.

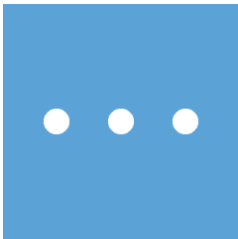
Omni Customer Service:

Customer Service **(877) 544-6664**, from 7:30 a.m. to 8 p.m. Eastern Time, Monday through Friday.
For prompt assistance, please have your social security number and date of birth available.

457(b) Retirement Plan

USD 385 has adopted a 457(b) plan. Vendors are: Fidelity Investments and Waddell & Reed.

Approved 403(b) Plan Vendor List			
American Century Services, LLC	(800) 345-3533	Lincoln National	(877) 275-5462
American Fidelity Assurance Company	(800) 662-1113	National Life Group (LSW)	(800) 732-8939
Ameriprise Financial Services, Inc.	(800) 297-2012	Voya Financial (Reliastar)	(855) 663-8692
Aspire Financial Services, Inc.	(866) 634-5873	MetLife	(800) 638-5433
AXA Equitable	(800) 628-6673	Midland National Life Insurance	(866) 270-9564
Fidelity Management Trust Co.	(800) 544-4774	North American Company for Life & Health	(800) 800-3656
Franklin Templeton Investments	(800) 632-2301	Oppenheimer Funds	(800) 835-7305
Great American Financial Resources Inc.	(800) 854-3649	Security Benefit Group of Companies	(800) 888-2461
Horace Mann Companies	(800) 999-1030	Vanguard	(800) 523-1036



KPERS - Kansas law requires that all eligible employees must become members. As an active member you contribute a percentage of your gross earnings.

KPERS 1 Benefits Members hired before July 1, 2009

Contribution Amount: As a KPERS 1 member you contribute 6% of your income (5% for 2014 and 4% for 2013 and before). *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: If you became a member before July 1, 1993, your contributions earn 8% interest. On or after July 1, 1993, your contributions earn 4% interest. Source: <http://www.kpers.org/active/kpers1.html>

KPERS 2 Benefits Members hired July 1, 2009 through December 31, 2014

Contribution Amount: As a KPERS 2 member you contribute 6% of your income. *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: Your contributions earn 4% interest. Source: <http://www.kpers.org/active/kpers2.html>

KPERS 3 Benefits Members hired January 1, 2015 and after

Contribution Amount: As a KPERS 3 member you contribute 6% of your income. *Kansas law does not allow you to borrow from your contributions.*

Earning Interest: Your contributions earn 4% interest annually (paid quarterly). There is also a possibility of additional interest, depending on KPERS' investment returns.

Your Retirement Credits: You earn retirement credits while working. They are based on a percentage of your pay and the number of years you've worked. You receive these credits quarterly and your annual credit rate increases the longer you work. **They can only be used at retirement.**

Years You've Worked	Annual Credit Rate
< 5 years	3% of your pay
5-11 years	4% of your pay
12-23 years	5% of your pay
24+ years	6% of your pay

Source: <http://www.kpers.org/active/kpers3.html>

Basic Life and Death Benefits for Active Members: You have basic group life insurance equal to 150 percent of your annual salary. Your employer pays for the cost of this benefit. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Long Term Disability Benefits for Active Members: If you become disabled, you may qualify for a disability benefit based on 60 percent of your annual salary. You must be disabled for 180 days and no longer receive employer compensation. You must apply for Social Security benefits and complete any appeal process.

Job Related Death Benefit: If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50 percent of your final average salary, less any Workers' Compensation. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Optional Group Life Insurance (OGLI) for Active Members, Spouse and Children: This is an addition to the coverage that is already provided to you just by being a KPERS member. The cost of the life insurance is paid by the employee. As of January 2016, your employer will offer member, spouse, and child OGLI coverage.

Coverage Amount	Cost to Employee Participant	Who is Eligible?
\$10,000	\$1/month – Covers all children in family	Children up to age 26
\$20,000	\$2/month	Children up to age 26

Contact information: (888) 275-5737 | Fax (785) 296-6638 | Email kpers@kpers.org | Website: www.kpers.org



miscellaneous



Andover Advantage Foundation

The foundation is a non-profit, tax-exempt corporation, which directly benefits the students of the Andover School District. Andover District employees have a unique opportunity to contribute directly to the Academic Advantage Grant program through payroll deduction. All donations through the payroll deduction program are tax-deductible and go directly into the Academic Advantage Grant Fund.

Andover Education Association (AEA)

The association is the bargaining unit for teachers of USD 385 and protects the rights of educators and support personnel. Also, the AEA and the KNEA provide \$1 million in liability insurance. AEA membership is handled annually by the Association at the beginning of the year. The district will provide payroll deductions for the member dues at the direction of the Association. If you have any questions regarding association membership, please contact Gina Miller at 316-218-4610 or millerg@usd385.org

United Way

United Way of the Plains is a local, volunteer-driven organization. United Way brings the community together to address critical issues such as care for the elderly, youth at risk, disaster relief and more.

Direct Deposit

Direct deposit is required for all employees. Employees that do not have a bank account will be issued a pay card (debit card) for payroll purposes. Sign up for this service can be completed at the district office.

Leave

The district offers all employees who qualify, leave days. See your Classified Handbook or Negotiated Agreement for more information.

Notices

Reference our “Notices Packet” located in Employee Navigator for the most up to date benefit notices.



This Benefit Guide was prepared by IMA, Inc. Please consult your certificates/policies for complete plan provisions and limitations. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide were taken from various summary plan descriptions and plan information. While every effort was taken to accurately report your plans, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources