



Benefits Guide

October 1, 2026 – September 30, 2027

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

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire
- ▶ If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid) benefits.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2026.

Choose Carefully!

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

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical



We're proud to offer you a choice of medical plans. The following is a high-level overview of the coverage available.

Key Medical Benefits	BCBS Option A	BCBS Option B	BCBS Option C	BCBS Option D
	In-Network Only	In-Network	In-Network	In-Network
Deductible (per plan year)				
Individual / Family	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$5,000 / \$10,000
Coinsurance (% paid by member)	40%			0%
Coinsurance Maximum	\$2,000 / \$4,000			See Out-of-Pocket Maximum
Out-of-Pocket Maximum (per plan year)				
Individual / Family	\$6,350 / \$12,700			\$6,350 / \$12,700
Covered Services				
Office Visits (physician/specialist)	1st 5 visits: \$30 copay PCP / \$60 Specialist All other visits subject to Deductible & Coinsurance			Subject to Deductible
Virtual Visits	No charge			Subject to Deductible
Routine Preventive Care	No charge			No charge
Outpatient Diagnostic (lab/X-ray)	Subject to Deductible & Coinsurance			Subject to Deductible
Complex Imaging	Subject to Deductible & Coinsurance			Subject to Deductible
Emergency Room	\$250 copay plus Deductible & Coinsurance			Subject to Deductible
Urgent Care Facility	Subject to Office Visit Copay			Subject to Deductible
Inpatient Hospital Stay	Subject to Deductible & Coinsurance			Subject to Deductible
Outpatient Surgery	Subject to Deductible & Coinsurance			Subject to Deductible
Prescription Drugs				
Retail Pharmacy (30-day supply)				
Prescription Deductible	\$100 / \$200			Subject to Medical Deductible then:
Tier 1	\$15 copay; Rx deductible waived			\$15 copay
Tier 2	Greater of 40% or \$30 after Rx deductible Greater of 60% or \$50 after Rx deductible			\$50 copay
Tier 3				\$75 copay
Tier 4	N/A			\$150 copay
Tier 5	N/A			20% to \$250 max
Mail Order (90-day supply)	2.5 x Retail			2.5 x Retail

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Health Savings Account

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-advantaged savings account that offers a way for members to pay for current health expenses and to save for future qualified health expenses. You must be covered by a high-deductible health plan (HDHP) to take advantage of an HSA. Option D of your BCBS health insurance is a qualified HDHP and would allow you to set up an HSA account if you enroll in this option.

Tax Benefits

After-tax contributions to an HSA, up to the yearly limits put in place by the IRS, are fully deductible. Earnings and distributions for qualified medical expenses are tax free. Consult with your tax or legal professional for guidance.

How much can I contribute to my HSA?

The maximum allowed for 2026 is \$4,400 for single coverage and \$8,750 for family coverage. The maximum allowed for 2027 is \$4,500 for single coverage and \$9,000 for family coverage. Account holders who will be age 55 or older (and not on Medicare) by the end of the year can contribute an additional \$1,000 "catch-up" contribution to their HSA.

Where can I enroll in a HSA?

Contact your personal financial institution about setting up a Health Savings Account.

Telehealth



Connect anytime, anywhere with Blue Cross Blue Shield Telemedicine. Healthcare professionals available for live visits on your computer or mobile device at a time that works for you.

- When do you use telemedicine? You can use it for common conditions like:
- Cold/Flu
 - Fever
 - Rash
 - Sinus infection
 - Pink eye
 - Ear infection
 - Mental help

Download the ‘Amwell’ app to any mobile device, sign-up at bcbsks.com/telemed or call 1-844-SEE-DOCS.

EAP



When you or a household member need trusted, professional help, **empac** is just a phone call away. For more than 40 years, **empac** has been helping employees thrive in their personal and professional lives by providing caring and compassionate support.

- Free, confidential, empac services include:**
- 6 phone, video, or in-person sessions per household per year for personal and professional needs such as:
- Stress, depression, anxiety
 - Family and parenting concerns
 - Marital and relationship challenges
 - Workplace conflicts
 - Alcohol or drug dependency
 - Grief and loss

- WorkLife Services**
- Financial consultation and resources for debt management and consolidation, identity theft, budgeting, and credit report information.
 - Legal consultation with an attorney for issues relating to family law, estate planning, traffic citations, landlord conflicts, and many others. Discounted legal fees.
 - Dependent care resources and referrals.
 - Elder care resources and referrals.
 - Self-help resources on a variety of topics via a member only website.
 - Monthly newsletters for employees and supervisors.

Get started. Make your free appointment.
316.265.9922 | 800.234.0630 | txt 316.710.7374
empac-eap.com

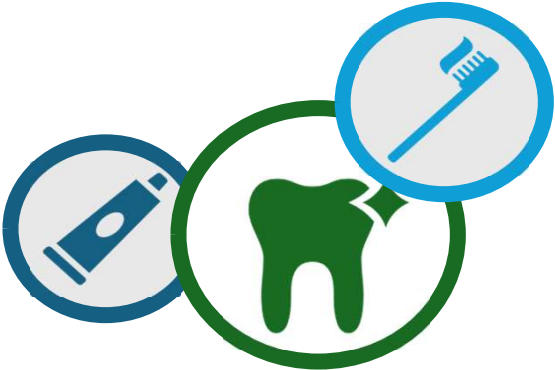


Dental



USD 263 Mulvane is proud to offer you dental coverage through Delta Dental of Kansas. The following is a high-level overview of the coverage available.

Key Dental Benefits	All Participants	Right Start 4 Kids SM Children 12 and under
Deductible (per plan year)		
Individual / Family	\$25 / \$75	No Cost
Benefit Maximum (per plan year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
	No Cost (Deductible does not apply)	No Cost
Preventive Services	• Oral examinations • Dental imaging • Fluoride (under age of 21) • Prophylaxis • Space maintainers • Sealants (subject to limitations)	
	20% (after Plan Year Deductible has been met)	No Cost
Primary Services	20% (after Plan Year Deductible has been met) • Inlays • Simple extractions • Repair of dentures • Fillings • Emergency treatment for pain • Endodontics • General anesthesia • Periodontics (non-surgical) • Non-surgical care or acute oral infection and oral lesions • Oral surgery	
	50% (after Plan Year Deductible has been met)	No Cost
Major Services	50% (after Plan Year Deductible has been met) • Periodontal surgery • Surgery of bony structure supporting teeth • Bridges • Onlays • Crowns • Dentures, full or partial • Dental implant services (\$1,000 lifetime max per insured, per arch)	
Orthodontia	Not covered	



Cost of Benefits

Below are the monthly deductions for Medical and Dental benefits. The premiums listed above reflect your monthly contribution after the district contribution: \$450 Employee Only; \$525 Employee/Spouse, Employee/Child(ren) and Family.

	Medical				Dental
	Option A	Option B	Option C	Option D	
Employee Only	\$123.96	\$104.06	\$89.55	\$69.80	\$37.45
Employee + Spouse	\$699.12	\$656.33	\$625.15	\$582.68	\$74.15
Employee + Child(ren)	\$629.19	\$588.86	\$559.47	\$519.45	\$72.99
Family	\$1,279.35	\$1,216.13	\$1,170.06	\$1,107.33	\$124.40

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical and Prescription	Blue Cross Blue Shield of Kansas	800.432.3990	www.bcbsks.com
Dental	Delta Dental of Kansas	800.234.3375	www.deltadentalks.com

Questions?

If you have additional questions, you may also contact:

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DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

