



2026 Employee Benefits

Enrollment Guide

Choose your 2026 benefits

New employees and current employees who experience a qualifying life event have 30 days from the date of hire or change to sign up for benefits. All employees who work 0.5 FTE or more are eligible for benefits.

Esta guía de inscripción de beneficios está disponible en español en la página web de Benefits Connection en KansasHealthSystemBenefits.com.

TAKE CARE OF



YOU



Visit [KansasHealthSystemBenefits.com](https://www.kansashealthsystembenefits.com) for full details.

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Investing in you!

Our people are vital to our success as an organization. And as the best health system in our region, we are especially committed to keeping our employees and their families healthy. To support you in all aspects of your work and life, we are pleased to offer a comprehensive, competitive benefits package.

We invest in these benefits with you and your family in mind, continually enhancing them to meet the diverse needs of more than 30,000 plan members. When it comes to your health, we are committed to providing affordable access to exceptional care and comprehensive services. As healthcare costs rise nationwide, we remain dedicated to covering the majority of these expenses.

We encourage you to take full advantage of this investment and thoughtfully consider your needs for 2026. Our benefits experts are here to help you select the options that best support your physical, mental and financial well-being.

As you prepare for benefits enrollment, remember to:

- Know your benefits — bookmark the Benefits Connection website, **[KansasHealthSystemBenefits.com](https://www.kansashealthsystembenefits.com)**, and see the full list of benefits available to you on pages **6-7** of this guide.
- Meet one-on-one with a benefits specialist to get your questions answered and complete your enrollment.
- Lean on your benefits team — they are available by phone and email to answer your questions (see inside back cover).

We value you and are grateful you are part of our team. Thank you for all you do for our patients, community and each other.



**Tammy Peterman,
MS, RN, FAAN**

President, Kansas City Division
Executive Vice President,
Chief Operating Officer and
Chief Nursing Officer



Jeff Risinger

Senior Vice President
Chief Human Resources Officer

About this guide

Sign up for 2026 benefits

This guide highlights the choices available and actions needed when you sign up for benefits. It is not a comprehensive benefits guide. For a complete list of benefits, see [pages 6-7](#). For full details on all benefits, visit and bookmark the Benefits Connection website at [KansasHealthSystemBenefits.com](https://kansashealthsystembenefits.com).

Benefits that **require your action now** and described in this guide include:

- ✓ Medical coverage, which includes prescription coverage
- ✓ Dental coverage
- ✓ Vision coverage
- ✓ Pretax savings accounts (HSA and FSAs)
- ✓ Life and accidental death and dismemberment
- ✓ Short- and long-term disability insurance
- ✓ Hospital indemnity, accident and critical illness insurance
- ✓ Identity theft protection
- ✓ Prepaid legal services

You'll be making important decisions about the benefits that best meet your health, financial and life needs. The benefits team is here to help — you can reach them using the resources listed on the **inside back cover** of this guide.

Benefits at a glance

As the leading health system in our region, we are especially committed to supporting and promoting the physical, mental and financial well-being of our employees and their families. That’s why the health system invests in a comprehensive benefits package that supports your needs at whatever stage you’re at in your life and career.

The best place to find details about your benefits is always the Benefits Connection website: **KansasHealthSystemBenefits.com**. Here is a list of all benefits offered by the health system:

✓ Benefits you need to act on during your enrollment window

Health and wellness

- ✓ Medical coverage
- ✓ Prescription drug coverage
- ✓ Dental coverage
- ✓ Vision coverage
- Hearing aid discounts for vision plan members
- Vision discounts
- Wellness
- Live tobacco-free

Mental health

- EAP (Employee Assistance Program)

Financial well-being

- Retirement
- ✓ Pretax savings accounts (HSA and FSAs)
- ✓ Life and accidental death and dismemberment insurance
- ✓ Disability insurance
- ✓ Hospital indemnity insurance
- ✓ Accident insurance
- ✓ Critical illness insurance
- ✓ Identity theft protection
- ✓ Prepaid legal services
- Pet insurance
- Auto and home insurance

Financial well-being (continued)

529 education savings plan

Student loan management

Personal financial coaching

Financial wellness tools

Financial tools just for healthcare workers

Financial banking partners

Estate planning

Travel assistance

Funeral planning services

Bereavement services

Workers' compensation

Home and career

Paid time away

Holidays

Leave of absence

Back-up family care

Family care discounts and support

Perks For You discounts

Tuition support

Certification cash rewards

TIP

Information at your fingertips

Get to know all your benefits on the Benefits Connection website and share the link with your family; no login is needed. Bookmark this site and use it year-round to make the most of your benefits.



Eligibility

Who's eligible

You can add eligible dependents to many health system benefits. Just have their full name, date of birth and Social Security number ready when you sign up. See page 29 for instructions to enroll.



Legal spouse. You may be required to pay a surcharge if your spouse has access to other medical benefits through an employer. See page 13.



Children under age 26, born to or lawfully adopted by you or your spouse, and/or a child for whom you or your spouse is the legal guardian.



Disabled children age 26 or older, born to or lawfully adopted by you or your spouse, who are incapable of self-support, provided the disability began before age 26.



A child for whom healthcare coverage is required through a qualified medical child-support order or other court or administrative order.

Confirming dependent eligibility

The health system requests documents confirming that dependents are eligible to receive benefits. This applies to all benefits where a dependent is named, including medical, dental, vision and life insurance. This helps keep benefit costs as low as possible — ineligible dependents increase costs, which impacts premiums.

After enrollment, you will be asked for documents to confirm your dependent is eligible to receive coverage. Here is what you will need:

- **For spouse:** marriage certificate and most recent year's tax return(s)
 - Those covering their spouse on a medical plan will need to complete a verification form about your spouse's employment.
- **For child(ren):** birth certificate or adoption decree

Medical coverage

As you consider what kind of medical coverage best meets the needs of you and your family, it's important for you to understand your costs.

The majority of your premiums and medical plan cost is paid for by the health system.

You share in healthcare costs in **five ways:**

1

Premiums

The amount you pay for your health insurance, taken out of your paycheck before taxes. The health system pays most of the premium.

2

Copays

The set amount you pay for doctor visits and prescriptions. The Signature Plan uses primarily copays.

3

Deductibles

The amount you pay for covered services before your insurance starts to help out. Consider what's available in your personal budget to cover deductibles. See how a pretax savings account can help on [page 24](#).

4

Coinsurance

The percentage you pay for doctor visits, prescriptions and other services after your deductible is met. The HSA Advantage Plan uses primarily coinsurance and deductibles.

5

Out-of-pocket maximum

The most you will pay in a calendar year for covered medical care and prescriptions.

TIP

Free preventive care

Preventive care services — like your annual physical and certain screening exams — are covered 100%.

Medical coverage

Your choice of medical plans

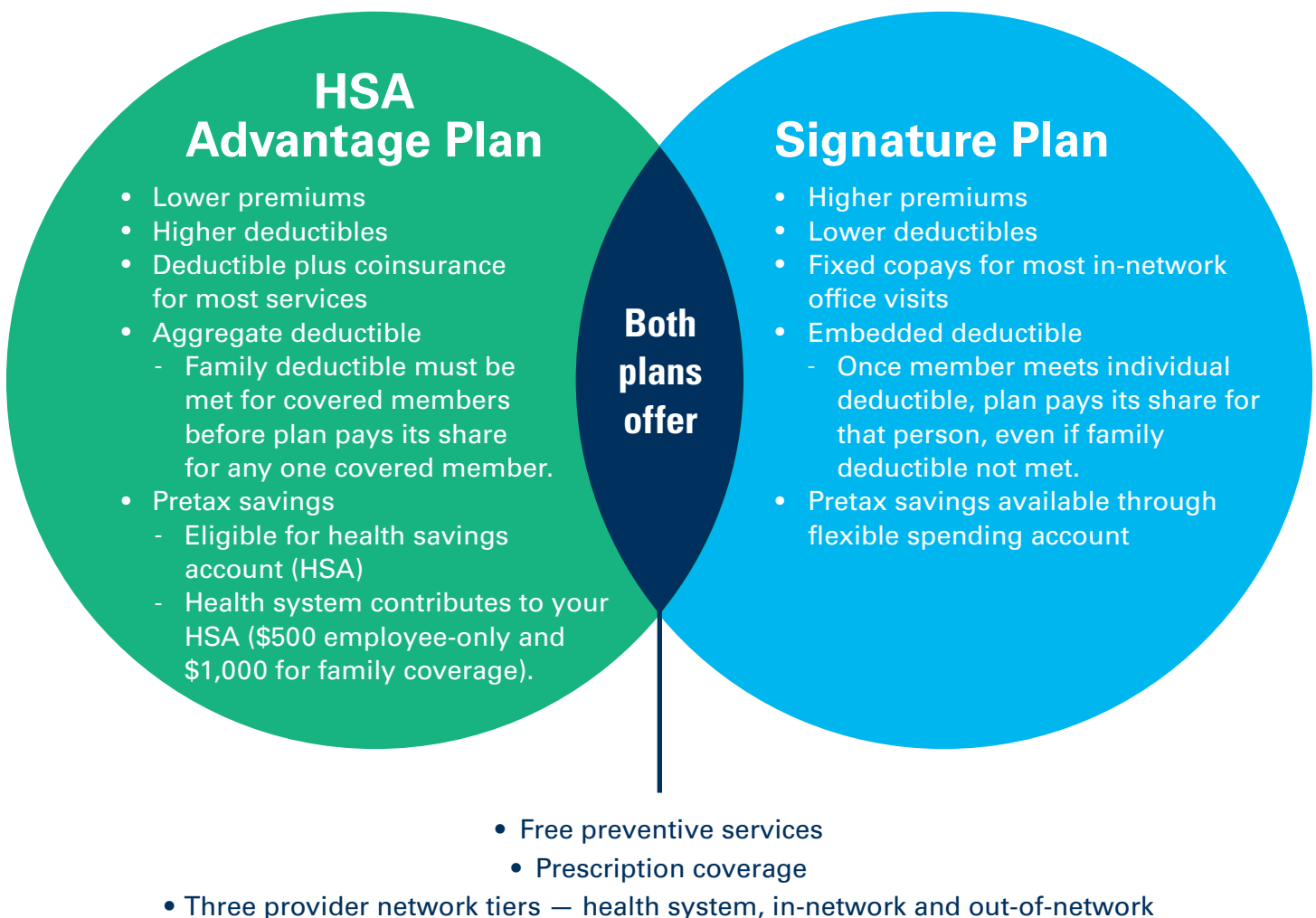
You have a choice between two medical plans for health insurance coverage — the HSA Advantage Plan and the Signature Plan.

HSA Advantage Plan

This works best for those who use less healthcare and those who have very high medical and prescription costs who can afford to pay out-of-pocket costs in the first few months of the year. The per-paycheck premiums are lower, but your cost of care during the year is higher through deductibles and coinsurance.

Signature Plan

This works best for heavier users of healthcare and those who need predictability for their budget. It offers lower deductibles and fixed copays for in-network office visits but has higher per-paycheck premiums.



Provider networks

Both the HSA Advantage and Signature plans offer you and your family access to the health system network of providers at the most affordable rates. When you need care elsewhere, both plans also offer access to a network of providers around Kansas City, as well as a nationwide network.

\$

Health system network

- Care from the region's leading health system.
- Includes all facilities and providers employed by the health system and LMH Health/Lawrence Memorial Hospital.
- Most affordable option.



HCH Sync Centrus network (local network)

- For those seeking care in the area designated in blue on the map.
- Flexibility and choice among more than 6,100 healthcare providers in Kansas and Missouri.
 - Note: Does not include Saint Luke's and HCA.
- Still a cost-saving option.

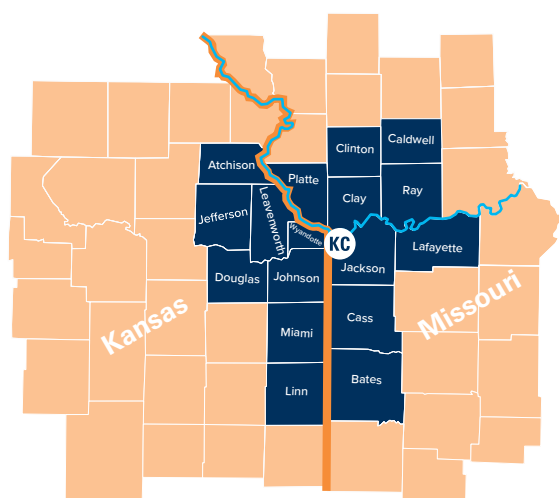
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In-network



Aetna network (nationwide network)

- Only for those seeking care outside the area designated in blue on the map (those who live/work in greater Kansas, remote workers, students, when traveling, etc.).
- Important: Aetna providers located within the designated local network (blue on the map) are considered out-of-network unless they are also included in the HCH Sync Centrus local network.
- Still a cost-saving option.



Use the QR code below to see the full map and list of counties.

\$\$\$

Out-of-network

- Access providers not in-network.
- Significantly higher deductibles, coinsurance and/or copay amounts, and out-of-pocket maximums.
- Separate deductible and out-of-pocket maximum (except for qualified emergency room visits).
- Most expensive option.

TIP

Search provider networks

Learn more about the networks and check if your provider is in-network using online search tools. Remember: The health system network will always be your lowest cost.



How the medical plans work

Use the chart below to compare out-of-pocket expenses for different services under each medical plan we offer.

HSA Advantage Plan				Signature Plan		
	Health system network	In-network*	Out-of-network	Health system network	In-network*	Out-of-network
Annual deductible	\$1,800 individual \$3,600 family	\$4,000 individual \$8,000 family	\$6,400 individual \$12,800 family	\$500 individual \$1,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Annual maximum out-of-pocket costs	\$4,500 individual \$9,000 family	\$6,000 individual \$9,200 family	\$19,800 individual \$39,600 family	\$4,500 individual \$9,000 family	\$6,000 individual \$12,000 family	\$10,500 individual \$21,000 family
Member coinsurance	You pay 10%; plan pays 90%.	You pay 30%; plan pays 70%.	You pay 40%; plan pays 60%.	You pay 10%; plan pays 90%.	You pay 30%; plan pays 70%.	You pay 40%; plan pays 60%.
At the doctor's office						
Routine preventive care	You pay \$0; plan pays 100%.	You pay \$0; plan pays 100%.	40% coinsurance after deductible	You pay \$0; plan pays 100%.	You pay \$0; plan pays 100%.	40% coinsurance after deductible
Primary care	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$20 copay	\$30 copay	40% coinsurance after deductible
Specialist	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$40 copay	\$60 copay	40% coinsurance after deductible
Urgent care	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$40 copay	\$60 copay for visits; 30% coinsurance after deductible for all other services	40% coinsurance after deductible
At the hospital						
Emergency Department	10% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible**	10% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible**
- Inpatient services - Outpatient services	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Other medical benefits						
- Outpatient therapy (speech, hearing, PT, OT) - High-tech radiology (MRI, CT, PET scan)	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Mental health and substance use						
Inpatient services [^]	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Outpatient services ^{^^}	10% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	\$20 copay for office visits; all other services 100% covered	\$30 copay for office visits; 30% coinsurance after deductible for all other services	40% coinsurance after deductible
Pharmacy						
See pages 15-18.	Prescription medication coverage is a big factor in choosing a medical plan. Read ahead for important details on prescription drug coverage for each plan.					

*In-network providers are part of either HCH Sync Centrus local network or Aetna nationwide network (outside the designated local network only).

**To ensure access to emergency care, coinsurance for qualified ER visits applied after deductible is met for in-network care.

[^]Preauthorization required; coverage of room and board may be denied.

^{^^}Preauthorization required for ABA therapy.

Medical plan rates

The chart below shows how much of the premium for medical insurance (including prescriptions) you will pay, plus the larger portion the health system will pay to support you. If your spouse is offered medical insurance through their employer, you will pay an extra \$50 per paycheck to add them as a covered dependent.

Full-time employees (0.6-1.0 FTE)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$38.00	\$415.81	\$71.00	\$384.00
Employee + spouse	\$159.00	\$755.08	\$239.00	\$679.60
Employee + children	\$131.00	\$716.54	\$206.00	\$640.69
Employee + family	\$217.00	\$1,173.57	\$327.00	\$1,091.66

Great Bend (will align with health system premiums over time)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$38.00	\$415.81	\$71.00	\$384.00
Employee + spouse	\$144.00	\$770.08	\$239.00	\$679.60
Employee + children	\$120.00	\$727.54	\$190.00	\$656.69
Employee + family	\$182.00	\$1,208.57	\$327.00	\$1,091.66

Part-time employees (0.5-0.59 FTE)

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$41.00	\$412.81	\$76.00	\$379.00
Employee + spouse	\$170.00	\$744.08	\$257.00	\$661.60
Employee + children	\$139.00	\$708.54	\$219.00	\$627.69
Employee + family	\$232.00	\$1,158.57	\$353.00	\$1,065.66

Great Bend

Per-Paycheck Premiums*	HSA Advantage Plan		Signature Plan	
	Employee pays	Health system pays	Employee pays	Health system pays
Employee only	\$41.00	\$412.81	\$76.00	\$379.00
Employee + spouse	\$170.00	\$744.08	\$257.00	\$661.60
Employee + children	\$139.00	\$708.54	\$219.00	\$627.69
Employee + family	\$232.00	\$1,158.57	\$353.00	\$1,065.66

* Taken from 24 paychecks per year

Medical benefits administrator

Tools and resources for accessing care

Luminare Health, the health system's medical benefits administrator for 2026, offers tools and resources that make it easy for you to access the care you need. Here are a few you should know about:



Online portal and mobile app

Through a secure, personalized member portal, you will be able to quickly and easily manage your medical benefits online and see the status of your deductible and out-of-pocket maximums. A mobile app is also available, giving you access to your information on the go.

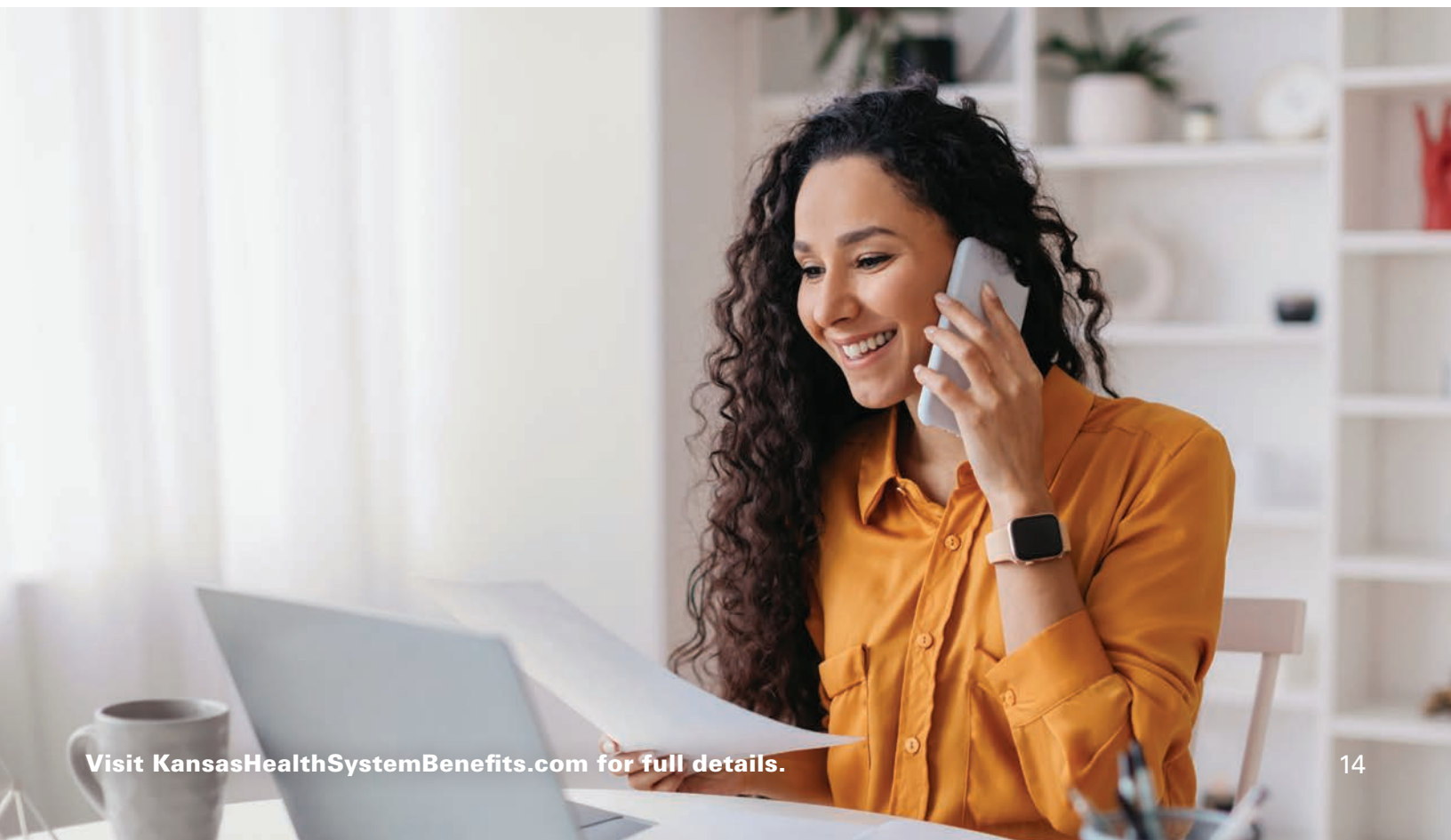
You can also:

- ✓ Access an electronic copy of your ID card.
- ✓ View claims and explanations of benefits (EOBs).
- ✓ Find a doctor.
- ✓ Connect with customer service.



24/7 support line

When you call the number on your ID card, a dedicated team and live support is available 24/7 to address your needs, which includes helping you find health system or in-network providers.



Prescription drug coverage



Prescription drug coverage

An essential part of your medical benefits is prescription drug coverage. Both medical plans — the HSA Advantage Plan and Signature Plan — include prescription medication coverage.



Pharmacy benefit manager

Capital Rx, the health system's pharmacy benefit manager (PBM) for 2026, will ensure you have access to drugs that meet your needs and help lower your overall prescription drug costs.



Online portal and mobile app

A new suite of digital tools, including an online member portal and mobile app where you can download a digital pharmacy ID card, will help you view which medications are covered under your plan, find low-cost medications, track how much you've paid toward your out-of-pocket maximums, view your claims history, and view or download member documents and plan forms.



Your pharmacy benefit covers many prescription drugs, but some exclusions may apply. If a drug is not covered, an alternative may be available. Refer to the formulary listing on the Benefits Connection website and see the tip below for using a new medication look-up tool in the Pharmacy Resource Guide.

Here is how medication costs work under each plan:

HSA Advantage Plan	Signature Plan
Primarily uses coinsurance: You pay 100% of the cost until your deductible is met, then a percentage of the cost until you reach your out-of-pocket maximum. (See note to save on chronic medications.)	Primarily uses set copay amounts, regardless of whether your deductible has been met.
The coinsurance percentage is the same for all tiers of medications; however, a drug in a higher-cost tier, such as tier 4, means you'll likely pay more out-of-pocket.	The higher the medication tier, the higher the copay.
Your coinsurance and the price of most medications is lowest with the health system pharmacy.	Copays are lowest with the health system pharmacy.
If you use a pharmacy that is out-of-network, you pay 50% coinsurance after you meet your separate out-of-network deductible.	If you use a pharmacy that is out-of-network, you pay 50% coinsurance.



Savings for chronic conditions

For the HSA Advantage Plan, many maintenance medications used to treat or reduce the risk of chronic conditions, such as insulin, are on the preventive drug list, [KansasHealthSystemBenefits.com/PreventiveRx](https://www.kansashealthsystem.com/benefits/preventive-rx). HSA Advantage Plan members pay the Signature Plan copay, typically lower than deductible plus coinsurance. These copays do not apply to the deductible but do apply to the out-of-pocket maximum.

TIP

Know your drug costs under each plan

You can understand what your prescription medications will cost before you enroll in a medical plan. Refer to the Pharmacy Resource Guide on the Benefits Connection website.



Prescription drug coverage

Three medication types

Prescriptions fall under three general medication types — acute, maintenance and specialty — that determine where you can fill the prescription and how many days' supply you can receive. For the best service and lowest cost, use the health system pharmacy.

Acute medications

Prescribed to treat short-term symptoms for a specified period of time (antibiotics, antivirals, steroids, etc.).

- Use health system pharmacy.
- May use in-network pharmacy at higher cost.

Maintenance medications

Prescribed for long-term, regular use to treat a chronic health condition (asthma, diabetes, high blood pressure, etc.).

- All maintenance medications must be filled by the health system pharmacy for at least a 90-day supply, as state and federal law allows, and delivered.
- Controlled substances may be picked up at any health system pharmacy location.

**Effective January 1, 2027, GLP-1 medications will only be covered for the treatment of Type 2 diabetes. GLP-1 medications used to treat obesity, weight loss or other conditions will not be covered.*

Specialty medications

Prescribed to treat chronic, complex health conditions.

- The health system pharmacy is the exclusive provider of specialty medications.

TIP

How to make the most of your pharmacy benefit

For everything you need to make the most of your pharmacy coverage, including which pharmacies to use, locations of health system pharmacies, how your coverage works with each plan, smart ways to save and more, consult the Pharmacy Resource Guide at [KansasHealthSystemBenefits.com/RxGuide](https://www.kansashealthsystembenefits.com/RxGuide).



How prescription coverage works

The chart below shows differences in prescription coverage between the two medical plans.

	HSA Advantage Plan [^]		Signature Plan			
	Health system pharmacy [*]	In-network pharmacy ^{**}	Health system pharmacy		In-network pharmacy ^{**}	
Acute prescriptions	Up to 102-day supply	Up to 102-day supply	Up to 34-day supply	35- to 102-day supply	Up to 34-day supply	35- to 102-day supply
Tier 1 \$	Deductible + 10% coinsurance	Deductible + 30% coinsurance	\$5	\$10	\$25	\$50
Tier 2 \$\$			\$30	\$60	\$55	\$110
Tier 3 \$\$\$			\$65	\$130	\$90	\$180
Maintenance prescriptions	Up to 102-day supply	Up to 102-day supply	Up to 34-day supply	35- to 102-day supply	Up to 34-day supply	35- to 102-day supply
Tier 1 \$	Deductible +10% coinsurance	Only covered when filled by health system pharmacy.	\$5	\$10	Only covered when filled by health system pharmacy.	
Tier 2 \$\$			\$30	\$60		
Tier 3 \$\$\$			\$65	\$130		
Tier 4 \$\$\$\$			\$100	\$200		
Specialty prescriptions	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply
Tier 1 \$	Deductible +10% coinsurance	Health system pharmacy is exclusive provider.	\$20	Specialty medications may only be filled for 30 days or less.	Health system pharmacy is exclusive provider.	
Tier 2 \$\$			\$100			
Tier 3 \$\$\$			\$200			

[^]HSA Advantage Plan members will pay 100% until their deductible is met, then pay the indicated percentage coinsurance until their out-of-pocket maximum is reached.

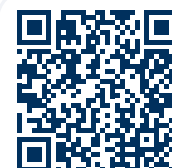
^{*}Certain medications used for chronic conditions or risk reduction are included in the preventive drug list. HSA Advantage Plan members will pay Signature Plan copays for medications on the list. These copays will not apply to the HSA Advantage Plan deductible but will apply to the out-of-pocket maximum.

^{**}While the health system pharmacy should be your first choice for prescriptions, many pharmacies throughout the nation participate in the pharmacy network.

TIP

How to make the most of your pharmacy benefit

- Ask for medication in tier 1, if available.
- Check the manufacturer's website to see if other cost assistance is available. There are some medications for which the pharmacy will ask you to enroll in a manufacturer coupon card program — mainly specialty and high-cost tier 2-4 medications. The health system pharmacy team will assist you in this process. **Please note, manufacturer assistance dollars do not apply to your out-of-pocket maximum and HSA Advantage Plan members must meet their deductible before manufacturer assistance can be applied.**
- Use pretax dollars to pay for your share of medication costs. (See page 24.)



Dental coverage

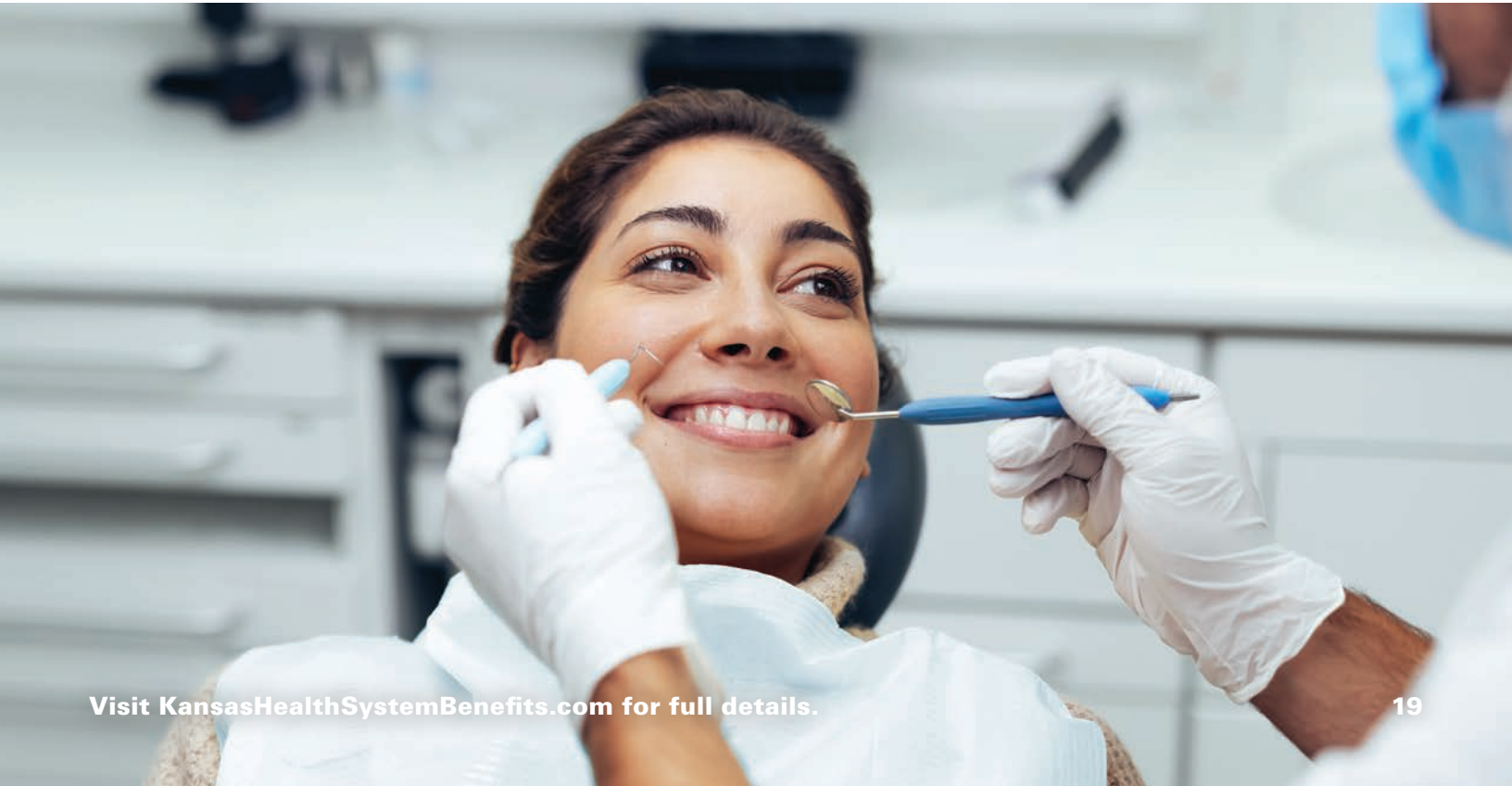
You can choose from two plans, both offered by Delta Dental of Kansas: Basic Plan and Plus Plan. Both feature three provider network tiers:

Fluoride treatments: Fluoride treatments for adults and expanded implant coverage are now included in our dental plan.

\$ \$\$ \$\$\$
PPO / Premier / Out-of-network

Basic Plan	Plus Plan
Higher deductible	Lower deductible
Higher coinsurance	Lower coinsurance
Lower premiums	Higher premiums
Does not include orthodontia services	Includes orthodontia services

- TIP
- Ways to save**
- Preventive care is free in both dental plans, including unlimited cleanings.
 - **Right Start 4 Kids:** For kids 12 and under, both plans pay 100% of the cost of covered services, excluding orthodontia.
 - Select a **dentist in the PPO network** for the lowest out-of-pocket costs.



How the dental plan works

Basic Plan		Plus Plan
Annual deductible	\$50 individual \$100 family	\$25 individual \$50 family
Annual plan maximum, per individual	\$1,500	\$1,500
Preventive and diagnostic services		
Oral exams, X-rays, fluoride treatments, unlimited cleanings	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic services		
Oral surgery, fillings, endodontic treatment, periodontic treatment, denture and crown repairs	Plan pays 60% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible	Plan pays 80% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible
Major services		
Crowns, jackets, dentures, bridges, implants	Plan pays 40% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible	Plan pays 50% after deductible Right Start 4 Kids (12 and under) Plan pays 100%, no deductible
Orthodontia services		
Orthodontia (adult and child)	Not covered	Plan pays 50% after deductible
Lifetime orthodontia plan maximum (per individual)	Not covered	\$1,500

Dental plan rates

Per-Paycheck Premiums*	Basic Plan	Plus Plan
Employee only	\$8.26	\$11.32
Employee + spouse	\$22.31	\$29.58
Employee + children	\$20.52	\$28.20
Employee + family	\$41.30	\$57.07

* Taken from 24 paychecks per year

Vision coverage

You have a choice of two vision plans through VSP: Basic or Plus. The Plus Plan offers lower copays and higher allowances for frames and contacts and has higher per-paycheck premiums.

TIP

Find savings year-round with VSP and the health system’s Eye Center on discounts for eyeglasses, contact lenses, LASIK and hearing aids.



When deciding which is best for you, consider:



Copays



Frequency of new frames



Premiums



Allowances for frames/
contact lenses



How the vision plan works

Basic Plan		Plus Plan
Exams and materials		
Eye exam (Children may receive 2 well-vision exams per year if significant prescription change.)	\$20 copay	\$0 copay
Retinal screening	\$39; \$25 at VSP Premier Max locations	\$39; \$25 at VSP Premier Max locations
Materials	\$30 copay	\$25 copay
Frames	Every other calendar year for adults (every calendar year for children)	Every calendar year
Frame allowance (prescription or nonprescription, e.g., sunglasses or blue-light glasses)	Up to \$175 after materials copay Featured VSP frames: \$225	Up to \$200 after materials copay Featured VSP frames: \$250
Standard lenses	Every calendar year	Every calendar year
Single vision, lined bifocal, lined trifocal, standard progressive, nonprescription	Covered after materials copay	Covered after materials copay
Antireflective coating	N/A	Covered after materials copay
Contact lenses	Every calendar year	Every calendar year
Fitting and evaluation	Up to \$40 copay	Up to \$40 copay
Elective contact lens allowance	\$150	\$200

Vision plan rates

Per-Paycheck Premiums*	Basic Plan	Plus Plan
Employee only	\$3.41	\$10.45
Employee + spouse	\$5.47	\$16.75
Employee + children	\$5.37	\$16.45
Employee + family	\$8.83	\$27.01

* Taken from 24 paychecks per year

Pretax savings accounts

Pretax savings accounts are great ways to save money by letting you set aside a portion of your pay before it has been taxed. The health system offers accounts for healthcare through a health savings account (HSA) or healthcare flexible spending account (FSA) as well as dependent care through a child and elder care flexible spending account (FSA).

Contributing to these accounts not only lowers your taxable income but also spreads these pretax dollars throughout the year, saving you 30% or more on your healthcare and/or family care costs, depending on how much you contribute and your tax bracket.

Child and elder care FSA

Any benefits-eligible employee can enroll in a child and elder care FSA — even if you have an HSA or healthcare FSA. For the first time in many years, the federal government has increased the maximum contributions. In 2026, employees can contribute up to \$7,500 to the child and elder care FSA if you file taxes as an individual or as a married couple filing jointly, or up to \$3,750 if you're married filing separately. FSA balances expire. It's therefore important not to contribute more than you spend, as unused funds do not roll over from year to year.

✓ Common eligible expenses



Before/after
school programs



Preschool
tuition



Day care for
child or adult



Summer
day camps

✗ Ineligible expenses



Services provided
by one of your
dependents



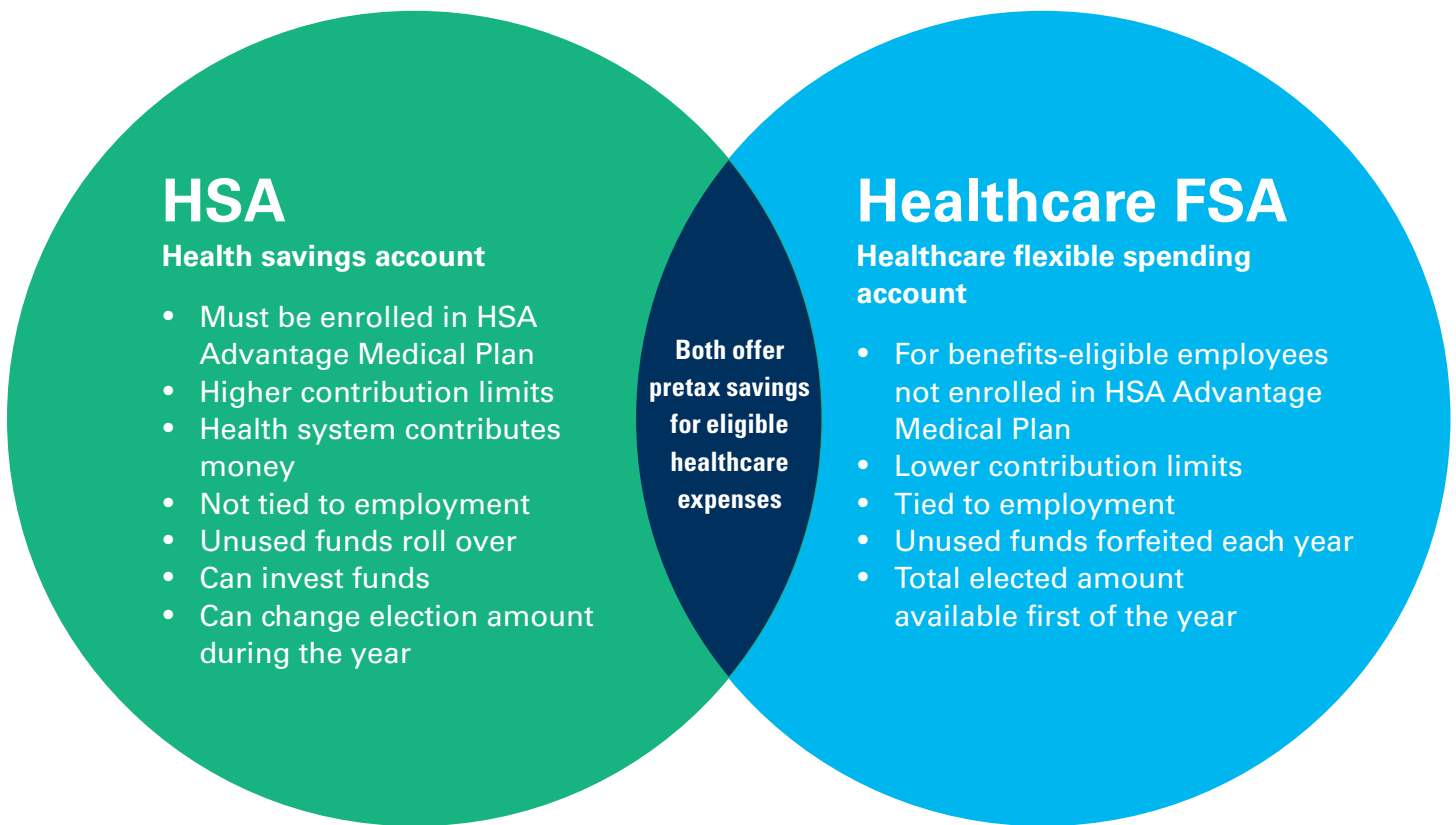
Overnight
camps



Expenses paid
for school
(kindergarten
and above)



Nursing homes,
respite care or
other residential
care centers



HSA

Employees who choose the HSA Advantage medical plan may enroll in the health savings account (HSA). The health system will deposit \$500 for employee-only coverage and \$1,000 for any type of family coverage. Employees can contribute additional pretax dollars from each paycheck, up to \$4,400 per year for individual coverage, \$8,750 for family coverage. Employees 55 and older may contribute an additional \$1,000. Funds roll over from year to year.

Healthcare FSA

Employees who are not enrolled in the HSA Advantage medical plan but have ongoing or expected medical, prescription, dental and vision costs in the coming year may enroll in a healthcare flexible spending account (FSA). These pretax dollars can also be used for over-the-counter items such as allergy and sinus medications, and first-aid supplies.

The amount you decide to contribute, up to \$3,300 per year, is deducted from your salary before taxes, reducing your taxable income. FSA balances expire. It's therefore important not to contribute more than you spend, as unused funds do not roll over from year to year.

Financial protection

Life insurance

Basic life insurance (at no cost to you)

The health system provides benefits-eligible employees basic life insurance (group term life) through The Hartford. This entitles your beneficiary 1.5 times your annual salary (rounded up to the next highest \$1,000), up to \$1.5 million.

Optional supplemental life insurance*

For added protection, you may purchase extra life insurance.

- **Employee:** Lesser of 5 times salary or \$500,000 in increments of \$5,000, with a guaranteed issue of \$200,000.
- **Spouse:** \$100,000, not to exceed 100% of the employee amount of basic and supplemental life insurance in increments of \$5,000, with a guaranteed issue of \$30,000.
- **Dependent children:** \$5,000 or \$10,000 for children 2 weeks to 26 years of age, with all amounts guaranteed.

Providing Evidence of Insurability (EOI)

Enrolling for coverage greater than the guaranteed issue amounts, or electing supplemental life coverage at a later date, will require evidence of insurability (EOI).

Optional whole life insurance

You also have the option to buy whole life insurance through Boston Mutual for you, your spouse, children and/or grandchildren. In addition to providing death benefits to your beneficiaries, this coverage builds cash value that can be used while you are living.

You can buy this coverage at any time of year. To know your cost, call the benefits help line at 888-494-9119.

Both Life and AD&D insurance

will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).

Accidental death and dismemberment (AD&D) insurance

Basic AD&D insurance (at no cost to you)

The health system covers the cost of accidental death and dismemberment insurance to help protect you and your family if you suffer a debilitating injury or accidental death. AD&D entitles your beneficiary to a payout equal to your basic life insurance amount.

Optional supplemental AD&D insurance*

For added protection, you may purchase extra AD&D in increments of \$10,000, up to \$500,000 or 10 times your salary, whichever is less.

*To know your cost, go to the Benefits Connection website and click "Enroll Now." You may only buy this coverage during your enrollment period or with a qualifying life event.

Disability insurance

If you have a nonwork-related accident, are pregnant or ill and can’t work, disability insurance provides eligible employees financial protection.

Basic short-term disability (STD) insurance (at no cost to you)

This pays a percentage of your weekly income for up to 6 months. You are automatically enrolled when you meet the eligibility criteria.

Basic short-term disability insurance	
Benefits percentage	40% of weekly base earnings*
Maximum weekly benefit	Up to \$1,500
Employee cost	\$0

*Taxed when paid to employee

 Buy-up short-term disability insurance

Additional STD insurance is available through a buy-up plan that’s jointly paid for by the employee and the health system. You are automatically enrolled in buy-up short-term disability insurance if you take no action during your initial eligibility period without the need for evidence of insurability (EOI). The opportunity to enroll/change this plan takes place during annual benefits enrollment.

Buy-up short-term disability	
Benefits percentage	66 2/3% of weekly base earnings*
Maximum weekly benefit	Up to \$2,500
Employee cost	Premium based on weekly earnings. To know your cost, go to the Benefits Connection website and click “Enroll Now” during the enrollment period.

*Taxed when paid to employee (applies to first 40% of buy-up option as well)

Enrolling in coverage after the initial eligibility period will be subject to evidence of insurability (EOI). A preexisting condition, including pregnancy, could result in a denial for the buy-up option at that time.

Long-term disability insurance (at no cost to you)

This provides income protection for employees who have exhausted their 6 months of covered short-term disability benefits.

Long-term disability	
Benefits percentage	60% of base earnings*
Maximum monthly benefit	\$15,000
Employee cost	\$0

*Taxed when paid to employee



Optional financial benefits

Optional benefits for purchase

For your added financial security and peace of mind, the health system offers benefits-eligible employees the following benefits for purchase only during your enrollment period or qualifying life event.

Hospital indemnity insurance

If you are in the hospital, this insurance helps cover the cost of out-of-pocket expenses and extra bills. The cash benefit is paid directly to you in a lump sum based on your length of stay and level of care.

Per-Paycheck Premiums*	
Employee only	\$11.81
Employee + spouse	\$24.51
Employee + children	\$22.80
Employee + family	\$37.13

 * Taken from 24 paychecks per year

Accident insurance

If you suffer a nonwork-related accident or injury, this insurance provides a cash benefit to be used for expenses not covered by medical insurance, such as hospital bills, transportation, lodging, housekeeping and utility bills.

Per-Paycheck Premiums*	
Employee only	\$5.24
Employee + spouse	\$8.23
Employee + children	\$8.87
Employee + family	\$13.91

 * Taken from 24 paychecks per year

Critical illness insurance

Critical illness insurance helps with costs not covered by health insurance. The lump-sum payment may be used for out-of-pocket and living expenses, including deductibles, rent, groceries and child care. Medical conditions covered by this benefit include heart attack, stroke, major organ transplant, kidney failure, paralysis and some types of cancer. Premiums will be determined by several things, including demographics and the amount of coverage.

Identity theft protection

This plan provides comprehensive personal data protection, ID theft and fraud protection, medical ID theft protection, child theft protection, and assistance and restoration. Costs are \$4.98 per pay period for employee-only coverage and \$8.98 for family coverage.

Prepaid legal services

Whether you're buying a home, drawing up a will or need legal advice, prepaid legal services provide easy access to experienced attorneys. You can also receive a wide range of covered legal services at an affordable price. Cost is \$9.13 per pay period to cover you and your family members.

Enroll in your benefits

You have 30 days from your date of hire/qualifying life event to enroll.

1 Log in

- Go to KansasHealthSystemBenefits.com and click “Enroll Now.” You’ll be taken to the benefits enrollment website, bswift.
- Enter your username: the same username as your health system login.
- New employees and employees newly eligible for benefits: enter the last 4 digits of your Social Security number. All others: use the password established during annual benefits enrollment.
- Once logged in, select “Visit the Enrollment Center” and then click “Enroll Here.”

2 Verify your information and who will be covered

- Enter or update your information, including eligible dependents (name, birth date and Social Security number). After benefits enrollment, you may be asked for documents to confirm eligibility for each dependent. See who is eligible on [page 8](#).

3 Choose your benefits

- Sign up or decline coverage for each benefit.
- Click “View Plan Options” to sign up for the benefit and who will be covered.
- Click “Select” once you’ve made your choice.
- To decline a benefit, click “I don’t want this benefit (waive).”

4 Review and confirm

- Enter or update your beneficiaries for life insurance and AD&D insurance, naming who should get these benefits in the event of your death.
- Double-check and save all your benefit selections.

5 Finish

- Check “I agree” and “I’m finished with my enrollment.”
- Click “Complete Enrollment.”
- **CRITICAL STEP:** Click the icon to either print or email your confirmation and save it for your records.

Read the health plan and CHIP (Children’s Health Insurance Program) notices at KansasHealthSystemBenefits.com/Legal under Help and Resources or contact the HR Support Center for paper copies: AskHR@kumc.edu or 913-945-6500.

TIP

Making changes

You can only change your benefits during the year if you have a qualifying life event, such as marriage, birth or adoption of a child, or gain or loss of other coverage.



Support

Deciding which benefits to choose – or decline – can feel like a lot.

Explore the resources below for help in making the best decisions for you and your loved ones.



KansasHealthSystemBenefits.com

The Benefits Connection website, your online resource for benefits, is open year-round to you and your dependents.



1-on-1 help

Our benefits experts are available to answer your questions and help you enroll.



Benefits telephone help line: 888-494-9119 (Opción en español disponible)
Monday-Friday, 8 a.m.-5 p.m. CT



Benefits help email: BenefitsConnection@kumc.edu.

Remember

You must sign up or decline benefits within 30 days or your date of hire/change in status.

If you do not sign up during your eligibility period, it will be too late to have benefits for all of 2026 unless you have a qualifying life event.