

# HEADQUARTERS

# RETIREE BENEFITS

# GUIDE

25-26



**Police**  
KC/MO

BOARD OF POLICE COMMISSIONERS

# Welcome to Your Benefits!

**Open Enrollment:  
April 13-April 26**

## IMPORTANT NOTE ABOUT YOUR BENEFITS

Those who are currently enrolled in the HMO plan must select a new plan option for the 2025-2026 plan year. If you are currently in the HMO plan and do not complete enrollment, you will automatically be enrolled in the PPO plan for 2025-2026.

Any retirees reaching age 65 on or after January 1, 2026, will no longer be eligible to enroll in the Blue KC PPO, EPO, or HDHP plans. As of January 1, 2026, you will still be able to participate in the Medicare Advantage and/or Medicare Tie-In Plan G offered through the department.

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# 2025-2026 Annual Open Enrollment

The Department is committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Open Enrollment is your annual opportunity to review or change your benefit elections to make sure that they continue to meet your needs and provide the best possible value for you and your dependents. During this period, you can enroll, change, or waive coverage for yourself and your dependents. If you enroll in a Department-offered group Blue Cross Blue Shield plan or Medicare list bill plan, premiums will be deducted from your pension on a monthly basis. If you enroll in any plan not listed in this guide, you will be billed directly by the insurance provider.

Annual enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on May 1, 2025, through April 30, 2026.

## What do I need to do for Open Enrollment?

We encourage all participants to read through the benefit offerings, changes, and enhancements for the upcoming plan year.

Open Enrollment changes, additions, or deletions for group Blue Cross Blue Shield health and dental can be done electronically through BluesEnroll, a secure online enrollment system provided.

If you have not established a BluesEnroll ID and password, please see the information below for the format to access BluesEnroll. If you have already established a BluesEnroll ID and passwords, they will remain the same.

1. On the internet, go to [bluesenroll.com](https://bluesenroll.com).
2. Once on the login screen, type your BluesEnroll login ID and password.  
Your BluesEnroll login ID is your first name, the first initial of your last name, and the last four digits of your SSN. Your initial login password is your Social Security Number (SSN) without dashes or spaces.
3. Select "Log in." The first time you log in, you will be asked to change your password.

## On-Site Open Enrollment Information Sessions

Walk-in Benefit Specialist supported enrollment and information sessions at the following times:

April 15	April 16	April 17	April 22	April 23
North Patrol	South Patrol	North Patrol	South Patrol	North Patrol
0930-1130	1400-1600	0900-1100	1600-1800	1600-1800

## Eligibility

### Employee Eligibility

You are eligible for the Department's benefits on the first day of employment if you are a full-time employee, including sworn and non-sworn members, active Board members, Board employees, and Police Retirement System Employees.

### Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include the employee's legal spouse or domestic partner and eligible dependent children until the end of the calendar year in which they turn age 26. If your dependent child is disabled and incapable of self-support, they will continue to be eligible beyond age 26 for as long as they remain disabled.

## Making Changes During the Year

You must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents unless you have a qualifying life event as defined by the IRS.

Examples of a qualifying life event include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment.
- Birth or adoption of a child.
- Change in your residence or workplace (if your benefit options change).
- Loss of other coverage.
- Change in your dependent's eligibility status because of marriage, age, etc.

The IRS mandates that changes to your coverage due to a qualifying life event must be made within 31 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, loss of coverage letter). Note: Any change you make to your coverage must be consistent with the change in status.

**Open Enrollment is April 13-April 26.**



# UnitedHealthcare Medicare Advantage Plan

As a retiree of the Department, you have the option of enrolling in the UnitedHealthcare Medicare Advantage Plan. The premium for calendar year 2025 is **\$199.57 per month per covered member**. For more details, contact UnitedHealthcare member services at 866.868.6746.

In-network medical benefit summary		Prescription drug benefit summary	
<b>Deductible</b>	\$0	<b>Deductible</b>	\$0
<b>Out-of-pocket maximum</b>	\$7,550	<b>True out of pocket threshold</b>	\$2,000
<b>Office visit (no referrals required)</b>		<b>Retail 30-day supply</b>	\$2/\$6/\$47/ \$100/33%
Primary care	\$0	<b>Retail 90-day supply</b>	\$0/\$18/\$141/ \$300/N/A
Specialist	\$20	<b>Mail order 90-day supply (Optum)</b>	\$0/\$12/\$94/ \$200/N/A
Urgent care	\$35	<b>Catastrophic coverage</b>	
<b>Emergency services</b>		Coverage benefits start once maximum in true OOP costs is incurred	\$0
Emergency room	\$50		
Ambulance services	\$0		
<b>Hospital services</b>			
Inpatient	\$0 per stay		
Outpatient	Surgery — \$0 All other services — \$20		
<b>Diagnostic procedures</b>			
Outpatient laboratory and X-ray	\$20		
<b>Dental and vision services</b>			
Medicare covered dental	\$20		
Eye exam	\$20		
Diabetic eye exam	\$0		
<b>Hearing services</b>			
Hearing exam (non-routine)	\$20		
<b>Skilled nursing services</b>			
SNF care	\$0 per day		
Limit per medicare benefit period	100 days		
<b>Outpatient rehab services</b>	\$20		
<b>Medicare part B drugs</b>	\$0		
<b>Other medicare covered services</b>			
Chiropractic care	\$15		
Acupuncture	\$20		
Podiatry	\$20		
<b>Non-medicare covered services</b>			
Fitness benefit	Included		
Hearing exams	\$0, limited to one per year		
Hearing aids	\$500 allowance every three years		
Diabetic supply program	Included		

# UnitedHealthcare Medicare Advantage Resources



## SilverSneakers Fitness program

The UnitedHealthcare plan includes SilverSneakers, a health and fitness program designed for Medicare plan members. It includes a standard monthly membership at participating fitness locations plus online classes, workshops and more.

To learn more about the program, call 888.338.1722 or visit [silversneakers.com/starthere](https://silversneakers.com/starthere).

## Free Diabetic Supplies

Through the UHC Medicare Advantage plans, you will have access to free Accu-Chek or OneTouch glucose monitors and test strips. Additionally, you can take advantage of diabetes self-management training resources and free therapeutic shoes or inserts.

## UnitedHealthcare Healthy at Home Post-Discharge Program

If you are enrolled in the UHC Medicare Advantage plan and have an inpatient hospital or skilled nursing facility stay, you can receive at no cost:

- 28 home-delivered meals
- 12 one-way trips to medically related appointments and therapy, up to 50 miles per trip
- Six hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver

Services must be provided by UHC-approved vendors. For more information, call UnitedHealthcare member services at 866.868.6746.

## UHC Rewards

If you're a UnitedHealthcare Medicare Advantage member, you may be eligible to earn rewards for doing things you already do. There are many ways to earn and spend rewards. Simply complete certain eligible health-related activities, report them and then spend your rewards at thousands of national retailers, including Walmart, Walgreens, CVS and many local options. Choose from many eligible items like over-the-counter products, gifts, groceries and more.

## Member Discounts

As a member of a UHC Medicare Advantage plan, you have access to a collection of discounts. From everyday items to big purchases, members can save on hundreds of products from well-known brands. Discount offers may include

- Travel and leisure
- Electronics
- Health food delivery and meal kits
- Fitness gear
- Sleep health
- Groceries
- Home and auto
- Pet care
- And hundreds more

# Medicare Tie-In Plan G



The Medicare Tie-In Plan G is offered through Blue Cross Blue Shield of Kansas City. It is available only to retirees and/or spouses enrolled in Medicare. The plan provides nationwide coverage, which means you do not need to live in the Kansas City area to take advantage of this plan. Monthly costs are based on your age at the time of your enrollment.

Prescription drugs are not included in Medicare Tie-In Plans. Medicare Part D offers prescription coverage; however, the Department does not offer Medicare Part D plans.

## Missouri Plan G Rates Are as Follows

Issue age	Male	Female
Disabled	\$233	\$233
65	\$227	\$205
66	\$231	\$210
67	\$236	\$213
68	\$257	\$218
69	\$244	\$223
70	\$248	\$225
71	\$257	\$234
72	\$264	\$257
73	\$271	\$247
74	\$279	\$254
75	\$288	\$261
76	\$295	\$268
77	\$302	\$274
78	\$312	\$282
79	\$320	\$291
80	\$328	\$298
81	\$336	\$307
82	\$346	\$315
83	\$356	\$324
84	\$365	\$331
85+	\$375	\$341

Premium rate is based on the age you are on the effective date of the policy. Premiums may change once per 12-month period due to medical costs.

For rates other than the state of Missouri, please contact Sheri Blankenship at 816.395.2916.

Questions about the Blue KC EPO, PPO, or HDHP offerings? Contact our enrollment assistance line at 833.553.1997 or email [kcpdbenefits@lockton.com](mailto:kcpdbenefits@lockton.com) during Open Enrollment.



## Medical and Prescription Drug Benefit Summaries

Below is a high-level in-network benefit summary for the three Blue KC benefit plan options.

	EPO	PPO	HDHP
Network	BlueSelect Plus	Preferred-Care Blue	BlueSelect Plus
<b>Medical</b>			
<b>Deductible</b>			
Individual	None	\$600	\$3,500
Family	None	\$1,200	\$7,000
<b>Member coinsurance</b>	None	10%	30%
<b>Out-of-pocket maximum</b>			
Individual	\$2,500	\$3,000	\$5,000
Family	\$5,000	\$6,000	\$10,000
Preventive care	No cost	No cost	No cost
<b>Office visit</b>			
Primary care	\$20 copay	\$20 copay	Deductible then 30% coinsurance
Specialist	\$40 copay	\$40 copay	Deductible then 30% coinsurance
Spira Care Clinic	\$0 copay	Not available	\$60 charge prior to deductible, then no charge *
Urgent care	\$40 copay	\$40 copay	Deductible then 30% coinsurance
Emergency room (copay waived if admitted)	\$200 copay	\$200 copay + deductible then 10% coinsurance	Deductible then 30% coinsurance
<b>Hospital services</b>			
Inpatient/outpatient	No cost	Deductible then 10% coinsurance	Deductible then 30% coinsurance
MRI, MRA, CT/PET scans	\$200 copay per day	Deductible, then 10% coinsurance	Deductible then 30% coinsurance
<b>Pharmacy</b>			
Retail (up to 34 days)			
Tier 1	\$10 copay	\$10 copay	Deductible then 30% coinsurance
Tier 2	\$30 copay	\$30 copay	Deductible then 30% coinsurance
Tier 3	\$50 copay	\$50 copay	Deductible then 30% coinsurance
Mail order (up to 102 days)			
Tier 1	\$20 copay	\$20 copay	Deductible then 30% coinsurance
Tier 2	\$60 copay	\$60 copay	Deductible then 30% coinsurance
Tier 3	\$100 copay	\$100 copay	Deductible then 30% coinsurance

Deductibles and out-of-pocket maximums accumulate on a calendar year (January 1) basis.

\*Based on Blue KC Fair Market Value pricing; subject to change

**PLEASE NOTE: Any retirees reaching age 65 on or after January 1, 2026, will no longer be eligible to enroll in the Blue KC PPO, EPO, or HDHP plans. As of January 1, 2026, you will still be able to participate in the Medicare Advantage and/or Medicare Tie-In Plan G offered through the department.**





## Monthly Premiums

Retirees under 65	EPO	PPO	HDHP
Retiree	\$928.54	\$1,022.80	\$786.42
Retiree and one dependent	\$1,868.20	\$2,057.79	\$1,582.25
Retiree and family	\$2,762.45	\$3,042.77	\$2,339.63
Retirees 65 and over			
Retiree only	\$818.97	\$902.06	\$693.62
Retiree and one dependent <65	\$2,042.81	\$2,250.02	\$1,730.13
Retiree and spouse > 65	\$1,637.00	\$1,803.06	\$1,386.44
Retiree and spouse < 65 w/ dependents <65	\$3,207.17	\$3,532.51	\$2,716.28
Retiree and spouse > 65 w/ dependents <65	\$2,801.39	\$3,085.57	\$2,372.61
Retiree (w/ Medicare) and spouse and dependents	\$2,619.41	\$2,885.09	\$2,218.48



# Medical and Prescription (Rx) Insurance



Kansas City

In 2025-2026, Blue Cross Blue Shield of Kansas City (Blue KC) will administer three comprehensive medical plans.

Plan	EPO	PPO	HDHP
Network	BlueSelect Plus with Spira Care	Preferred-Care Blue	BlueSelect Plus with Spira Care
Overview	<p>Narrow network with deeper discounts within the KC metro with access to broad national network as well as Spira Care clinics throughout the KC area.</p> <p>Most favorable employee contributions</p> <p>Most favorable network discounts, which means you will pay less out of your pocket when you visit a provider</p> <p>Richest plan design (least member out-of-pocket costs) of the Department's three plans</p>	<p>Blue KC's most broad network, essentially covers majority/most contracted providers with access and coverage for out-of-network providers</p> <p>Slight plan design changes from current PPO plan</p> <ul style="list-style-type: none"> <li>■ Deductible of \$600 for individuals/\$1,200 for families</li> <li>■ Out-of-pocket maximum of \$3,000 for individuals/\$6,000 for families</li> <li>■ Specialist visit and Urgent Care copays of \$40</li> </ul>	<p>Narrow Network with deeper discounts within the KC metro with access to broad national network as well as Spira Care clinics throughout the KC area.</p> <p>The HMO plan has been replaced with a qualified high deductible health plan.</p> <p>A qualified high deductible health plan has a higher annual deductible compared to traditional plans in order to be HSA compatible. HSAs are a special kind of tax-advantaged savings account used to accumulate funds for qualified healthcare expenses. Other than preventive care, which is covered at 100%, you pay first-dollar costs for medical services until your annual deductible is met, then you only cover your coinsurance.</p>
Local network coverage	<p>In-network only coverage (except emergencies)</p> <p>Narrow network with deeper discounts applies to Blue KC service area only</p>	In- and out-of-network coverage	<p>In- and out-of-network coverage</p> <p>Narrow network with deeper discounts applies to Blue KC service area only</p>
Coverage outside 32 county Blue KC service area?	Yes — National and international coverage through BlueCard network	Yes — National and international coverage through BlueCard network	Yes — National and International coverage through BlueCard network
Primary care physician required?	No	No	No
Spira Care Center access?	Yes (No member cost)	No	Yes (\$60 cost for visits prior to deductible, then no member cost after meeting deductible)

**PLEASE NOTE:** Any retirees reaching age 65 on or after January 1, 2026, will no longer be eligible to enroll in the Blue KC PPO, EPO, or HDHP plans. As of January 1, 2026, you will still be able to participate in the Medicare Advantage and/or Medicare Tie-In Plan G offered through the department.



## How the Health Plans Work: Basic Terms of the Health Plan

Below is a high-level in-network benefit summary for the three Blue KC benefit plan options.

	EPO	PPO	HDHP
Deductible	<p>The amount you pay for healthcare services before your health insurance begins to pay. The PPO and HDHP both have a deductible. You'll pay 100% of eligible healthcare expenses until the deductible is met for the calendar year. After that, you share the cost with the plan by paying coinsurance.</p> <p>Deductible accumulates on a calendar year basis and resets every January 1.</p> <p>An individual within family coverage (employee + one or more dependents) only needs to meet the individual deductible before coinsurance applies.</p>		
	N/A	Individual: \$600 Family: \$1,200	Individual: \$3,500 Family: \$7,000
Coinsurance	<p>Only applicable to the PPO and HDHP plans. Your share of the costs of a covered healthcare service, calculated as a percentage of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the charge for an office visit is \$100, and you have met your deductible, your coinsurance payment of 10% or 30% would be \$10 or \$30. Your health insurance pays the rest of the allowed amount.</p>		
	N/A	10%	30%
Copays	<p>A fixed-dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will count towards your out-of-pocket maximum.</p>		
	PCP: \$20 Specialist/urgent care: \$40	PCP: \$20 Specialist/urgent care: \$40	N/A
Out-of-pocket maximum	<p>This is the most you pay for covered services in a calendar year. After you spend this amount on covered medical and prescription drug costs, your health plan pays 100% of the costs of covered benefits.</p> <p>Out-of-pocket accumulates on a calendar year basis and resets every January 1.</p> <p>An individual within family coverage (employee + one or more dependents) only needs to meet the individual out-of-pocket maximum.</p>		
	Individual: \$2,500 Family: \$5,000	Individual: \$3,600 Family: \$6,000	Individual: \$5,000 Family: \$10,000

# Spira Care

The EPO plan and HDHP include exclusive access to **Spira Care Centers**. Spira Care gives you easy access to the advanced primary care services you need, and they are conveniently located across the Kansas City metro area. **Services received at Spira Care Centers are at minimal or no cost to you, with a \$0 copay for those enrolled in the EPO plan and a \$60 charge prior to deductible for those enrolled in the HDHP.**

## Comprehensive Services

- Advanced primary care
- Routine preventive care
- Sick care
- Chronic medical condition management
- Behavioral health consultations
- Digital x-rays
- Routine lab draws
- Immunizations
- Diabetes education and health coaching

### TO LEARN MORE

Call Spira Care at 877.774.7265 or visit [spiracare.com](http://spiracare.com)

## Spira Care Locations



### Spira Care Crossroads

1916 Grand Boulevard  
Kansas City, MO 64108

### Spira Care Independence

3717 S Whitney Avenue  
Independence, MO 64055

### Spira Care Lee's Summit

760 NW Blue Parkway  
Lee's Summit, MO 64086

### Spira Care Liberty

8350 N Church Road  
Kansas City, MO 64158

### Spira Care Olathe

15710 W 135th Street, Suite 200  
Olathe, KS 66062

### Spira Care Overland Park

7341 W 133rd Street  
Overland Park, KS 66213

### Spira Care Shawnee

10824 Shawnee Mission Parkway  
Shawnee, KS 66203

### Spira Care Tiffany Springs

8765 N Ambassador Drive  
Kansas City, MO 64154

### Spira Care Wyandotte

9800 Troup Avenue  
Kansas City, MO 66111





# BlueSelect Plus Network

This network, utilized by the EPO and HDHP plan, offers a significant amount of access in the KC metro including over 4,100 providers and 16 top hospitals. BlueSelect Plus is a select network of healthcare providers specially designed to provide affordable access to quality care in and around the metro area. With this network, your premiums will be lower based on the discounts Blue KC has negotiated with these providers.

## Who Should Enroll, and What Access Do I Have With the BlueSelect Plus Network?

BlueSelect Plus is best for members who:

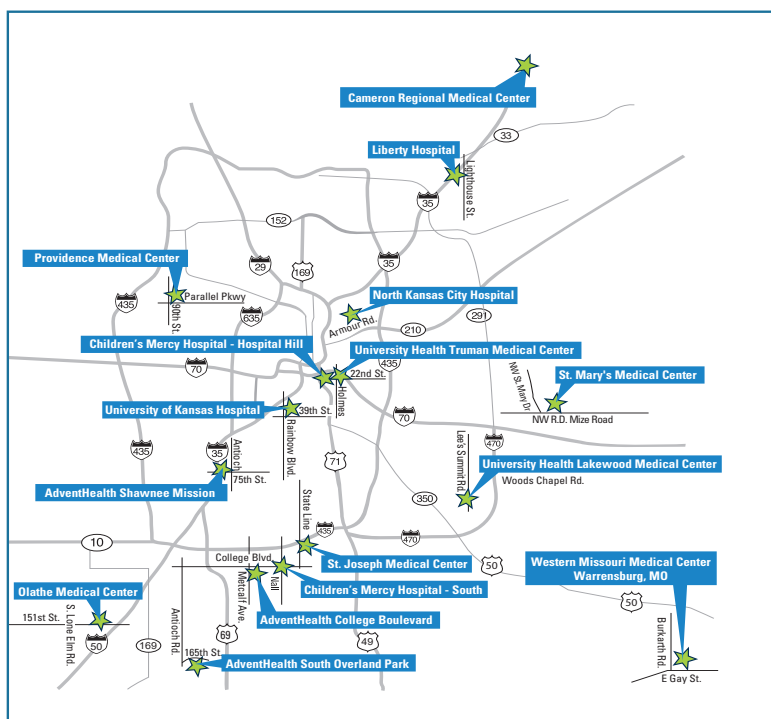
- Work or live in one of these twelve counties:
  - Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
  - Kansas: Johnson, Wyandotte
- Seek care from any of the 4,100+ providers and sixteen hospitals primarily located in these seven counties:
  - Missouri: Clinton, Clay, Jackson, Johnson, Platte
  - Kansas: Johnson, Wyandotte

**Over 4,100 Providers. 16 Top Hospitals.**

## Which Hospitals Are in the Network?

- AdventHealth College Boulevard
- AdventHealth Shawnee Mission
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children's Mercy Hospital
- Children's Mercy Hospital — South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health Hospital
- Western Missouri Medical Center Warrensburg, MO

**All other hospitals in Blue KC's service area are considered out of network with the exception of a life-threatening situation, in which case you can access the ER at any hospital and it will be coded as in-network.**

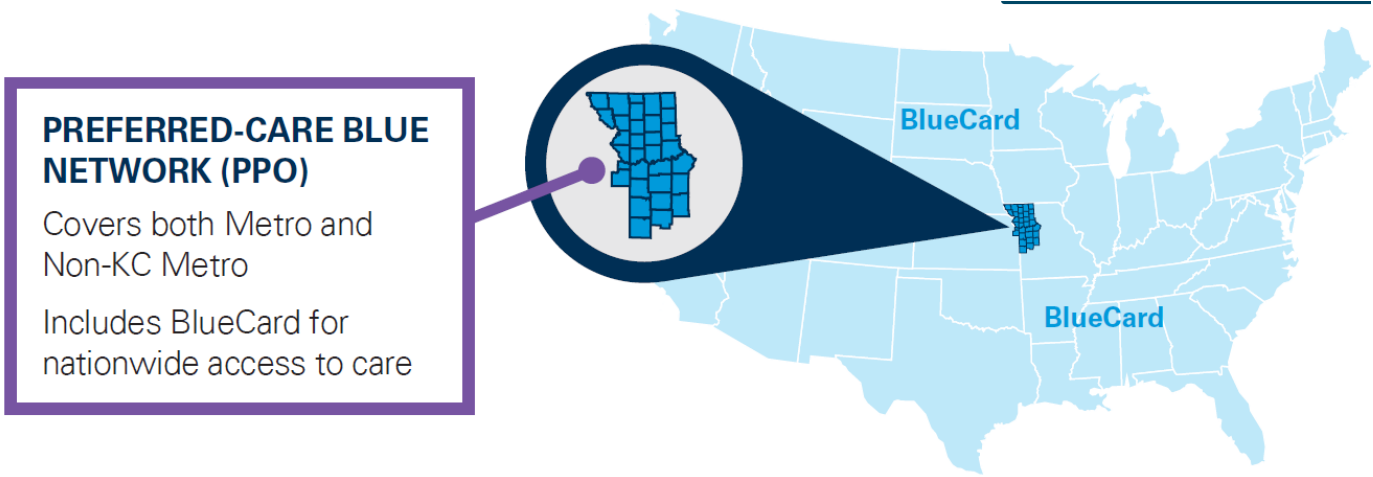




# Preferred-Care Blue Network

This network, utilized by the PPO plan, is Blue KC's signature network that includes more doctors, more hospitals, and more healthcare choices, with high-quality care standards you expect. Preferred-Care Blue network is a broad network that gives you the largest selection of providers within Blue KC's 32-county service area. Outside the 32-county service area, the network gives you access to doctors and hospitals across the country via Blue KC's BlueCard program. With the BlueCard program, you will be able to take your benefits with you — wherever you go.

**Over 6,800 providers and  
50+ hospitals.**



# Blue KC Resources

## Virtual Care

Blue KC provides our members with 24/7 sick care or for behavioral health needs by appointment. Now it's easier than ever for you to "see" a provider right from your smartphone, tablet, or computer. Try out this convenient service the next time you need sick care or for behavioral health appointments.

### Always private and secure

#### Urgent or sick care needs

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

#### Behavioral healthcare needs

- Therapists and psychiatrists are available for sessions by appointment
- Affordable visits based on your plan's benefits, and vary by provider type

## Blue KC Mobile App

### THE MYBLUEKC APP PUTS SO MUCH IN YOUR HANDS.

Learn about more benefits and programs that come with your Blue KC coverage.

To access Blue KC Virtual Care, download the MyBlueKC mobile app or visit [virtualcare.bluekc.com](https://virtualcare.bluekc.com).

Members can access Virtual Care for 24/7 sick care or for behavioral health visits by appointment using the MyBlueKC mobile app.

Scan the QR code with your mobile device to download the app.



# Mindful by Blue KC

## Behavioral Health Services for the Whole You

Behavioral health refers to the relationship between your behavior and overall well-being. Your behavioral health impacts your ability to function in everyday life and your concept of self.

Stress, depression, anxiety, substance use, and other behavioral health issues can affect how you manage your physical health and daily living challenges. When you're in touch with your behavioral health, you can take better care of the whole you.

Mindful by Blue KC is a program that works to reduce the stigma surrounding behavioral health. It makes care more accessible and affordable, so you get the care you need.

## It All Starts With the Mindful Advocate

Our licensed behavioral health clinicians will match you to providers and guide your care plan.

### A Mindful Advocate is your single point of contact for:

- Listening
- Navigating care
- Crisis management
- Benefits guidance
- Connecting you to care
- Follow-up



## MINDFUL BY BLUE KC SERVICES



Get help with major life events.



Have live chat therapy sessions.



Schedule a video visit via the *Blue KC Virtual Care* app.



Connect to immediate care in event of a crisis.

GO ONLINE. 

OR CALL. 

To learn more, visit [MindfulBlueKC.com](https://www.mindfulbluekc.com). Talk with a Mindful Advocate 24 hours a day, 7 days a week. Call 833-302-MIND (6463). Or call the behavioral health number on the back of your member ID card.

# Health Savings Account

If you enroll in the HDHP, you may be able to open an HSA. An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

**Tax savings:** You contribute pretax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

**Reduced out-of-pocket costs:** You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. You can use your HSA funds to help you meet your plan's annual deductible.

**A long-term investment that stays with you:** Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds so your available healthcare dollars can grow over time.

**The opportunity for future savings:** Save unused HSA funds from year to year. You can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

## How Much You Can Deposit Into an HSA in 2025

IRS annual contribution limits (calendar year)	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual	\$4,300	\$5,300 (includes \$1,000 "catch-up" contribution)
Family	\$8,550	\$9,550 (includes \$1,000 "catch-up" contribution)

### You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), healthcare flexible spending account (FSA) or health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- **You are not enrolled in Medicare, TRICARE or TRICARE For Life.**
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.



## Distributions

HSA distributions are tax-free if they are used to pay for qualified medical expenses.

- Qualified medical, dental and vision expenses not covered by insurance
- Qualified long-term care services and long-term care insurance
- Continuation of coverage required by federal law (i.e., COBRA)
- Health insurance for the unemployed
- Medicare expenses (but not Medigap)
- Retiree health expenses for individuals aged 65 or older

Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals aged 65 or older.

## For More Information

Refer to the HDHP/HSA Guide.



# Dental Insurance



The Department will continue to offer a choice of two dental plans through Blue KC. Keep in mind, the information in the chart provided is a summary only. Please refer to your certificate for complete details of plan benefits, limitations, and exclusions.

## Dental Benefit Summary

Provider network	Base plan			Buy-up plan		
	Blue Dental PPO	Blue Dental Choice	Non-Participating	Blue Dental PPO	Blue Dental Choice	Non-Participating
<b>Calendar year deductible</b> (basic and major services)	\$25 individual/\$75 family			\$25 individual/\$75 family		
<b>Type I — diagnostic and preventive services</b> Oral evaluations — two per calendar year X-rays — complete mouth one every three calendar years; single tooth 12 per calendar year; bitewing two per calendar year Teeth cleaning — two per calendar year	No charge	No charge	10%	No charge	No charge	10%
<b>Type II — basic services</b> Fillings — composite fillings Recementation of existing inlays, crowns, and bridges Endodontics — root canals and pulpal therapy Periodontics — gum/tissue care and surgery	20%	20%	40%	20%	20%	40%
<b>Type III — major services</b> Single crowns, inlays, onlays, bridges, and dentures Maintenance of prosthodontics – adjust/ repair of dentures	50%	50%	75%	50%	50%	75%
<b>Type IV — orthodontia services</b> Adult and dependent	Not covered			50%	50%	50%
<b>Calendar year maximum*</b>	\$1,000			\$2,000		
<b>Orthodontia lifetime maximum*</b>	Not covered			\$2,000	\$2,000	\$1,000

\*Per person

Dental Rewards — If you have calendar year claims between \$1-\$300, you will receive \$250 in rewards to use next year and beyond. Your accumulated rewards total is capped at \$500.

Percentages are member-paid coinsurance levels.

## Monthly Retiree Premiums

	Base plan	Buy-up plan
Employee	\$28.63	\$42.43
Employee + 1 Dependent	\$54.18	\$80.46
Employee + Family	\$82.86	\$122.84

# Vision Insurance



Vision coverage is offered through VSP. The benefit frequency plan year is May 1 through April 30. Please refer to your certificate for complete details of plan benefits, limitations, and exclusions.

## Vision Benefit Summary

	In-network	Out-of-network
<b>Exams</b>		
Exams	\$10 copay	Up to \$45
Contact lens fitting and evaluation	\$60 max copay	N/A
Frequency	Every 12 months	
<b>Lenses</b>		
Single vision lenses	\$25 copay	Up to \$30
Lined bifocal lenses	\$25 copay	Up to \$50
Lined trifocal lenses	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
Frequency	Every 12 months	
<b>Frames: up to plan allowance, then 20% off over allowance</b>		
Retail frame allowance	\$165 allowance	Up to \$70
Featured frame brand allowance	\$215 allowance	N/A
Visionworks retail allowance	\$215 allowance	N/A
Walmart and Sam's retail allowance	\$90 allowance	N/A
Frequency	Every 24 months	
<b>Contact lenses: in lieu of eyeglass benefit</b>		
Elective contact lenses	\$165 allowance	Up to \$105
Medically necessary	\$25 copay	Up to \$210
Frequency	Every 12 months	
<b>Covered lens enhancements</b>		
Standard progressives	Covered in full	Up to \$50
Polycarbonate (children)	Covered in full	N/A

## Monthly Retiree Premiums

Employee	\$6.32
Employee + 1 dependent	\$12.64
Employee + family	\$20.34



## Life/Accidental Death & Dismemberment (AD&D) Insurance



The Department provides, at a low group rate, basic life and accidental death and dismemberment insurance through The Standard. In the event of your death, our Life insurance policy helps provide a general safety net for your beneficiaries. Your coverage is equal to \$10,000. As a retiree, you may enroll in Spouse Basic Life with a coverage amount of \$10,000. When you or your spouse reaches age 70, your coverage will be reduced to \$5,000.

### Monthly cost

The cost for retirees is \$1.35 per \$1,000 of benefit per month. The cost for adding spouse coverage is \$5.49 per month.







# Contacts

## Medical and Prescription Drugs

### UnitedHealthcare Medicare Advantage Plan

Member services: 866.868.6746  
Website: [retiree.uhc.com](http://retiree.uhc.com)

### Blue Medicare Tie-In Plan G

Sheri Blankenship: 816.395.2916  
Member services: 888.892.8907  
Website: [medicarebluekc.com/bopc](http://medicarebluekc.com/bopc)

### Blue KC

Enrollment and plan questions: 833.553.1997  
or [kcpdbenefits@lockton.com](mailto:kcpdbenefits@lockton.com)

Member services: 816.395.2393 (local),  
888.279.8183 (toll-free)  
Website: [bluekc.com](http://bluekc.com)

## Dental

### Blue KC

Member services: 816.395.2393 (local),  
888.279.8183 (toll-free)  
Website: [bluekc.com](http://bluekc.com)

## Vision

### VSP

Member services: 800.877.7195  
Website: [vsp.com](http://vsp.com)

## Life Insurance

Member services: 888.937.4783  
Website: [standard.com](http://standard.com)

## Medicare Consultant

Courtenay Brummer: 816.751.2637  
[courtenay.brummer@lockton.com](mailto:courtenay.brummer@lockton.com)

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a certificate or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time, and without advance notice to any person.