



Safe today. Strong tomorrow.

2026 Benefits Plan

Eligibility for Benefits

Employees become eligible for benefits on the first of month following date of hire.

Medical



Kansas City

	Blue Care HMO		Preferred Care Blue PPO \$1,000		Preferred Care Blue PPO \$2,700		Spira Care \$2,500	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	Spira Center	BSP Network
Deductible								
Individual	None	N/A	\$1,000	\$1,000	\$2,700	\$2,700	None	\$2,500
Family	None	N/A	\$3,000	\$3,000	\$5,400	\$5,400	None	\$5,000
Member Coinsurance	None	N/A	20%	50%	20%	40%	None	0%
Out-of-Pocket Maximum								
Individual	\$3,300	N/A	\$4,000	\$8,000	\$5,400	\$10,800	\$2,500	
Family	\$6,600	N/A	\$8,000	\$16,000	\$10,800	\$21,600	\$5,000	
Physician Visits								
Primary	\$30	N/A	\$30	Ded + 50%	\$40	Ded + 40%	No Charge	Deductible
Routine Preventive	\$0	N/A	\$0	Ded + 50%	\$0	Ded + 40%	No Charge	\$0
Specialist	\$60	N/A	\$30	Ded + 50%	\$40	Ded + 40%	N/A	Deductible
BlueKC Virtual	\$10	N/A	\$10	N/A	\$10	N/A	None	None
Telehealth (Non-BlueKC Virtual)	\$30	N/A	\$30	Ded + 50%	\$40	Ded + 40%	N/A	Deductible
Hospital Services								
Inpatient Hospitalization	\$400/day to \$2,000/year	N/A	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 40%	N/A	Deductible
Physician Services	Included	N/A	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 40%	N/A	Deductible
Outpatient Surgery	\$400/day to \$2,000/year	N/A	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 40%	N/A	Deductible
Outpatient Diagnostics	\$100	N/A	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 40%	N/A	Deductible
Urgent Care Visit	\$60	N/A	\$30	Ded + 50%	\$40	Ded + 40%	No Charge	Deductible
Emergency Room Visit	\$100 Copay		\$100 Copay + Ded + 20%		\$100 Copay + Ded + 20%		N/A	Deductible
Retail Prescription Benefits								
Tier 1/2	\$15/\$70	N/A	\$15/\$70	Retail Copay + 50%	\$15/\$70	Retail Copay + 50%	\$15/\$50	
Tier 3/4	\$110/\$200		\$110/\$200		\$110/\$200		Deductible / N/A	
Mail Order Tier 1/2/3	\$37.50/\$175/\$275		\$37.50/\$175/\$275		\$37.50/\$175/\$275		\$15/\$125/Deductible	

Dental Voluntary



Benefits	Option 1 - Preventive Plus	Option 2 - PPO	
		In-Network	Non-Network
Deductible	\$50/\$150	\$50/\$150	\$100/\$300
Coinsurance			
Preventive Services	0%, No Deductible	0%, No Deductible	0%, No Deductible
Basic Services	50% After Deductible	10%, After Deductible	20%, After Deductible
Major Services	Discount Only	40%, After Deductible	50%, After Deductible
Ortho Services*	Discount Only	50%, No Deductible	50%, No Deductible
Annual Maximum	\$1,000	\$1,000	\$1,000
Othodontia Lifetime Maximum	N/A	\$1,000	\$1,000

*Ortho services are for dependent children under age 19. A 12-month waiting period applies.

**A 12-month waiting period applies for Major Dental services. That waiting period may be decreased or waived based on member's previous dental insurance

Vision Voluntary



Benefits	Frequency	Insight Network
Eye Exam	Once Every 12 months	\$10 Copay
Prescription Glasses		\$25 Copay
Lenses	Once Every 12 months	Included in Glasses Payment
Leses Enhancements - Scratch Resistant Coating - Standard Progressive		\$0 Copay \$90 Copay
Frames - Up to \$130 Allowance	Once Every 24 Months	Included in Glasses Copay 20% discount on balance over \$130
Contact Lenses - Conventional, Disposable - Medically Necessary - Standard Eye Exam & Fitting	Once Every 12 Months Instead of Glasses	\$0 Copay \$130 Allowance Covered in Full Up to \$40

FSA



An FSA account allows you to set aside pre-tax, payroll deducted dollars to help pay for eligible health care and dependent care expenses.

Plan Description	
Medical Reimbursement	\$2,500 Max Election
Dependent Care Reimbursement	\$7,500 Max per Household

Basic Life and AD&D



Plan Description	
Amount	\$50,000
Reduction Schedule	To 65% at 65 To 40% at 70 To 25% at 75

Term Life Insurance

Voluntary



Plan Description	
Employee	\$10,000 to 5x annual salary up to \$500,000 \$100,000 Guarantee Issue** (under age 60)
Spouse*	\$5,000 to 50% of employee's benefit, up to \$250,000 \$30,000 Guarantee Issue** (under age 60) Spouse coverage terminates at age 70
Child(ren)*	\$10,000 (14 days old to age 26)

*Employee must elect coverage in order to cover a spouse or dependent.

**Guarantee Issue is only available during this initial eligibility period. Subsequent elections or requests for increases may require evidence of insurability (EOI).

Short Term Disability



Plan Description	
66 2/3% of weekly earnings up to \$500 per week	
Elimination Period	30 Days
Maximum Benefit Period	22 Weeks

Long Term Disability



Plan Description	
60% of monthly earnings up to \$5,000 per month	
Elimination Period	180 Days
Maximum Benefit Period	Own Occ - 24 Months Any Occ - up to SSNRA

Employee Assistance Program



When life and your responsibilities start to feel overwhelming, and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) through CuraLinc for support.

Services Include:

- Counseling & Crisis Support
- Finance and Legal Support
- Coaching
- Adult & Child Care Resources
- Personal & Professional Training
- Digital Behavioral Health Tools

Available 24/7, even on holidays.

- Call 888.881.5462
- Visit www.supportlinc.com

Contacts

Medical

Blue Cross Blue Shield of Kansas City
888.989.8842
www.bluekc.com

Dental (Voluntary)

Humana
800.448.6262
www.humana.com

Vision (Voluntary)

Blue Cross Blue Shield of Kansas City
888.989.8842
www.bluekc.com

Life, AD&D and Disability

Lincoln Financial
877.275.5462
www.lfg.com

Flexible Spending Account

Surency
866.818.8805
www.surency.com

Employee Assistance Program

CuraLinc
888.881.5462
www.supportlinc.com
Code: synergyservices

Human Resources

Joni Schwan
816.505.4782
jschwan@synergyservices.org

Legal Notices

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Notice of Patient Protections

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you can designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

You do not need prior authorization from your plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

HIPAA Privacy

Your employer is required by law to take reasonable steps to ensure the privacy and inform you about the uses of your protected health information (PHI). The use and disclosure of PHI is regulated by the federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A more complete description of your privacy rights and protections is available to you on request. Contact the Human Resources Department with any questions or to request a copy of the full HIPAA privacy notice.



PLANS ARRANGED BY:

The Miller Group
(816) 333-3000
www.millercares.com

Disclaimer: The benefits outlined in this document are intended for summary purposes only and are not intended to be a complete explanation of all plan provisions. Please refer to the actual plan document or plan certificate for detailed provisions of the plan.