Kingman Healthcare Center

Employee Benefits Snapshot Guide

January thru December 2026

PIC
Professional Insurance Consultants
Benefit Services For Your Business Needs

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2026 Enrollment Guide

Kingman HealthCare Center
Employee Health Benefits
Effective Date January 1, 2026
Group 2314

Insurance Administrator of America, Inc. Medical/RX Administration

ProviDRs Care PPO Network

TrueRx Prescription Vendor

Teladoc Telemedicine

Insurance Administrator of America
Important Contact Information

Welcome To Your Open Enrollment Period!

Insurance Administrator of America, Inc. (IAA) is your "Health Plan" administrator. IAA is responsible for customer service, quoting benefits, processing claims, appeals and other services related to your Medical and Prescription Plan. IAA has been providing health care solutions for private and public sector employer groups for over two decades.

Medical: ProviDRs Care PPO is your National Provider Network with access to quality care providers.

Prescription: TrueRx is your Prescription Vendor.

IAA is your contact for Medical and Prescription benefits, questions, and concerns.

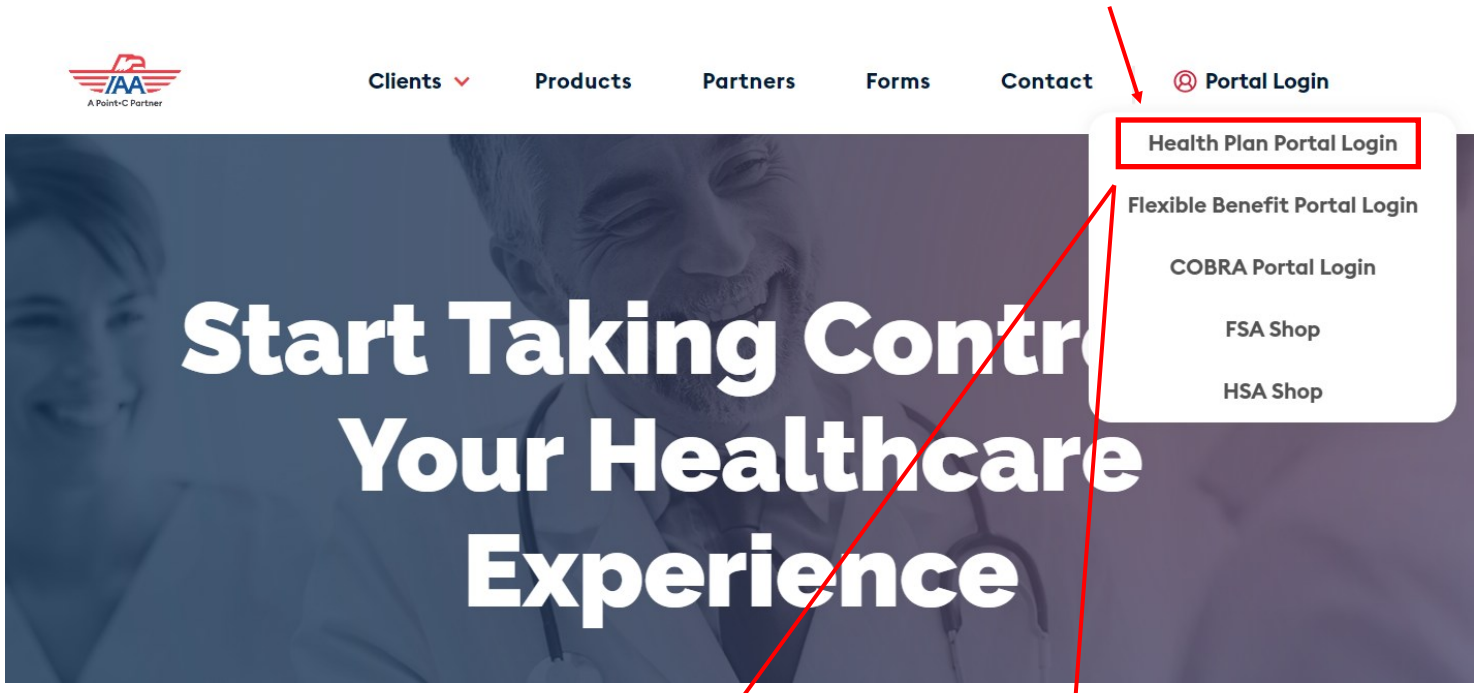
IAA Building
1934 Olney Avenue Cherry Hill, NJ 08003

IAA Hours of Operation EST
Monday—Friday 8:30AM to 8:00PM

IAA Customer Service	1-800-283-2524	Claims@iaatpa.com
IAA Portal	Register for 24/7 Account Access www.iaatpa.com	
Additional ID Cards	Angela Pino Ext. 8224 or Angelap@iaatpa.com	
COBRA	Phone 1-856-484-5277, Fax 1-856-888-2855 or Cobra@pointchealth.com	
TrueRx	Register for Account Access wwwtruerx.com or hello@truerx.com	
WB RX Express	1-855-391-0126	
Teladoc	1-800-Teladoc www.teladoc.com	

Welcome to IAA!

Log in or Register at www.iaatpa.com for secure web access to
Eligibility, Claims, Temporary ID Card, Health Information, Provider Search



RETURNING USER LOGIN

Username

This is typically your email address.

Password

Show Password

Login

ARE YOU NEW HERE?

Members and Healthcare Providers need to self-register a website account before they can login. Employers will need to contact Insurance Administrator of America for registration.

CREATE A NEW LOGIN ACCOUNT

New Member Registration

1. Log onto www.iaatpa.com
2. Click “Login”
3. Select “Member”
4. Select " Member Health Plan Login"
5. Select "Create A New Login Account

If you have any questions please contact IAA @ 1-800-283-2524

INSURANCE ADMINISTRATOR OF AMERICA, INC.
P.O. Box 5082 • Mt. Laurel, NJ 08054 • 800-283-2524 • 800-220-7786 fax • www.iaatpa.com

Kingman Healthcare Center
Schedule of Benefits
January 1, 2026
Non-Grandfathered Plan

Benefits	Option A PPO Plan		
	*Domestic: Kingman Healthcare Center	*Participating	*Non-Participating
***In-Network Services** *(Participating)* Allowables are based on the Negotiated Rate established in a contractual arrangement with a Provider and/or Facility.			
***Out-of-Network Services** *(Non-Participating)* **- Payments are subject to the "Maximum Allowable Charge"** "Maximum Allowable Charge" shall mean the benefit payable for a specific coverage item or benefit under the Plan. Maximum Allowable Charge(s) may be the lesser of: 1. The Usual and Customary amount; 2. The allowable charge specified under the terms of the Plan; 3. 125% of the Medicare Reimbursement Rate; or 4. The actual billed charges for the covered services. The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount. The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service. The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, up-coding, duplicate charges, and charges for services not performed.			
Please see pre-certed services at the end of the schedule of benefits. Pre-cert does not apply to Domestic Tier			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Plan Year Maximum	Unlimited	Unlimited	Unlimited
Deductible *(Per Calendar Year)*			
Individual	$0	$1,500	$2,500
Per Family Unit	$0	$3,000	$5,000
Deductible shares between Domestic and Participating; does not share between Non-Participating			
Charges tracking to the last quarter of the year (October, November, December) are applied to the following year's deductible. This does not apply to Non-Participating			
Coinsurance *(Per Calendar Year)*			
Individual	$1,000	$1,500	$2,500
Family Unit	$2,000	$3,000	$5,000
Medical Out of Pocket Maximum *(Shares between Domestic and Participating) (Includes Deductible and Coinsurance)*			
Individual	$1,000	$3,000	$5,000
Family Unit	$2,000	$6,000	$10,000
Total Out of Pocket Maximum *(Includes Copays, prescription drugs, deductible and coinsurance)*			
Individual	$5,000	$6,350	N/A
Family Unit	$10,000	$12,700	N/A
Deductible, Coinsurance, and Copayments are included in the Out of Pocket Maximum.			
Cost containment penalties do not apply toward the deductible and out-of-pocket maximum and are never paid at 100%,			
Out-of-Pocket Maximum shares between Domestic and Participating; does not share between Non-Participating			
The Plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered charges for the rest of the Plan Year unless otherwise stated.			
Services received at Non-Participating providers while traveling or Dependents living outside the Participating area will be covered at the participating Provider rate.			
Co-Payments			
Teladoc Medical and Mental Health	Covered 100%	Covered 100%	N/A
Physician Visits	Covered 100% after $15 copay	Covered 100% after $40 copay	Covered 30% after deductible
Specialist Visits	Covered 100% after $15 copay	Covered 100% after $50 copay	Covered 30% after deductible
Urgent Care Visits	Covered 100% after $15 copay	Covered 100% after $40 copay	Covered 30% after deductible
Emergency Services			
Ambulance Service	Covered 50% after Participating deductible		
Emergency Room Services	$75 copay then 80% coinsurance	$100 copay then 50% after deductible	Covered 30% after deductible
Non-Participating covered at Participating benefits for True Emergency only *The Emergency room co-payment is waived if the patient is admitted to the Hospital on an emergency basis.* *The utilization review administrator must be notified within 48 hours of the admission (please refer to your ID Card for telephone number), even if the patient is discharged within 48 hours of the admission.*			
Covered Services			
Accident Injury Services	Pays 100% up to $1,000 per person per Calendar Year then standard benefits apply.		
Initial treatment and follow-up care within ninety (90) days of an injury			
Allergy Injections/Testing	Covered 100% after $15 copay	Covered 100% after $40 copay	Covered 30% after deductible
Chiropractic Care	Covered 100% after $15 copay	Covered 100% after $40 copay	Covered 100% after $35 copay
Diabetic Self-Management Education	Covered 100% after $15 copay	Covered 100% after $40 copay	Covered 30% after deductible

Kingman Healthcare Center
Schedule of Benefits
January 1, 2026
Non-Grandfathered Plan

Benefits	Option A PPO Plan		
	*Domestic: Kingman Healthcare Center	*Participating	*Non-Participating
Dialysis Treatment *(Outpatient)*	N/A	Covered 50% after deductible	Covered 30% after deductible
Durable Medical Equipment	N/A	Covered 50% after deductible	Covered 30% after deductible
Hearing Aid	Not Covered	Not Covered	Not Covered
Home Health Care	N/A	Covered 50% after deductible	Covered 30% after deductible
Hospice Care *(Provided as part of Hospice Care Program)*	N/A	Covered 50% after deductible	Covered 30% after deductible
Hospital Inpatient Care *(Pre-certification Required)*			
Inpatient Admission	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Inpatient Physician Services	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Maternity Benefits			
Inpatient Hospital Charges *(Pre-certification Required)*	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Obstetric Care/Physician Charges	Covered 100%	Covered 100%	Covered 30% after deductible
Ultrasound	Covered 100%	Covered 100%	Covered 30% after deductible
Mental Health/Alcohol and Drug Abuse/Applied Behavioral Analysis (ABA) *(Pre-certification Required)*			
Inpatient	N/A	Covered 50% after deductible	Covered 30% after deductible
Outpatient	N/A	Covered 100% after $40 copay	Covered 30% after deductible
Office	N/A	Covered 100% after $40 copay	Covered 30% after deductible
ABA Only Home	N/A	Covered 50% after deductible	Covered 30% after deductible
Nutritional Counseling	Covered 100% after $15 copay	Covered 100% after $40 copay	Covered 30% after deductible
Organ & Corneal Transplants	N/A	Covered 50% after deductible	Covered 30% after deductible
Prosthetic Devices	N/A	Covered 50% after deductible	Covered 30% after deductible
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility *(Pre-certification Required)*	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Specialty Drugs	Not Covered	Not Covered	Not Covered
Preventive Well Care as defined by PPACA			
Breastfeeding Support, Supplies & Counseling	Covered 100%	Covered 100%	Covered 30% after deductible
Colonoscopy & Colorectal Screening/Cologuard	Covered 100%	Covered 100%	Covered 30% after deductible
Contraceptive Methods & Counseling	Covered 100%	Covered 100%	Covered 30% after deductible
GYN Exams/ PAP	Covered 100%	Covered 100%	Covered 30% after deductible
Immunization	Covered 100%	Covered 100%	Covered 30% after deductible
Mammograms	Covered 100%	Covered 100%	Covered 30% after deductible
Prostate Cancer Screening	Covered 100%	Covered 100%	Covered 30% after deductible
Routine Adult Physicals	Covered 100%	Covered 100%	Covered 30% after deductible
Tubal Ligation Services	N/A	Covered 100%	Covered 30% after deductible
Well Child Exams	Covered 100%	Covered 100%	Covered 30% after deductible
Well Child Immunizations and Lead Screening	N/A	Covered 100%	Covered 30% after deductible
Surgical Benefits			
Ambulatory Surgical Center/Free Standing Facility	N/A	Covered 50% after deductible	Covered 30% after deductible
Anesthesia at Ambulatory Surgical Center/Free Standing Facility	N/A	Covered 50% after deductible	Covered 30% after deductible
Physician Services at Ambulatory Surgical Center/Free Standing Facility	N/A	Covered 50% after deductible	Covered 30% after deductible
Physician Office	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Hospital Inpatient Surgery	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Anesthesia Hospital Inpatient	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Physician Services Hospital Inpatient	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Hospital Outpatient Surgery	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Anesthesia Hospital Outpatient	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Physician Services Hospital Outpatient	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Bariatric Surgery	Not Covered	Not Covered	Not Covered

Kingman Healthcare Center
Schedule of Benefits
January 1, 2026
Non-Grandfathered Plan

Benefits	Option A PPO Plan		
	*Domestic: Kingman Healthcare Center	*Participating	*Non-Participating
X-Rays, Ultrasound and Lab Tests - Charge By Place of Service			
Physicians Office/Independent Facility/Hospital - Outpatient Testing	Covered 100% up to a combined maximum of $300 for each covered person each Calendar Year, then covered 80%	Covered 100% up to a combined maximum of $300 for each covered person each Calendar Year, then covered 50% after deductible	Covered 30% after deductible
Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.) - Charge By Place of Service			
Physicians Office/Independent Facility/Hospital - Outpatient Testing	Covered 100% up to a combined maximum of $300 for each covered person each Calendar Year, then covered 80%	Covered 100% up to a combined maximum of $300 for each covered person each Calendar Year, then covered 50% after deductible	Covered 30% after deductible
Therapy Services			
Physical	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Occupational	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Speech	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Respiratory	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Cardiac Rehabilitation	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Chemotherapy	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Radiation Therapy	N/A	Covered 50% after deductible	Covered 30% after deductible
Infusion Therapy	Covered 80%	Covered 50% after deductible	Covered 30% after deductible
Vision Care Benefits			
Eye Exam, One in 12 Months *(Includes Refractions)* **:**	N/A	Covered 100% after $40 copay	Covered 30% after deductible
Screening exams for children under 5 (five) years of age are covered 100%			
Prescription Drug Benefit			
Rx Out of Pocket Maximum Combined with Medical			N/A
Retail *(Benefit limited to 34 day supply*)*			
Generic		$20	N/A
Brand		$55	N/A
Non-Preferred		$80	N/A
Specialty		Not Covered	N/A
Preventative Medications as defined by PPACA		$0	N/A
**The quantity per prescription shall be greater of a 34 day supply or 100 unit dosage, if defined as a maintenance drug*			
Mail Order *(90-Day Supply)*			
Generic		$40	N/A
Brand		$137.50	N/A
Non-Preferred		$200	N/A
Specialty		Not Covered	N/A
Preventative Medications as defined by PPACA		$0	N/A

Precertification List -This does not apply to Domestic Tier

The following services require Precertification

Inpatient hospitalization
Skilled nursing facility stays
Rehabilitation Facilities
Long Term Acute Care
Inpatient Mental/Nervous facility based programs
Inpatient Substance Abuse facility based programs
Transplant candidacy evaluation and transplant (organ and/or tissue)

ProviDRs Care Provider Directory https://providrscare.net/contact-us/

Kingman HealthCare Center	Log Out	Main Menu	ProviDRs Care Network
Provider Name Search	Facility/Hospital Name Search	Provider Radius Search	Create a Custom Directory

Please Read and Select a Search Option from the Menu

Provider Name Search
Search for a specific physician by last name, practice name or specialty.

Facility & Ancillary Name Search
Search for a hospital, medical facility, or ancillary provider by name or type.

Provider Radius Search
Choose a specific provider specialty or facility type and search for providers or facilities within a certain mile radius of your zip code.

Create a Custom Directory
Generate a custom PDF Directory of providers or facilities within a certain distance radius of your zip code or select statewide by a specific specialty or for all specialties.

Coverage for services received from any provider is subject to the terms of your health care benefit plan, even if services are pre-certified. Please refer to your health care benefit plan for specific information on all terms, conditions, exclusions, and limitations.

KINGMAN HEALTHCARE CENTER
MEDICAL/RX, DENTAL & VISION RATES 2x Per Month
JANUARY THRU DECEMBER 2026

Medical & RX PPO	Employee	Emp/Child	Emp/Spouse	Family
Employee Pays 2X Per Month	$ 115.13	$ 267.40	$ 304.89	$ 435.48
Hospital Pays 2X Per Month	$ 393.77	$ 592.42	$ 660.24	$ 989.57
Total Premium 2X Per Month	$ 508.90	$ 859.82	$ 965.13	$ 1,425.05
Total Monthly Premium	$ 1,017.80	$ 1,719.63	$ 1,930.26	$ 2,850.09

Dental Rates 2026	Employee	Emp/Child	Emp/Spouse	Family
Employee Pays 2X Per Month	$ 9.76	$ 28.46	$ 28.87	$ 55.34
Hospital Pays 2X Per Month	$ 9.76	$ 9.76	$ 9.76	$ 9.76
Total Premium 2X Per Month	$ 19.52	$ 38.22	$ 38.63	$ 65.10
Total Monthly Premium	$ 39.03	$ 76.44	$ 77.25	$ 130.19

COMPLIANCE SUMMARY ACA NOTICES & GOVERNMENT MANDATES 2026

Summary of Benefits and Coverage (SBC) -Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes in a standard format important information regarding covered benefits such as exclusions, cost-sharing, and continuation of coverage so you may compare across options. You may view your SBC(s) on the Kingman Healthcare Center's Employee Portal, kingmanhc.org.

Health Insurance Marketplace Coverage Options for Health Coverage

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.

USERRA Notice

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was enacted to ensure that members of the uniformed services are entitled to return to their civilian employment upon completion of their service. The following notice is designed to provide you with more information on your entitled rights and benefits under USERRA.

Women's Health and Cancer Rights Act of 1998 – Reconstructive Surgery Following a Mastectomy

If a participant or beneficiary receiving benefits under a medical program in connection with a mastectomy elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Benefit coverage may be subject to any deductibles, copays and coinsurance limitations applicable to your medical program coverage.

Under federal legislation, group health care plans may not deny participants' eligibility (or continued eligibility) to enroll in or renew coverage under the plan solely to avoid this mandated coverage. Further, plans are also prohibited from providing financial incentives or disincentives to medical providers in order to avoid the mandate.

Maternity and Newborn Infant Coverage

Coverage under the company's medical programs provides that maternity or newborn child coverage may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn 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, health care plans and insurance issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Enrollment Notice

This notice is provided to make certain you understand your right to apply for group health coverage. You can enroll or change to your coverage election within 30 days of a qualifying event. Qualifying events include loss of coverage, marriage, birth, adoption, and within 60 days of being ineligible for Medicaid or CHIP.

Privacy Policy Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the **Kingman Healthcare Center Employee Health Care Plan** to periodically send a reminder to participants about the availability of the plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the plan's legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI. To obtain a copy of the Privacy Notice or more information on the plan's privacy policies or rights under HIPAA.

Medicare Part D Creditable Coverage Notice

The prescription drug coverage you have under the Employee Health Care Plan Health and Welfare Benefit Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. (This is known as "Creditable Coverage.") **If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Creditable Coverage Notice sent from Kingman Healthcare Center in the Compliance Guide, kingmanhc.com.**

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you should not be charged more than your plan's copayments, coinsurance, and or deductible.

General Notice of COBRA Continuation Coverage Rights

This notice has important information about your right to COBRA coverage, which is a temporary extension of coverage under the plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

Children's Health Insurance Program (CHIP) Premium Assistance Under Medicaid

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from **Kingman Healthcare Center Employee Health Care Plan**, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, please see the attached notice.

Your Employee Rights Under Family & Medical Leave Act (FMLA)

Please find poster in the Compliance Notices Guide posted on the Kingman Healthcare Center's Portal, kingmanhc.com

Contact information:

Kingman Healthcare Center, Christine Jennings, Chief Human Resources Officer, 750 West D Ave, Kingman, Ks 67068, 620 532-0200, christinej@kingmanhc.com

You will find a, complete Compliance Guide posted on your Kingman Healthcare Center's Employee Portal, kingmanhc.org.

Summary of Dental Plan Benefits

Kingman Healthcare Center

Account Benefit Plan ID# 54661-01

Effective for January 1, 2026

MAXIMUM BENEFIT(S) PER PERSON:
The Maximum Benefit for all Covered Services, including Implant Services, for each Enrollee in any one Calendar Year is **Two Thousand Dollars ($2,000.00)**.

DEDUCTIBLE LIMITATIONS:
Coverage for Diagnostic and Preventive Services are not subject to the Deductible. For all other Covered Services, the Calendar Year Deductible is: **$50x3**.

RIGHT START 4 KIDS℠ (RS4K):
Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.

ELIGIBLE CHILDREN AGES:
Children are eligible for coverage to age **26**.

Benefit % Paid				
Delta Dental PPO	Delta Dental Premier	Out-of-Network		
DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)				
100%	**100%**	**100%**	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral evaluations – 2 times each Calendar Year. • Bitewing x-rays – 2 times each Calendar Year for Dependents under age 18 and once each 12 months for adults age 18 and over. • Full mouth or panoramic x-rays – once each 5 years.
100%	**100%**	**100%**	**Preventive:**	Provides for the following: • Routine Cleanings – unlimited. • Topical Fluoride – 2 times each Calendar Year for Dependent Children under age 19. • Space Maintainers – for Dependent Children under age 14 and only for early loss of baby molars. • Sealants – once (1) each tooth per lifetime for Dependent Children under age 16 when applied only to adult molars with no decay or fillings on the chewing surface and intact.
BASIC (Subject to Deductible)				
80%	**80%**	**80%**	**Ancillary:**	Provides for one emergency/limited exam per Calendar Year by the Dentist for the relief of pain.
80%	**80%**	**80%**	**Oral Surgery:**	Provides for removal of teeth including pre and post-operative care, preparation of the mouth for dentures, removal of the vertical band of thin tissue that connects the tongue to the bottom of the mouth, removal of the tissue that attaches the lips to the gum above the top front two teeth, removal of tissue that connects the gums to the insides of the cheeks, and removal of a piece of tissue from a lesion and sent to the lab for testing.
80%	**80%**	**80%**	**Regular Restorative:**	Provides silver fillings; resin (white) fillings on all teeth; and stainless-steel crowns for Dependents under age 12.
80%	**80%**	**80%**	**Endodontics:**	Includes root canal treatments. When covered, payment for the initial root canal therapy is limited to one per lifetime, per tooth; payment for the retreatment of a root canal is limited to once per 24 months, per tooth.
80%	**80%**	**80%**	**Periodontics:**	a. Includes procedures for the treatment of diseases of the gums and bones. Periodontal cleaning is unlimited if diagnosed with periodontal treatment history.
80%	**80%**	**80%**		b. Surgical periodontal procedures.
MAJOR (Subject to Deductible)				
50%	**50%**	**50%**	**Special Restorative:**	When teeth cannot be restored with a filling, provides for individual crowns.
50%	**50%**	**50%**	**Prosthodontics:**	a. Includes bridges, partial and complete dentures.
50%	**50%**	**50%**		b. Repairs and adjustments of bridges and dentures.
50%	**50%**	**50%**		c. Implants.
ORTHODONTICS (Subject to Deductible)				
0%	**0%**	**0%**	**Orthodontics (Braces):**	Orthodontic appliances and treatment.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a **Delta Dental PPO™** or **Delta Dental Premier®** network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at **DeltaDentalKS.com**, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

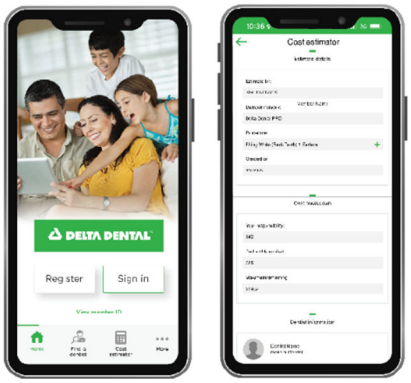
MANAGING MY BENEFITS

At **DeltaDentalKS.com**, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- And more!



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

**The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*

Dental Rates 2026	Employee	Emp/Child	Emp/Spouse	Family
Employee Pays 2X Per Month	$ 9.76	$ 28.46	$ 28.87	$ 55.34
Hospital Pays 2X Per Month	$ 9.76	$ 9.76	$ 9.76	$ 9.76
Total Premium 2X Per Month	$ 19.52	$ 38.22	$ 38.63	$ 65.10
Total Monthly Premium	$ 39.03	$ 76.44	$ 77.25	$ 130.19

KANSAS CITY LIFE

GROUP BENEFITS

Ninnescah Valley Health Systems, Inc. dba Kingman Healthcare Center

- Life & Dependent Life
- Long-Term Disability
- Voluntary Life

Life Insurance

Kansas City Life
Insurance Company

Group
Benefits

Do you have a spouse, dependent children or a parent in your life who relies on you for support? If the answer is "Yes," life insurance may be the choice for you.

Given the loss of the primary wage earner, 1 in 3 households would have immediate trouble paying living expenses.

Source: *2016 Insurance Barometer Study, Life Happens and LIMRA.*

93% of U.S. workers with employer-based life insurance benefits believe most people need life insurance.

Source: *2015 Life Insurance Awareness Month Fact Sheet, LIMRA.*

Life insurance continues to be an integral part of an employer's benefits package. Today, employees have come to recognize that having life insurance is a necessity. Stories of loved ones leaving behind families with no financial protection are becoming all too familiar. Kansas City Life Insurance Company's Group Life plan can help you get the protection and comfort you need.

Take this opportunity to review the life insurance benefits available to you on behalf of Ninnescah Valley Health Systems, Inc. dba Kingman Healthcare Center

Benefit Summary

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Your benefit coverage is $50,000.

Your depenendent benefits are: Spouse - $10,000 / Child – 0 days to 26 years *$5,000.

Coverage reduces 50 percent at age 70. Coverage terminates at retirement.

**May vary by state.*

	KHC Pays
ER paid Life	$4.50
ER paid AD&D	$1.00
Total Premium Per Month	$5.50
ER paid Dep Life per Family Unit	$2.50

Accidental Death & Dismemberment

The amount shown is paid if a covered loss occurs within 90 days after accidental bodily injury or death, on or off the job.

Loss of	Percentage of Amount Insured
Life	100%
Movement of both upper and lower limbs (Quadriplegia)	100%
Movement of three limbs (Triplegia)	75%
Movement of both lower limbs (Paraplegia)	75%
Movement of both upper and lower limbs on one side of the body (Hemiplegia)	50%
One hand, one foot or sight of one eye	50%
Speech or hearing	50%
Movement of one limb (Uniplegia)	25%
Thumb and index finger only	25%

Kansas City Life will not pay more than 100 percent of the amount insured for all losses sustained by an individual in one accident. Only the largest amount shown will be paid for injuries to the same limb resulting from any single accident.

Additional Benefits
Waiver of Premium
Conversion Privilege
Accelerated Death Benefit
Spouse Education Benefit
Child(ren) Education Benefit
AD&D Benefits include: Seat Belt/Air Bag Benefit, Repatriation Benefit

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states

Policy and certificate referenced: PJ136/CJ136

Enroll today!

Complete, sign and turn in your enrollment form to Human Resources and know that you have taken an important step to help offset a financial burden in the event of an untimely death.

Dedicated to excellence.
Your partner in employee benefits.

KANSAS CITY LIFE

GROUP BENEFITS

Underwritten by:
Kansas City Life Insurance Company
3520 Broadway
Kansas City, MO 64111-2565
P.O. Box 219425
Kansas City, MO 64121-9425
Toll-free: 877-266-6767, ext. 8200
Fax: 816-531-4648
groupbenefits@kclife.com
www.kclgroupbenefits.com

2025 Plan Year

Long Term Disability (LTD)

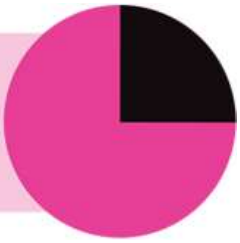
Kansas City Life
Insurance Company

Group
Benefits

Do you have a spouse, child or parent in your life who relies on you for financial support? If so, how would they obtain the finances needed for necessities such as food, utilities and other expenses if you became disabled and unable to work?

Just over 1 in 4 of today's 20-year-olds will become disabled before age 67.

Source: *Social Security Basic Facts, 2015.*



According to the Federal Reserve and the U.S. Census Bureau, only 38% of adults have an emergency fund to use in place of income to pay bills.

Source: *CDA 2014 Consumer Disability Awareness Study.*

Long Term Disability is one of the coverages people think they can go without. Unfortunately, anyone can suffer a disability. In the event of an accident or illness that leaves you unable to work, disability coverage is a way to help secure your future financially, by maintaining an income that otherwise would cease if you stop working.

LTD BENEFIT SUMMARY FOR

Ninnescah Valley Health Systems, Inc. dba Kingman Healthcare Center

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Plan of Benefits	
Monthly Benefit:	66.67% of Monthly Earnings
Minimum Monthly Payment:	The greater of $100 or 10% of your Gross Monthly Payment
Maximum Monthly Benefit:	$12500 per month
Elimination Period (the number of days you must be continuously disabled due to injury or sickness before benefits begin):	90 consecutive days
Accumulation of Elimination Period (if you return to work while satisfying the elimination period, you may satisfy your elimination period within the accumulation period):	180 consecutive days
Pre-Existing Condition Limitation: Benefits will not be paid if disability begins in the first 12 months following effective date of coverage and is caused by, contributed to by, or the result of a condition for which:	You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 3 months just prior to effective date of coverage

Note: Includes Employee Assistance Program, up to five face-to-face visits per member, per issue, per year.

Employer Paid LTD Rate: Per $100 Covered Payroll is 0.44.

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Policy and certificate referenced: PJ140/CJ140

KANSAS CITY LIFE

GROUP BENEFITS

Underwritten by:
Kansas City Life Insurance Company
3520 Broadway
Kansas City, MO 64111-2565
P.O. Box 219425
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2025 Plan Year

Voluntary Life Insurance

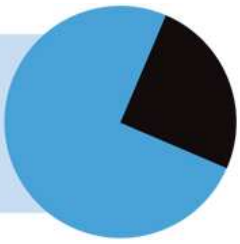
Kansas City Life Insurance Company

Group Benefits

Determining how much life insurance you need requires a careful evaluation of your current and future financial obligations. Ask yourself: How much money will my family need after my death to meet immediate expenses, such as funeral expenses and debts? How much money will my family need to maintain its standard of living over the long run?

Nearly 1 in 4 people with only group insurance feel they need more.

Source: *2016 Insurance Barometer Study, Life Happens and LIMRA.*



If you are one of those four individuals, now is the time to consider purchasing additional coverage. Typically, voluntary life insurance coverage offered through an employer is more affordable than purchasing an individual policy. Insurance premiums will be automatically deducted from your paycheck, and if you enroll in a timely manner, you may select a benefit in which you are not required to supply evidence of good health.

In order to evaluate how much life insurance you need, review your family's circumstances. In order to make this process easier for you, and to get a general sense of your needs, look at the calculator below. It will walk you through the process and provide you with an estimate of your insurance needs in a matter of minutes.

Most individuals are surprised to find out they are underinsured. How much life insurance do you need to protect your family? This simple worksheet can give you an idea.

1) Your current annual income:	$_____
2) Years spouse will need your income (do not exceed seven years):	_____
Simply multiply line 1 by line 2 and put total here.	$_____
3) Mortgage and other outstanding debts:	$_____
4) College costs for each child, in today's dollars:	$_____
Add lines 3 and 4 and put total here.	$_____
Now add your two totals and put total here.	$_____
5) Other life insurance	$_____
6) Subtract line 5 from the total	$_____
Estimated life insurance needed	$_____

Based on the amounts listed above, this is an estimate of the life insurance you need.

VOLUNTARY LIFE BENEFIT SUMMARY FOR
Ninnescah Valley Health System, Inc. dba Kingman H

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Your benefit coverage is in increments of $10,000, minimum of $10,000, to a maximum of $500,000, not to exceed 5 times annual earnings, whichever is less. Amounts in excess of the guaranteed issue amount of $100,000 will require evidence of insurability. If the employee is age 70 or over, the amount is $25,000.

Your spouse's benefit is in increments of $5,000, minimum of $5,000, to a maximum of $250,000, or one half of the employee's elected amount, whichever is less. Amounts in excess of the guaranteed issue amount of $30,000 will require evidence of insurability. The spouse's premiums are based on the employee's age.

The benefit amount for your children is in increments of $2,500 to a maximum of $10,000, or one-half of the employee's elected amount, whichever is less.

*May vary by state.

Employee & Spouse Age/Rates per $1,000					
Age 29 and under	$0.114	45-49	$0.224	65-69	$1.104
30-34	$0.124	50-54	$0.314	70-74	$2.820
35-39	$0.124	55-59	$0.494	75+	$4.630
40-44	$0.164	60-64	$0.684	Child rates per $2,500	$0.404

Coverage reduces 50 percent at age 70. Coverage terminates at retirement.

Additional Benefits
Waiver of Premium
Conversion
Portability
Accelerated Death Benefit
Accidental Death and Dismemberment including** - Seat Belt / Airbag - Repatriation - Day Care - Spouse and Child Education - Common Disaster

**Subject to state approval

Enroll today!

Complete, sign and turn in your enrollment form to Human Resources.

Coverage Limitation*

If a Covered Person dies by suicide, while sane or insane, within two years of the policy effective date, the amount payable by Us will be equal to the total premiums paid. If a Covered Person dies by suicide, while sane or insane, within two years after the effective date of any increase in the specified amount, the amount payable by Us associated with such increase will be limited to the cost of insurance associated with the increase.

May vary by state.

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Policy and certificate referenced: PJ136/CJ136

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My Company Plan

Appendix to the BESTflex Plan Summary Plan Description
This document outlines all of the options included in your company's BESTflex Plan. It may include options you have chosen not to participate in. For further information about your plan, refer to your BESTflex Plan Summary Plan Description.

My Plan

Organization Name	Ninnescah Valley Health Systems, Inc (N13997)
Cafeteria Plan Name	Ninnescah Valley Health Systems, Inc. Medical Flexible Spending Account Plan
Plan Year	January 1 - December 31

My Plan Eligibility

Benefit Type	Eligibility
Dependent Care FSA	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Limited	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Standard	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
HSA Contributions	Employees must participate in a qualified High Deductible Health Plan. See your Summary Plan Description (SPD) for more information.
Insurance Premiums	Employees otherwise eligible for certain insurance coverages (listed in the My Other Pretax Benefits section) are eligible to pay for those premiums before taxes.

My FSA Options

You may choose to participate in and contribute to the following flexible spending account (FSA) options.

Dependent Care FSA

Used for daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must be working, looking for work, or be a full-time student to use this account.

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$7,500

Health Care FSA - Limited (with Rollover)

Used for eligible vision and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s). This plan is compatible with making health savings account (HSA) contributions in the same plan year. You may only enroll in one Health Care FSA for the plan year – the limited or the standard.

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$3,400
Rollover Details:	Your Health Care FSA - Limited option includes rollover, which allows unused balances of up to $680 to roll into the next plan year. Please refer to Health Care FSA Details in your BESTflex Plan Summary Plan Description (SPD) for more information about how rollover works.

Health Care FSA - Standard (with Rollover)

Used for eligible medical, vision, and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s). This plan is not compatible with making health savings account (HSA) contributions in the same plan year. You may only enroll in one Health Care FSA for the plan year – the limited or the standard.

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$3,400
Rollover Details:	Your Health Care FSA - Standard option includes rollover, which allows unused balances of up to $680 to roll into the next plan year. Please refer to Health Care FSA Details in your BESTflex Plan Summary Plan Description (SPD) for more information about how rollover works.

Submitting FSA Claims

The Accessing Your Funds section in your BESTflex Plan Summary Description includes more information about the following.

Submitting FSA Claims for Reimbursement Online, through the Mobile App, or on a Claim Form

You may submit claims for reimbursement online at www.ebcflex.com, through the mobile app, or by filling out and submitting a claim form. Reimbursement is made in the order claims are received. The first claim received and processed is the first one paid from the FSA.

Paying for Eligible Health Care Expenses with the Benefits Card

Your employer's Health Care FSA includes a Benefits Card. The Benefits Card is a prepaid debit card you can use to pay for eligible expenses with funds directly from your Health Care FSA balance.

The Benefits Card debits your Health Care FSA when you use the card at approved service providers and retailers to pay for eligible expenses. Remember to save your receipts and purchase documentation when using the Benefits Card. If your transaction cannot be automatically substantiated at the point of sale, you will be sent a Documentation Request to verify the expense is eligible for payment from your Health Care FSA.

You can only use your Benefits Card for an expense incurred in the same plan year it is paid. To be reimbursed during your runout period for prior plan year expenses, submit a claim for reimbursement online, through the mobile app, or on a claim form.

If you use your Benefits Card while you have pending claims for reimbursement that you previously submitted, your Benefits Card transaction may be processed before the pending claims. As a reminder, the first claim processed is the first one paid from the Health Care FSA.

Runout Period

Your runout period is 3 months long and you may submit claims for eligible expenses incurred during the plan year until March 31, 2027.

Health Care FSA Termination:

If you end your employment, lose eligibility, or revoke your Health Care FSA mid-plan year, your FSA terminates. Your Benefits Card is not available for use after your FSA termination date; however, you have 3 months from the date your FSA terminates to submit Health Care FSA claims for eligible expenses incurred prior to your FSA termination date.

If you are eligible for and choose to elect COBRA continuation coverage on your Health Care FSA, your FSA is reactivated and you have access to your entire election as long as you remain on COBRA.

My Other Pretax Benefits

The BESTflex Plan allows your employer to withhold certain pretax benefit contributions from your payroll before taxes, which saves you money.

Group Insurance Premiums	Renewal Date
Accident	January 1
Dental Insurance	January 1
Hospital Indemnity	January 1
Medical Insurance	January 1
Vision Care	January 1

Health Savings Account (HSA) Contributions

If you are an eligible HSA accountholder, your BESTflex Plan allows you to contribute to your HSA on a pre-tax basis by making a salary reduction election.

Additional Details

Employer Contributions	The Employer will contribute monthly the following amounts into the Employee's Health Savings Account (HSA) based on their coverage type: $50 Single, $50 Family.
Administration Fees	Your employer is paying all fees for this plan.

My Health Care FSA ERISA Information

ERISA Status	The Plan is governed by ERISA
Contact	Human Resources Representative
Plan Administrator	Ninnescah Valley Health Systems, Inc
Address	750 West D Avenue Kingman, KS 67068
Telephone	(620)532-0200
Federal ID Number	48-0761700
Legal Plan Name	Kingman Healthcare Center Flexible Compensation Plan
Plan Number	501
Original Effective Date	1/1/2019
Agent for Service of Process	Christine Jennings
Collectively Bargained	No

Your company, Ninnescah Valley Health Systems, Inc, has adopted the BESTflex Plan (the Plan) and has engaged Employee Benefits Corporation, P.O. Box 44347, Madison, WI, 53744 (telephone: 608 831 8445; toll free: 800 346 2126), to provide services related to the Plan. For purposes of federal law, the Employer is the Plan Sponsor and the Plan Administrator.

Employee Benefits Corporation Contact Information

Web Address	www.ebcflex.com
E-mail Address	participantservices@ebcflex.com
Fax Number	(608) 831-4790
Mailing Address	Employee Benefits Corporation PO Box 44347 Madison, WI 53744-4347
Phone Number	(800) 346-2126 (608) 831-8445

Employee Benefits Corporation

Standard Health FSA Eligible Expenses

There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **standard health FSA** allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Examples of Eligible Expenses for Standard Health FSAs:

Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication *(including insulin and birth control)*
- Prescribed Vitamins

Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing

Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles *(not for general comfort)* or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling *(except for Marriage and Family)*
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog *(for visually/hearing impaired person)*
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses *(essential to medical care)*
- Pregnancy Tests, Pre-Natal Vitamins

Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments

Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

Examples of Ineligible Expenses for Standard Health FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves
- Fitness expenses such as gym memberships, athletic gear, and exercise equipment when used for an individual's general health

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*.

This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A Letter of Medical Necessity may be requested for these items as well.

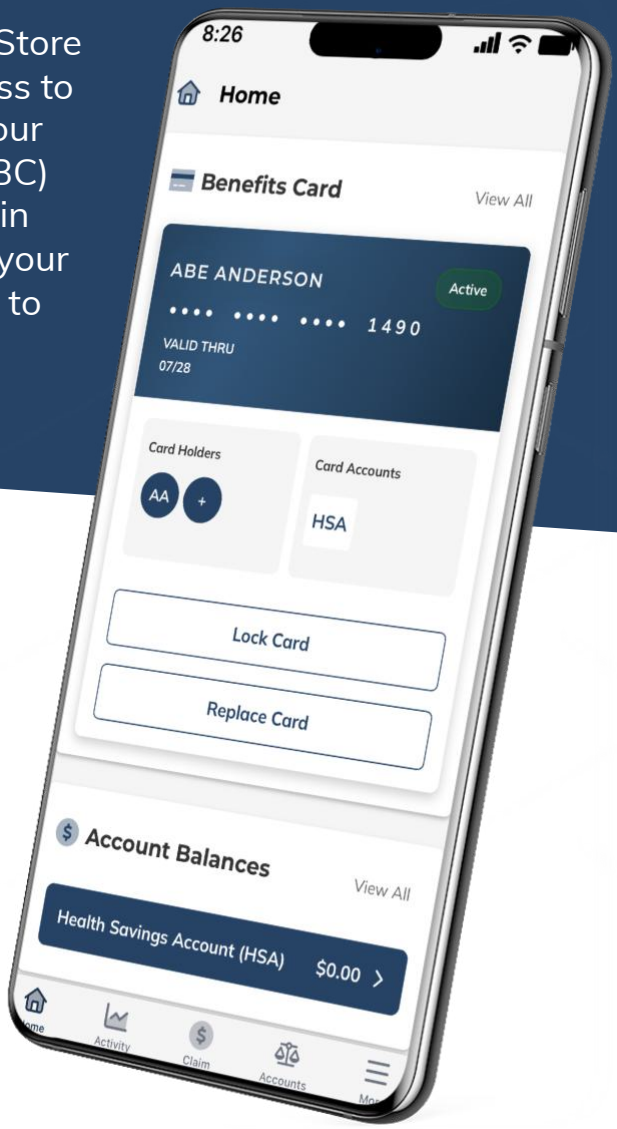
Where can I shop?

Visit www.ebcflex.com/WhereToShop

Employee Benefits Corporation

EBC Mobile: Your Benefits, Anytime, Anywhere

Download EBC Mobile in the App Store or Google Play for on-the-go access to everything you need to manage your Employee Benefits Corporation (EBC) administered benefit accounts, all in one place. With 24/7 access from your mobile device, it's easier than ever to take control of your EBC benefits.



With EBC Mobile, you can:

View balance and transaction details

View balances, deposit details, funds you've used to date, important deadlines, and more.

Submit claims and documentation

Quickly and securely submit claims for eligible expenses for reimbursement and track the status of submitted claims.

Manage your Benefits Cards

Quickly request additional cards, replace lost cards, lock/unlock a card for security purposes, and more!

Receive communications and support

Directly send us questions through a secure channel, view all communications from EBC in a centralized hub, and receive timely push notifications when additional documentation is required, ensuring you'll never miss a communication.

Getting Started

Download the app from the App Store or Google Play and log in using your existing online account information or create your new account if you're logging in for the first time.

Download on the App Store

GET IT ON Google Play

VISION BENEFITS

KINGMAN HEALTHCARE CENTER

January thru December 2026

Vision Care Direct OF KANSAS

www.visioncaredirect.com
(877) 488-8900

Vision Care Direct OF KANSAS

Kingman Healthcare Center

Renewal Date: 1/1/2025

	Platinum Materials 130	Platinum Materials 200	Platinum Complete 130	Platinum Complete 200
Benefit Frequency				
Eye Exam	N/A	N/A	12 Months	12 Months
Frames	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
In Network Allowance				
Frames	$130	$200	$130	$200
Single Vision Lenses	Included	Included	Included	Included
Bifocal Lenses	Included	Included	Included	Included
Trifocal Lenses	Included	Included	Included	Included
Progressive Lenses	Included*	Included*	Included*	Included*
Anti-reflective Coating	Included*	Included*	Included*	Included*
Polycarbonate for Kids	Included	Included	Included	Included
Elective Contact Lenses	$130	$200	$130	$200
Member Fees				
Eye Exam	N/A	N/A	$15	$15
Glasses	$15	$15	$15	$15
Polycarbonate for Kids	$25	$25	$25	$25
Monthly Rates				
Primary Only	$12.28	$17.84	$16.74	$22.30
Primary + 1	$19.66	$28.56	$26.80	$35.70
Primary + Children	$22.68	$32.96	$30.92	$41.18
Whole Family	$38.56	$56.04	$52.58	$70.04
Semi-Monthly Payroll Rate				
Primary Only	$6.14	$8.92	$8.37	$11.15
Primary + 1	$9.83	$14.28	$13.40	$17.85
Primary + Children	$11.34	$16.48	$15.46	$20.59
Whole Family	$19.28	$28.02	$26.29	$35.02

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A $65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get $200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik.

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard trifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

Thank you for your business!

KADEN JAMES
Senior Account Executive

VCD PLUS

Vision Care Direct
OF KANSAS

CALL US TODAY
(877) 488-8900

SIMPLE.
FLEXIBLE.
AFFORDABLE.

	BENEFITS	INCLUDED
FRAMES	Up to $200	✓
CONTACTS	Up to $200	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
VCD PLUS EXTRAS*	HD Progressive	✓
	Anti-Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Resistance	✓

*Benefits available exclusively at VCD PLUS participating providers.
Contact lens benefit is in lieu of glasses.

COMPLETE PAIR OF GLASSES STARTING AT JUST $15

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses. With VCD PLUS providers in your area, you'll have access to high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scratch resistant coating and UV protection all for one low price!

OWNED BY KANSANS, FOR KANSANS

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Kansas. Revenue and tax dollars stay in Kansas to support your local communities and schools.

Vision Care Direct is a membership plan, not insurance. Minimum participation requirement for the plans offered above is 2 employees. Contact lens allowance amount is in lieu of glasses. For a complete listing of allowances, exclusions and limitations, please reference the enclosed Allowance Summary.

VCD PLUS

Enjoy your day!

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