

# 2024 Benefits Guide



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Benefits are an integral part of the overall compensation package provided by NASB. We are pleased to provide you with this summary outlining the NASB benefits program. The objective of the benefits program is to provide you and your eligible dependents with comprehensive coverage and protection through choices that enable you to meet your and your family's individual needs. The information in this benefits guide highlights the benefits offered to you through NASB.



# Eligibility and Coverage

## Eligibility

To participate in NASB's benefits plans, you must be a full-time employee who is regularly scheduled to work 30 or more hours per week.

An eligible employee can also elect coverage for the following dependents:

- Your spouse to whom you are legally married, including an opposite-sex spouse or a same-sex spouse. Excluding a common law spouse.
- Your or your spouse's child who is under age 26, including a natural child, a stepchild, a legally adopted child, a child placed for adoption, or a child whom you or your spouse is legally obligated to support.
- An unmarried child age 26 or older who is disabled and who is dependent upon you. A Statement of Dependent Eligibility must be completed and approved by the carriers. Contact Human Resources for this documentation.

## When Does Coverage Begin?

**OPEN ENROLLMENT ELECTION:** If you are electing coverage during the annual Open Enrollment period, your coverage will begin January 1.

**NEW HIRE ELECTION:** If you are a new hire and are electing coverage within 30 days of being hired, your coverage will begin the first of the month following your date of hire.

## QUALIFYING EVENTS

Open Enrollment is the one time each year when you can elect coverage and make changes to your benefits. If you do not enroll, then your next opportunity to do so will be at the next Open Enrollment, unless you experience a qualifying life event. Qualifying events include (but are not limited to):

- Marriage.
- Divorce.
- Birth or adoption of a child.
- Death.
- Termination of employment for you or your spouse, resulting in loss of coverage.
- Reduction of hours worked by you or your spouse, resulting in loss of coverage.



# How to Enroll

## 2024 Open Enrollment

- Complete online enrollment using the [Employee Navigator portal](#).

### Returning users

- Enter your Username and Password and then click Login.
- Utilize the Forgot Username? and Forgot Password? options if needed.
- Turn off pop-up blocker.
- Click through the enrollment prompts to make your elections for 2024.
- Submit your enrollment. An enrollment summary will be available to save and review.
- Questions? Call the Enrollment Resource Center at 877-241-3846.

### New Users

- Click the option to Register as a new user. Enter requested information to create an account.
- The company identifier is NASB.
- Turn off pop-up blocker.
- Click through the enrollment prompts to make your elections.
- Submit your enrollment. An enrollment summary will be available to save and review.
- Questions? Call the Enrollment Resource Center at 877-241-3846.

## New Hire Enrollment

- Enrollment is completed over the phone with a Benefits Counselor from the Enrollment Resource Center.
- [Schedule an appointment](#) and a Benefits Counselor will contact you to complete enrollment.
- The Enrollment Resource Center is available Monday-Friday, 8 a.m.-5 p.m. CT, at 877-241-3846.

### HEALTH PLAN COMPARISON CALCULATOR

NASB has provided a Health Plan Comparison Calculator to help you determine which medical plan best suits you and your family's needs.

You can access the Health Plan Comparison Calculator on [NASB UNiTE](#) and [Employee Navigator](#).

# Blue KC Networks

## BlueSelect Plus (BSP)

- Spira Care Plans
- Spira Care HDHP Plan

## Preferred Care Blue (PCB)

- PPO Plan
- HDHP Plan

Blue KC offers two networks for members to choose from.

- BlueSelect Plus is a select network of healthcare providers specially designed to provide affordable access to care in and around the Kansas City metro area. With this network, your premiums will be lower based on the discounts Blue KC has negotiated with these providers. Non-emergency services received out-of-network will not be covered and the member will be billed in full. The BlueSelect Plus network includes over 4,100 providers and 16 top hospitals, and is best for members who live in, or seek care from, one of these 12 counties in Missouri and Kansas:
  - Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray and Caldwell
  - Kansas: Johnson, Wyandotte
  - BlueSelect Plus members also have access to Spira Care Centers
- Preferred Care Blue is a network that provides access to both metro and non-Kansas City metro providers. This network gives you the largest selection of providers within the 32-county Blue KC service area. The Preferred Care Blue network includes over 6,800 providers and 50 hospitals.
- Both networks offer access to the BlueCard program for providers needed outside of the 32-county Blue KC service area. Outside the 32-county Blue KC service area, the BlueCard network gives you access to doctors and hospitals across the country. With the BlueCard program, you will be able to take your benefits with you wherever you go!
- Guests and members are able to search for care providers at [BlueKC.com](https://BlueKC.com). Search for an in-network doctor, hospital, or other healthcare professional.

## Hospital Coverage

Hospital Name	BlueSelect Plus	Preferred Care Blue
Advent Health Shawnee Mission (3 locations)	●	●
Belton Regional Medical Center		●
Cameron Regional Medical Center	●	●
Cass Regional Medical Center		●
Center Point Medical Center		●
Children's Mercy Hospitals (2 locations)	●	●
Lee's Summit Hospital		●
Liberty Hospital	●	●
Menorah Medical Center		●
North Kansas City Hospital	●	●
Olathe Health System	●	●
Overland Park Regional Medical Center		●
Providence Medical Center	●	●
Research Medical Center		●
St. Joseph Medical Center	●	
St. Luke's Health System		●
St. Mary's Medical Center	●	
University Health (Formerly Truman Medical Center & Lakewood Medical Center)	●	●
University of Kansas Health System	●	●
Western Missouri Medical Center	●	●

# Blue KC Spira Care

Spira Care is crafted for members looking to simplify and personalize their healthcare experience. Spira Care offers lower cost with quality care. As a Spira Care member, you will have access to comprehensive, personal primary care, as well as a committed Care Guide team dedicated to simplifying and enhancing your health journey. You also have access to all the benefits of the BlueSelect Plus network. Spira Care is built on a model in which all care must be received from in-network providers except for emergency services. Nonemergency services received out-of-network will not be covered.

CROSSROADS	1916 Grand Boulevard Kansas City, MO 64108	OVERLAND PARK	7431 W 133rd Street Overland Park, KS 66213
INDEPENDENCE	3717 S Whitney Avenue Independence, Missouri 64055	SHAWNEE	10824 Shawnee Mission Parkway Shawnee, KS 66203
LEE'S SUMMIT	760 NW Blue Parkway Lee's Summit, MO 64086	WYANDOTTE	9800 Troup Avenue Kansas City, KS 66111 (just East of Legends Outlets)
LIBERTY	8350 N Church Road Kansas City, MO 64158	TIFFANY SPRINGS	8765 N Ambassador Drive Kansas City, MO 64154 (Northland area)
OLATHE	15710 W 135th Street, Suite 200 Olathe, KS 66062		

The Spira Care Centers offer a wide variety of services and benefits at no additional cost.

## Comprehensive Services

- Routine preventative care.
- Adult and pediatric primary care.
- Chronic condition management.
- Behavioral health services.
- Digital X-rays.
- Lab draws.

## Convenient Benefits

- Common prescriptions filled on-site.
- Specialist referrals and scheduling.
- Patient wellness follow-ups.
- Outside-Care-Center support.
- Extended full-service hours.
- Access to A Healthier You platform.

For more information, go to [spiracare.com](https://spiracare.com).

# Blue KC Medical Plans

## Blue KC Medical Plan Summary (In-Network Shown Below)

Network Plan Name	BlueSelect Plus Spira Care	BlueSelect Plus Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
HSA Eligible	No	Yes	No	Yes
	In-Network	In-Network	In-Network	In-Network
Annual Deductible/ Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$2,000	\$3,200
Annual Deductible/ Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$4,500	\$6,400
Type of Deductible	Embedded*	Embedded*	Embedded*	Embedded*
Coinsurance	100%	100%	80%	90%
Office Visit/Exam	No copay at Spira Care/otherwise Deductible applies	Deductible, then no charge	\$25 copay	Deductible, then coinsurance
Specialist Visit			\$50 copay	Deductible, then coinsurance
Annual Out-of-Pocket Limit/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$4,000	\$3,500
Annual Out-of-Pocket Limit/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$8,000	\$7,000
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Hospital Services</b> Inpatient/Outpatient Hospitalization	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance	Deductible, then coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge	\$150 copay then 80% after ded.	Deductible, then coinsurance
Urgent Care Facility	No copay at Spira Care/otherwise deductible applies	Deductible, then no charge	\$50 copay	Deductible, then coinsurance
<b>Prescription Drug Benefits</b> Retail (34 day supply)	\$15/\$50/deductible, then no charge	Deductible, then no charge	\$10/\$50/\$75	Deductible then \$10/\$50/\$75
Mail Order (102 day supply)	\$15/\$125/deductible, then no charge	Deductible, then no charge	\$30/\$150/\$225	Deductible then \$30/\$150/\$225



# Optum Health Savings Account (HSA)

The NASB High Deductible Health Plans (HDHPs) are Qualified High Deductible Health Plans and work in conjunction with a Health Savings Account (HSA).

A Health Savings Account is a tax-advantaged trust account that allows you to take charge of your health, your savings, and your future. It allows you to put away tax-free dollars to help pay for your eligible healthcare expenses.

## You Are Eligible for the HSA If:

- You are enrolled in a Qualified High Deductible Health Plan (QHDHP).
- You are not covered by any other plan that is not a QHDHP, including a spouse’s plan.
- You are not enrolled in Medicare or receiving Social Security.
- You are not enrolled in a Healthcare Flexible Spending Account.
- You cannot be claimed as a dependent on another person’s tax return.
- You have not received VA Medical benefits at any time over the past three months.

## When Do I Use My HSA?

After visiting a physician, facility, or pharmacy, your Medical claim will be submitted to Blue KC for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy, or you can choose to save your HSA dollars for a future medical expense.

## How Much Can I Contribute to an HSA?

HSA Annual Contribution Limits	2024
Single	\$4,150
Family	\$8,300

Catch-up contributions of \$1,000 are available for employees who are 55 and older.

Account information can be accessed 24 hours a day. Optum Bank customer care professionals are available Monday through Friday, 7 a.m. to 9 p.m., ET, and Saturday and Sunday 8 a.m. to 4:30 p.m., ET.

# Cigna Dental Plan

Dental coverage will be administered through Cigna. With this coverage, you'll have broad access to in-network providers. With an expansive selection of in-network providers, you have a better chance of avoiding additional out-of-pocket exposure or balance billing. Balance billing is the practice of out-of-network providers billing the patient for amounts that exceed the reimbursement amount under a patient's Dental plan. The patient is responsible for the additional amounts charged; therefore, it is important to stay in-network to avoid excess charges. Below is a brief overview of your in-network benefits. For additional details and out-of-network benefits, please refer to the carrier summaries.

## Dental Plan — Cigna

Two Networks	DPPO Advantage	DPPO
Deductible — Calendar Year	\$50 individual \$150 family	\$50 individual \$150 family
Type I: Preventive	100%	80%
Type II: Basic	80%	80%
Type III: Major	50%	50%
Type IV: Orthodontia (Up to Age 19)	50%	50%
Benefit Maximum — Calendar Year*	Year 1: \$1,000; Year 2: \$1,250; Year 3: \$1,500; Year 4: \$1,750	
Orthodontia Lifetime Maximum**	\$1,000	

\*Through the Cigna plan, members are rewarded for using preventive services during each year by increasing the benefit maximum for each year after.

\*\*Orthodontia is covered for children up to age 19.

### IMPORTANT

Please note that your Dental benefit level will be based on the network in which your dentist belongs. For the greatest network discount, seek providers in Cigna's Advantage network. You can still receive discounts through the PPO networks; however, benefits are reduced. To determine the level of benefit, please access Cigna's online directory at [www.mycigna.com](http://www.mycigna.com).

You have access to more in-network providers through Cigna!

## 2024 Dental Insurance Cost Sheet

Employee Contributions Per Pay Period (24)				
Salary Band	\$0-\$49,999	\$50,000-\$99,999	\$100,000+	Commission Monthly (12 Pay Periods)
Employee	\$4.64	\$6.18	\$7.73	\$15.45
Employee + Spouse	\$9.48	\$12.64	\$15.80	\$31.59
Employee + Child(ren)	\$9.46	\$12.60	\$15.76	\$31.51
Family	\$14.30	\$19.07	\$23.84	\$47.67

# EyeMed Vision Plan

Vision coverage will be administered through EyeMed. With this coverage, you'll have broad access to in-network providers.

Below is a brief overview of your in-network benefits. For additional details and out-of-network benefits, please refer to the carrier summaries.

**Retail Chains:** LensCrafters, Pearle Vision, Target Optical, Sears Optical, and JCPenney Optical.

Insight Network	Frequency	Benefit
Routine Eye Exam	Every 12 months	\$10 copay
Single Vision Lenses	Every 12 months	\$10 copay
Lined Bifocal Lenses	Every 12 months	\$10 copay
Lined Trifocal Lenses	Every 12 months	\$10 copay
Frames	Every 24 months	\$150 allowance plus 20% off balance
Contacts	Every 12 months	\$150 allowance plus 15% off balance
Lasik Discount	Once per lifetime	Substantially reduced copay

You may elect lenses or contacts but not both in the same 12 months.

## 2024 Vision Insurance Cost Sheet

Employee Contributions Per Pay Period (24)				
Salary Band	\$0-\$49,999	\$50,000-\$99,999	\$100,000+	Commission Monthly (12 Pay Periods)
Employee	\$3.58	\$3.58	\$3.58	\$7.16
Employee + Spouse	\$6.80	\$6.80	\$6.80	\$13.59
Employee + Child(ren)	\$7.16	\$7.16	\$7.16	\$14.31
Family	\$10.52	\$10.52	\$10.52	\$21.03

# Navia Flexible Spending Account (FSA)

Navia will administer your Flexible Spending Account in 2024. You will submit claims directly to Navia or utilize your debit card to pay for expenses directly. If this is your first year enrolling in the FSA, you will receive one debit card in the name of the employee. If additional cards are needed, the participant can request them through the Participant Portal. They will be issued in the name of the spouse and/or dependents.

You can reallocate your annual compensation to pay for eligible health costs and/or dependent care expenses that may not be covered by your benefit plan. In essence, you will be paying for these expenses on a pre-tax basis. This is a voluntary plan, and the amount you designate as your annual salary reallocation should be conservative.

- Medical expenses: Set aside up to \$3,200 pre-tax to pay for unreimbursed qualified healthcare expenses. This account is available only to those who do not enroll in the Qualified High Deductible Health Plan.
- Dependent day care expenses: Set aside up to \$5,000 (or \$2,500 if married filing separately) for qualified dependent care.
- The “use it or lose it” rule applies to the FSA, which means any unused funds at the end of the plan year are forfeited. Consider your election carefully to ensure that your expenses will match your contribution.
- As a note, you cannot elect the Healthcare FSA if you are enrolled in one of the Blue Saver High Deductible plans and are contributing to a Health Savings Account (HSA). This is based on IRS regulations regarding these accounts.

## CLICK THE LINKS BELOW FOR MORE INFORMATION.

- [Navia Enrollment Kit](#)
- [Navia Health Care FSA Eligible Expenses](#)
- [Navia Health and Day Care FSA](#)
- [Navia Debit Card Employee Overview](#)
- [Navia Claim Form](#)
- [Navia Cool Features](#)



# Unum Employer-Paid Benefits

## Short Term Disability

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to \$1,500 weekly, during the first 11 weeks of injury or illness. The STD benefit is paid for by NASB; there is no cost to you. However, any income replacement benefits received are taxable.

	Benefit
Benefit Weekly Maximum	60% of covered earnings to maximum of \$1,500/week
Waiting Period — Accident or Sickness	14 days
Maximum Benefit Duration	11 weeks

## Long Term Disability

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate. If you become totally disabled, you will receive 66.67% of your base salary, up to \$15,000 monthly, after you have satisfied the 90-day waiting period for benefits.

	Benefit
Waiting Period	90 days
Long Term Disability Benefit	66.67% of covered earnings to a maximum of \$15,000 per month
Own Occupation	36 months
Benefit Duration	Social Security Normal Retirement Age

## Life and AD&D Insurance

NASB’s comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage are provided automatically at no cost to you upon employment. In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Age reduction schedule  
 Age 65: by 35%  
 Age 70: by 50%

	Benefit
Life and AD&D	\$25,000

## Employee Assistance Program (EAP)

The Employee Assistance Program will be sponsored by Unum and administered through Health Advocate. This benefit is available 24/7 to assist with life’s many challenges. EAP services are confidential, and your privacy is important to Unum, HealthAdvocate, and NASB.

HealthAdvocate provides face-to-face sessions, along with phone or web consultations, for topics ranging from problem-solving support, work/life services, and health and wellness resources. For more details, please call toll-free at 800-854-1446 or visit online at [www.unum.com/lifebalance](http://www.unum.com/lifebalance).



# Unum Voluntary Life and AD&D Insurance

	Benefit	Increments	Minimum	Guaranteed Issue	Maximum
Employee Life and AD&D	Up to 7 x covered annual earnings	\$10,000	\$10,000	\$300,000	\$500,000
Spouse Life	Up to 50% of employee amount	\$5,000	\$5,000	\$50,000	\$250,000
Child(ren) Life	Up to 50% of employee amount	\$10,000			

## Voluntary Life

To purchase Voluntary Life for a spouse and/or child(ren), you must purchase Life insurance for yourself. Subject to an age reduction schedule. For details on rates, please visit UNITE.

## Voluntary AD&D

Voluntary AD&D coverage is only for employees who have also elected Voluntary Life for themselves. This cannot be purchased for dependents. Subject to an age reduction schedule. For details on rates, please visit UNITE.

### NEW HIRES

As a new hire, you may elect amounts up to the Guaranteed Issue (GI) without completing evidence of insurability.

## Open Enrollment Elections

For 2024, all NASB employees have the opportunity to apply for an increase of coverage or decrease in coverage as shown below.

### EMPLOYEE

Amounts in \$10,000 benefit units as applied for by you and approved by Unum.

- You can change your coverage by applying for additional benefit units only during an annual enrollment period. You can increase your coverage any number of benefit units up to the maximum benefit available under the plan or decrease your coverage by any number of benefit units.
- Evidence of insurability is required if you increase your coverage by any number of benefit units. If you are not approved for the increase in your coverage, you will automatically remain at the same amount you had prior to applying for the increase.

### SPOUSE

Amounts in \$5,000 benefit units as applied for by you and approved by Unum.

- The amount of life insurance for a spouse can not be more than 50% of your amount of life insurance.
- You can change your dependent spouse life coverage by applying for additional benefit units only during an annual enrollment period.
- You can increase your dependent spouse coverage any number of benefit units up to the maximum benefits available under the plan or decrease your dependent spouse coverage any number of benefit units.
- Evidence of insurability is required if you increase your dependent spouse life insurance by any number of benefit units.

### CHILDREN

14 days to 6 months: \$10,000  
6 months to age 26: \$10,000

- The amount of life insurance for a child will not be more than 100% of your amount of life insurance.
- Evidence of insurability is not required for any amount of dependent child(ren) coverage.

### Voluntary Life Coverage Rates

Age Band	Employee Per \$1,000	Spouse Per \$1,000	Child(ren) Per \$1,000
15-24	0.052	0.052	0.182
25-29	0.052	0.078	
30-34	0.052	0.078	
35-39	0.078	0.104	
40-44	0.130	0.156	
45-49	0.208	0.260	
50-54	0.354	0.468	
55-59	0.702	0.884	
60-64	1.040	1.300	
65-69	1.664	2.028	
70-74	2.990	3.770	
75-79	10.988	12.610	

### Voluntary AD&D Coverage Rates

	AD&D Cost Per:	Per Month
Employee:	\$1,000	\$0.030

NOTE: Your rate will increase as you age and move to the next age band.

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

Spouse rate is based on Spouse’s insurance age.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

### Term Life Calculation Worksheet

Coverage Amount	Increment	Rate	Monthly Cost
Employee      \$ _____	÷ \$1,000 ×	\$ _____ → =	\$ _____
Spouse        \$ _____	÷ \$1,000 ×	\$ _____ → =	\$ _____
Children      \$ _____	÷ \$1,000 ×	\$ 0.182 → =	\$ _____
		Your monthly cost	\$ _____
_____ × 12 =	_____ ÷	_____ =	_____
Your monthly cost	Annual cost	No. paychecks per year	Cost per paycheck

## Life Planning Financial & Legal Resources

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

## Portability/Conversion

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may be able to convert your Term Life coverage to an individual life insurance policy.

## Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 90% of your life insurance amount up to \$500,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies).

## Waiver of Premium

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

## Retained Asset Account

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

# Reliance Matrix Accident, Critical Illness and Hospital Plans

Details regarding the Voluntary Benefits are listed below. Employee Resource Center will assist with any questions regarding these benefits.

	Benefit
Accident With a Wellness Benefit	A lump-sum benefit based on the type of injury and treatment received. \$75 per year wellness benefit for each covered individual for a covered health screening.
Critical Illness With a Wellness Benefit	A lump-sum benefit of \$5,000 to \$50,000 (depending on the level of coverage selected) upon diagnosis of a critical illness (heart attack, stroke, cancer, etc.). \$50 per year wellness benefit for each covered individual for a covered health screening.
Hospital Indemnity	A plan to help you pay for the costs associated with a hospital stay. \$1,500 upon a qualified hospital admission and up to \$100/day for up to 15 days of confinement.

Flyers for additional benefits are available on NASB Unite

# The Standard Retirement Plan (401k)

Employees are eligible to participate in the 401(k) plan immediately following date of hire and must be age 21. All eligible employees will be automatically enrolled in the plan with a contribution rate of 3%. You may opt out of the enrollment by changing your election at The Standard. Deferrals begin the first day of the month following date of hire. If you do not make a deferral election, your automatic enrollment savings rate is 3%.

You may contribute between 1% and 100% of your compensation to the IRS maximum (\$22,500 in 2024). This maximum does include any contributions from a prior employer. If you are age 50 or turn age 50 in 2024, you may contribute an additional amount to the plan, up to the IRS maximum (\$7,500 in 2024).

NASB will match 50% of what you contribute on the first 6% of eligible earnings. In other words, NASB matches half of whatever you contribute, but the match will be no more than 3% of your salary total. You are always welcome to contribute more, but additional contributions will not be matched. The match is calculated on a per check basis. Employer matching begins when you make your first contribution. Employer contributions are 100% vested after three years of service.

Please call 800-858-5420 with any questions you may have regarding your 401(k) or visit [www.standard.com/retirement](http://www.standard.com/retirement).

# Blue KC Resources

Medical Benefit	Contact Information	Description/Services Available
Blue KC Member	<p>Phone: 888-989-8842 816-395-3558</p> <p>Website: <a href="http://www.bluekc.com">www.bluekc.com</a> <a href="http://www.mybluekc.com">www.mybluekc.com</a></p> <p>Mobile App: MyBlueKC</p> <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Member information — Access ID cards</li> <li>• Plan benefits</li> <li>• Claims and usage</li> <li>• Health and wellness — Access to “A Healthier You”</li> <li>• Find care — Access the Blue KC doctor and hospital finder</li> </ul>
Blue KC Virtual Care	<p>Website: <a href="http://www.bluekcvirtualcare.com">www.bluekcvirtualcare.com</a></p> <p>Mobile App: MyBlueKC</p> <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Doctor visits 24/7</li> <li>• Unique, secure technology makes it possible for Blue KC members to see a doctor, face to face, without having to leave home.</li> <li>• With video, providers can look, listen, and engage with Blue KC members to diagnose health concerns and provide effective treatment.</li> </ul>
A Healthier You	<p>Website: <a href="http://www.mybluekc.com">www.mybluekc.com</a> <a href="http://www.members.bluekc.com">www.members.bluekc.com</a></p> <p>Mobile App: Blue KC A Healthier You</p> <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Blue KC members are able to track their health, earn points, and get support.</li> </ul>
Rx Savings Solutions	<p>Website: <a href="https://rxss.com/">https://rxss.com/</a></p> <p>Mobile App: MyBlueKC</p> <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Rx Savings Solutions finds all medication options for Blue KC members and their budgets.</li> </ul>



# Additional Carrier Resources

Benefit/Carrier	Contact Information	Description/Services Available
Dental — Cigna	Website: <a href="http://www.mycigna.com">www.mycigna.com</a>  Mobile App: MyCigna <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Member information — Access ID cards</li> <li>• Provider directory</li> <li>• Coverage details</li> </ul>
Vision — EyeMed	Website: <a href="http://www.eyemed.com">www.eyemed.com</a>  Mobile App: EyeMed Members <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Member information — Access ID cards</li> <li>• Provider directory</li> <li>• Coverage details</li> </ul>
Flexible Spending Account — Navia Benefit Solutions	Website: <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>  Mobile App: MyNavia App <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Submit claims</li> <li>• View account balances</li> <li>• View claims history</li> </ul>
Health Savings Account — Optum Bank	Website: <a href="http://www.optumbank.com">www.optumbank.com</a>  Mobile App: Optum Bank <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Make deposits</li> <li>• Track payments</li> <li>• Capture receipts</li> </ul>
Voluntary Critical Illness, Accident and Hospital Indemnity — Reliance Standard	Customer Service: 800-351-7500 Call Center: 877-241-3846	<ul style="list-style-type: none"> <li>• The Call Center will assist with any questions regarding these benefits.</li> </ul>
401K — The Standard	Website: <a href="http://www.standard.com/retirement">www.standard.com/retirement</a>  Phone: 800-858-5420	<ul style="list-style-type: none"> <li>• 401K support</li> <li>• Retirement resources</li> </ul>
Life and Disability — UNUM	Website: <a href="http://www.unum.com">www.unum.com</a>  Phone: 866-679-3054  Mobile App: Unum Customer App <ul style="list-style-type: none"> <li>• <a href="#">Apple</a></li> <li>• <a href="#">Android</a></li> </ul>	<ul style="list-style-type: none"> <li>• Life/AD&amp;D/STD/LTD claim support</li> </ul>
Employee Assistance Program — UNUM	Website: <a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>  Phone: 800-854-1446	<ul style="list-style-type: none"> <li>• 24/7 toll-free access</li> <li>• Face-to-face, phone or web consultations, for topics ranging from problem-solving support, work/life services, and health and wellness resources.</li> </ul>

# Medical Contributions by Salary Band

## Employee Contributions

Your NASB payroll contributions are based on your salary band.

The per pay period deductions shown on this page are for employees who are paid semi-monthly (24 times per year) and have a base annual rate between **\$0-\$49,999**.

Salary Band Tier:	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
Salary Band \$0-49,999				
Per Pay Period (24)				
Ee	\$54.08	\$42.13	\$114.10	\$84.56
Ee+Spouse	\$172.24	\$143.57	\$289.89	\$232.52
Ee+Child(ren)	\$89.01	\$72.13	\$191.17	\$141.00
Family	\$258.50	\$217.62	\$440.40	\$353.00

Network Plan Name	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
HSA Eligible	No	Yes	No	Yes
	In-Network	In-Network	In-Network	In-Network
Annual Deductible/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$2,000	\$3,200
Annual Deductible/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$4,500	\$6,400
Type of Deductible	Embedded*	Embedded*	Embedded*	Embedded*
Coinsurance	100%	100%	80%	90%
Office Visit/Exam	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$25 copay	Deductible then coinsurance
Specialist Visit			\$50 copay	Deductible then coinsurance
Annual Out-of-Pocket Limit/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$4,000	\$3,500
Annual Out-of-Pocket Limit/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$8,000	\$7,000
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Hospital Services</b>				
Inpatient/Outpatient Hospitalization	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance	Deductible then coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge	\$150 copay then 80% after ded.	Deductible then coinsurance
Urgent Care Facility	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$50 copay	Deductible then coinsurance
<b>Prescription Drug Benefits</b>				
Retail (34 day supply)	\$15/\$50/deductible, then no charge	Deductible, then no charge	\$10/\$50/\$75	Deductible then \$10/\$50/\$75
Mail Order (102 day supply)	\$15/\$125/deductible, then no charge	Deductible, then no charge	\$30/\$150/\$225	Deductible then \$30/\$150/\$225

Note: SpiraCare plans are available to employees living in the 12 counties surrounding the KC metro. In Missouri these counties include Platte, Clay, Clinton, Jackson, Caldwell, Cass, Dekalb, Lafayette Johnson, and Ray. In Kansas these counties include Johnson and Wyandotte. The SpiraCare service model is structured to provide discounted pricing through a narrow network. It's meant for employees that live in the KC metro area who utilize these centers for their primary care needs.

# Employee Contributions

Your NASB payroll contributions are based on your salary band.

The per pay period deductions shown on this page are for employees who are paid semi-monthly (24 times per year) and have a base annual rate between **\$50,000-\$99,999**.

Salary Band Tier:	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
Salary Band \$50,000-\$99,999 Per Pay Period (24)				
Ee	\$90.81	\$73.67	\$152.22	\$122.68
Ee+Spouse	\$240.27	\$201.97	\$360.38	\$303.01
Ee+Child(ren)	\$152.71	\$126.81	\$257.67	\$207.50
Family	\$365.06	\$309.10	\$551.23	\$463.12

Network Plan Name HSA Eligible	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
	No	Yes	No	Yes
	In-Network	In-Network	In-Network	In-Network
Annual Deductible/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$2,000	\$3,200
Annual Deductible/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$4,500	\$6,400
Type of Deductible	Embedded*	Embedded*	Embedded*	Embedded*
Coinsurance	100%	100%	80%	90%
Office Visit/Exam	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$25 copay	Deductible then coinsurance
Specialist Visit			\$50 copay	Deductible then coinsurance
Annual Out-of-Pocket Limit/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$4,000	\$3,500
Annual Out-of-Pocket Limit/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$8,000	\$7,000
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Hospital Services</b>				
Inpatient/Outpatient Hospitalization	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance	Deductible then coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge	\$150 copay then 80% after ded.	Deductible then coinsurance
Urgent Care Facility	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$50 copay	Deductible then coinsurance
<b>Prescription Drug Benefits</b>				
Retail (34 day supply)	\$15/\$50/deductible, then no charge	Deductible, then no charge	\$10/\$50/\$75	Deductible then \$10/\$50/\$75
Mail Order (102 day supply)	\$15/\$125/deductible, then no charge	Deductible, then no charge	\$30/\$150/\$225	Deductible then \$30/\$150/\$225

Note: SpiraCare plans are available to employees living in the 12 counties surrounding the KC metro. In Missouri these counties include Platte, Clay, Clinton, Jackson, Caldwell, Cass, Dekalb, Lafayette Johnson, and Ray. In Kansas these counties include Johnson and Wyandotte. The SpiraCare service model is structured to provide discounted pricing through a narrow network. It's meant for employees that live in the KC metro area who utilize these centers for their primary care needs.

# Employee Contributions

Your NASB payroll contributions are based on your salary band.

The per pay period deductions shown on this page are for employees who are paid semi-monthly (24 times per year) and have a base annual rate of **\$100,000+**.

Salary Band Tier:	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
Salary Band \$100,000+ Per Pay Period (24)				
Ee	\$124.08	\$82.35	\$186.88	\$157.33
Ee+Spouse	\$313.59	\$220.63	\$435.36	\$377.24
Ee+Child(ren)	\$211.52	\$146.15	\$318.57	\$268.41
Family	\$470.93	\$335.43	\$660.63	\$572.52

Network Plan Name HSA Eligible	BlueSelect Plus Spira Care No	Blue Select Spira Care HDHP Yes	Preferred Care Blue PPO No	Preferred Care Blue HDHP Yes
	In-Network	In-Network	In-Network	In-Network
Annual Deductible/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$2,000	\$3,200
Annual Deductible/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$4,500	\$6,400
Type of Deductible	Embedded*	Embedded*	Embedded*	Embedded*
Coinsurance	100%	100%	80%	90%
Office Visit/Exam	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$25 copay	Deductible then coinsurance
Specialist Visit			\$50 copay	Deductible then coinsurance
Annual Out-of-Pocket Limit/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$4,000	\$3,500
Annual Out-of-Pocket Limit/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$8,000	\$7,000
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Hospital Services</b>				
Inpatient/Outpatient Hospitalization	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance	Deductible then coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge	\$150 copay then 80% after ded.	Deductible then coinsurance
Urgent Care Facility	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$50 copay	Deductible then coinsurance
<b>Prescription Drug Benefits</b>				
Retail (34 day supply)	\$15/\$50/deductible, then no charge	Deductible, then no charge	\$10/\$50/\$75	Deductible then \$10/\$50/\$75
Mail Order (102 day supply)	\$15/\$125/deductible, then no charge	Deductible, then no charge	\$30/\$150/\$225	Deductible then \$30/\$150/\$225

Note: SpiraCare plans are available to employees living in the 12 counties surrounding the KC metro. In Missouri these counties include Platte, Clay, Clinton, Jackson, Caldwell, Cass, Dekalb, Lafayette Johnson, and Ray. In Kansas these counties include Johnson and Wyandotte. The SpiraCare service model is structured to provide discounted pricing through a narrow network. It's meant for employees that live in the KC metro area who utilize these centers for their primary care needs.

## Employee Contributions

Your NASB payroll contributions are based on your salary band.

The per pay period deductions shown on this page are for employees who are paid monthly (12 times per year) and have a base annual rate of **commission**.

Salary Band Tier:	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
Salary Band Commission				
Per Pay Period (12)				
Ee	\$248.15	\$164.70	\$373.75	\$314.66
Ee+Spouse	\$627.17	\$441.26	\$870.72	\$754.47
Ee+Child(ren)	\$423.03	\$292.30	\$637.14	\$536.81
Family	\$941.85	\$670.85	\$1,321.25	\$1,145.04

Network Plan Name	BlueSelect Plus Spira Care	Blue Select Spira Care HDHP	Preferred Care Blue PPO	Preferred Care Blue HDHP
HSA Eligible	No	Yes	No	Yes
	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Annual Deductible/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$2,000	\$3,200
Annual Deductible/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$4,500	\$6,400
Type of Deductible	Embedded*	Embedded*	Embedded*	Embedded*
Coinsurance	100%	100%	80%	90%
Office Visit/Exam	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$25 copay	Deductible then coinsurance
Specialist Visit			\$50 copay	Deductible then coinsurance
Annual Out-of-Pocket Limit/Individual	\$1,500 for services outside Spira Care at Blue Select Plus Provider	\$3,200 for services at a Spira Care or at Blue Select Plus Provider	\$4,000	\$3,500
Annual Out-of-Pocket Limit/Family	\$3,000 for services outside Spira Care at Blue Select Plus Provider	\$6,400 for services at a Spira Care or at Blue Select Plus Provider	\$8,000	\$7,000
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Hospital Services</b>				
Inpatient/Outpatient Hospitalization	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance	Deductible then coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge	\$150 copay then 80% after ded.	Deductible then coinsurance
Urgent Care Facility	No copay at Spira Care/ otherwise deductible applies	Deductible, then no charge	\$50 copay	Deductible then coinsurance
<b>Prescription Drug Benefits</b>				
Retail (34 day supply)	\$15/\$50/deductible, then no charge	Deductible, then no charge	\$10/\$50/\$75	Deductible then \$10/\$50/\$75
Mail Order (102 day supply)	\$15/\$125/deductible, then no charge	Deductible, then no charge	\$30/\$150/\$225	Deductible then \$30/\$150/\$225

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**The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.**