



# YOUR BENEFITS GUIDE

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## Heritage Health Plans



Heritage Companies

Join us today: 816.322.6350

[slepley@heritagekc.com](mailto:slepley@heritagekc.com)



# Getting Started

## Making Your Selections



Participation in the Lifestyle Health Plan is simple and straightforward.

1. Complete the Health Statement to see if you qualify for the program.
2. After acceptance, a representative from Heritage Companies will reach out to you in order to explain the benefits and answer your questions regarding the benefits. You will then be directed to the Online system at [pay.lever1.com](http://pay.lever1.com) to begin your enrollment process.
3. You will receive an email, with temporary credentials, to log into the Online enrollment system. Sign into your Online enrollment platform to choose your benefit plans. Your plans will begin the first day of the month after you complete your enrollment. Enrollment must be completed by the 20th of the month in order to be effective the 1st of the following month. Enrollments completed after the 20th will begin on the 1st day of the next following month.
4. Print off a form I-9 from [www.irs.gov](http://www.irs.gov). Have a notary witness you signing the I-9 and then send completed form to Lever1. If notary is not available, please bring a copy to Lever1 offices, on the 3rd Thursday of each month, at 510 W. 5th Street, Kansas City, Mo. 64105. You will need to bring 2 forms of ID. (Driver's license, passport, social security card, birth certificate, etc.)
5. ID cards will be received in approximately 7-10 business days after your enrollment is completed.

## Payment Rules and Procedures

1. Payments will be made, via ACH from your bank account, on the first business day of the month to Lever1 for funding your account.
2. On the 5th payments will be withdrawn for membership fee's, insurance premiums and 401k contributions.
3. If Lever1 attempts to pull the membership fees, premium and/or contribution and the payment fails, Lever1 will assess a \$35 fee. Then a second attempt will be made 3 days later to pull the funds. If the 2nd attempt fails a \$35 fee will be assessed. After the failed 2nd attempt, you will be notified of your eligibility ending with the program and that your benefits will be terminated at the end of the prior month. There is a 30 day grace period to make the premium payment. Lever1 will continue to attempt to pull funds from your account, unless notified within 15 days of the draft date.



# Benefits Plan Summary



|                              | Healthy100 5000                    | Healthy100 3000                    | HealthyChoice 1000                           | HealthyChoice 2500                            |
|------------------------------|------------------------------------|------------------------------------|--|---|
| <b>Deductible</b>            | <b>In Network</b>                  | <b>In Network</b>                  | <b>In Network</b>                            | <b>In Network</b>                             |
| Individual                   | \$5,000                            | \$3,000                            | \$1,000                                      | \$2,500                                       |
| Family                       | \$10,000                           | \$6,000                            | \$2,000                                      | \$5,000                                       |
| <b>Coinsurance</b>           |                                    |                                    |  |   |
| In-Network                   | 0%                                 | 0%                                 | 20%, up to \$3,500<br>Single/ \$7,000 Family | 20%, up to \$5,000<br>Single/ \$10,000 Family |
| <b>Max Out of Pocket *</b>   |                                    |                                    |  |   |
| Individual                   | \$8,150                            | \$8,150                            | \$8,150                                      | \$8,150                                       |
| Family                       | \$16,300                           | \$16,300                           | \$16,300                                     | \$16,300                                      |
| <b>Office Visit Copays</b>   |                                    |                                    |  |   |
| Primary                      | \$30 up to \$250 per visit         | \$30 up to \$250 per visit         | \$30 up to \$250 per visit                   | \$30 up to \$250 per visit                    |
| Specialist                   | \$50 up to \$250 per visit         | \$50 up to \$250 per visit         | \$50 up to \$250 per visit                   | \$50 up to \$250 per visit                    |
| <b>Hospital Services</b>     |                                    |                                    |  |   |
| Inpatient Stay               | Deductible                         | Deductible                         | Deductible, then 20%                         | Deductible, then 20%                          |
| Outpatient Services          | \$500 Copay, then Ded.             | \$500 Copay, then Ded.             | \$500 Copay, then Ded.                       | \$500 Copay, then Ded.                        |
| <b>Emergency Services</b>    |                                    |                                    |  |   |
| Emergency Room               | \$250 Copay, then Ded              | \$250 Copay, then Ded              | \$250 Copay, then Ded                        | \$250 Copay, then Ded                         |
| Urgent Care                  | \$50 Copay, then 100%              | \$50 Copay, then 100%              | \$50 Copay, then 100%                        | \$50 Copay, then 100%                         |
|                              | up to \$500 per visit, then<br>Ded | up to \$500 per visit, then<br>Ded | up to \$500 per visit, then<br>Ded           | up to \$500 per visit, then<br>Ded            |
| <b>Prescription Benefits</b> |                                    |                                    |  |   |
| Generic                      | \$1/\$15 Copay                     | \$1/\$15 Copay                     | \$1/\$15 Copay                               | \$1/\$15 Copay                                |
| Brand Name                   | \$50 Copay                         | \$50 Copay                         | \$50 Copay                                   | \$50 Copay                                    |
| Non-Preferred Brand          | \$80 Copay                         | \$80 Copay                         | \$80 Copay                                   | \$80 Copay                                    |
| Specialty                    | 50%                                | 50%                                | 50%  | 50%   |



|                              | HealthyValue 6850                  | HealthyValue 3500                           | HealthyConsumer 6500<br>HSA QUALIFIED | HealthyConsumer 3500<br>HSA QUALIFIED |
|------------------------------|------------------------------------|---|---------------------------------------|---------------------------------------|
| <b>Deductible</b>            | <b>In Network</b>                  | <b>In Network</b>                           | <b>In Network</b>                     | <b>In Network</b>                     |
| Individual                   | \$6,850                            | \$3,500                                     | \$6,500                               | \$3,500                               |
| Family                       | \$13,700                           | \$7,000                                     | \$13,000                              | \$7,000                               |
| <b>Coinsurance</b>           |                                    |   |                                       |                                       |
| In-Network                   | 0%                                 | 50% up to \$6000 Single<br>/ \$12000 Family | 0%                                    | 0%                                    |
| <b>Max Out of Pocket *</b>   |                                    |   |                                       |                                       |
| Individual                   | \$8,150                            | \$8,150                                     | \$6,900                               | \$6,900                               |
| Family                       | \$16,300                           | \$16,300                                    | \$13,800                              | \$13,800                              |
| <b>Office Visit Copays</b>   |                                    |   |                                       |                                       |
| Primary                      | \$30 up to \$250 per visit         | \$30 up to \$250 per visit                  | Deductible, then \$30                 | Deductible, then \$30                 |
| Specialist                   | \$50 up to \$250 per visit         | \$50 up to \$250 per visit                  | Deductible, then \$50                 | Deductible, then \$50                 |
| <b>Hospital Services</b>     |                                    |   |                                       |                                       |
| Inpatient Stay               | Deductible                         | Deductible                                  | Deductible                            | Deductible                            |
| Outpatient Services          | \$500 Copay, then Ded.             | \$500 Copay, then Ded.                      | Deductible                            | Deductible                            |
| <b>Emergency Services</b>    |                                    |   |                                       |                                       |
| Emergency Room               | \$250 Copay, then Ded              | \$250 Copay, then Ded                       | Deductible                            | Deductible                            |
| Urgent Care                  | \$50 Copay, then 100%              | \$50 Copay, then 100%                       | Deductible                            | Deductible                            |
|                              | up to \$500 per visit, then<br>Ded | up to \$500 per visit, then<br>Ded          |                                       |                                       |
| <b>Prescription Benefits</b> |                                    |   |                                       |                                       |
| Generic                      | \$1/\$15 Copay                     | \$1/\$15 Copay                              | Ded, then \$1/\$15 Copay              | Ded, then \$1/\$15 Copay              |
| Brand Name                   | \$50 Copay                         | \$50 Copay                                  | Ded, then \$50 Copay                  | Ded, then \$50 Copay                  |
| Non-Preferred Brand          | \$80 Copay                         | \$80 Copay                                  | Ded, then \$80 Copay                  | Ded, then \$80 Copay                  |
| Specialty                    | 50%                                | 50%   | Ded, then 50%                         | Ded, then 50%                         |



# Benefits Plan Summary



In-network benefits provided by Aenta Dental Access

## Dental Plan Benefits

**Preventative Procedures** (every 6 months)  
Fluoride Treatments (under age 19), Cleanings,  
Periodic Exam, X-rays

**Deductible**  
Applies to Basic & Major Procedures Only

**Basic Procedures**  
Simple Extractions, Fillings, Root Canals

**Major Procedures**  
Surgical Extraction of teeth, Bridges & Crowns,  
Dentures, Partial, Implants

**Benefit Year Maximum**  
Includes Preventative, Basic & Major Procedures

**Orthodontics**  
(Children under the age of 19 only)

## DentalCare 1500

Benefit Year Deductible: \$0  
Plan Co-Insurance: 100%

\$50 per person annual  
\$150 per family maximum

80% Co-insurance

50% Co-insurance

\$1,500 per covered person

Benefit Maximum: \$1,000 lifetime  
Plan Co-Insurance: 50%  
Vesting Period: 1 year prior coverage



Benefits Administered by Vision Service Plan (VSP)

## Vision Plan Benefits

**Well Vision Exam**  
Annual Eye Exam

**Prescription Glasses- Frames**  
Standard Frame Allowance  
Featured Frame Brand Allowance  
Frames Purchased through Costco

**Prescriptions Glasses- Lenses**  
Single Vision, Lines Bifocals and Lined Trifocal Lenses  
Polycarbonate Lenses for Dependent Children

**Lens Enhancements**  
Standard Progressive Lens Allowance  
Premium Progressive Lens Allowance  
Custom progressive Lens Allowance

**Contacts**  
Contact lens Exam (fitting and evaluation)  
Contact lens Allowance

**Every 12 Months**  
\$10 Copay

**Every 24 Months**  
\$25 Copay, Up to \$150  
\$25 Copay, Up to \$170  
\$25 Copay, Up to \$70

**Every 12 Months**  
100% Covered  
100% Covered

**Every 12 Months**  
\$55  
\$95-\$105  
\$150-\$175

**Every 12 Months**  
Up to \$60  
No Copay, Up to \$150



# Benefits Plan Summary



## Basic Life Insurance

The company provides to you Life and Accidental Death and Dismemberment insurance in the amount of \$10,000. This benefit is a part of the program and must be elected.



## Voluntary Life Coverage

The company allows you to purchase voluntary life insurance for your self, your spouse and children. Employees under the age of 70 can elect up to \$150,000 of life insurance on yourself with no health questions or exams! Spouses, up to age 60, can elect up to \$25,000 with no health questions or exam. Children, up to age 25, will receive up to \$10,000. Rates are based upon age and increment of coverage. Take note, that rates are only guaranteed during your initial enrollment period. It is recommended that you take advantage of this opportunity by purchasing at least the minimum coverage of \$10,000 for yourself, \$5,000 on your spouse, and \$10,000 on your dependent children. This guarantees your insurability, should the need arise later in your employment to increase your coverage.

| Life Benefit    | Employee  | Spouse  | Dependent  |
|-----------------|---|---|--|
| Amount          | Choice of \$10,000 increments.<br>Not to exceed 5 times your annual salary.<br>Employees age 70 and older, maximum benefit is \$50,000. | Choice of \$5,000 increments<br>Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount. | \$250 Child: 14 days to 6 months<br>\$10,000 Child: 6 months to age 19 (to age 25 if full-time student)<br>Newborn children to age 14 days are not eligible for a benefit.<br>Employee must elect coverage for dependent to be eligible. |
| Minimum Amount  | \$10,000  | \$5,000   | \$10,000   |
| Maximum Amount  | \$300,000   | \$50,000  |  |
| Guarantee Issue | \$150,000 under age 70<br>\$20,000 age 70-74<br>No Guarantee Issue age 75 and older   | \$25,000 under employee age 60<br>No Guarantee Issue employee age 60 and older  |  |

| AD&D Benefit | Employee   | Spouse           |
|--------------|--|------------------|
| Amount       | Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you. Cost included in the schedule. | Same as employee |

| Benefit Reduction     | Employee  | Spouse  |
|-----------------------|---|---|
| Benefits will reduce: | 35% at age 65<br>An additional 25% of original amount at age 70<br>An additional 15% of original amount at age 75<br>Benefits terminate at age 80 or retirement, whichever is first | 35% at age 65<br>An additional 25% of original amount at age 70<br>An additional 15% of original amount at age 75<br>Benefits terminate at age 80 or retirement, whichever is first |



# Benefits Plan Summary



## Short Term Disability Insurance

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

|                                    |  |
|------------------------------------|--|
| <b>Eligibility</b>                 | All full-time active employees working 40 or more hours per week in an eligible class are eligible for coverage.   |
| <b>Maximum Weekly Benefit</b>      | 60% of weekly salary up to \$1,000 per week  |
| <b>Maximum Benefit Duration</b>    | 90 days  |
| <b>Elimination Period</b>          | Benefits begin on:<br>8th day for an accident<br>8th day for an illness  |
| <b>Pre-Existing Condition</b>      | You may not be eligible for benefits if you have received treatment for a condition within the past 12 months until you have been covered under this plan for 12 months. |
| <b>Waiver of Premium</b>           | You will not be required to pay premium during any time of approved total or partial disability.   |
| <b>Enrollment (Newly Eligible)</b> | You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again.   |



## Voluntary Long Term Disability Insurance

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

|   |  |
|---|--|
| <b>Eligibility</b>                      | All full-time active employees working 40 or more hours per week in an eligible class are eligible for coverage.   |
| <b>Maximum Monthly Benefit</b>          | 60% of salary up to \$5,000 per month  |
| <b>Maximum Benefit Duration</b>         | To Age 65/Reduced Benefit Duration   |
| <b>Own Occupation Period</b>            | 24 Months  |
| <b>Elimination Period</b>               | 90 days<br>The number of days you must be disabled prior to collecting disability benefits.  |
| <b>Accumulation of Elimination Days</b> | You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 90 days. |
| <b>Pre-Existing Condition</b>           | You may not be eligible for benefits if you have received treatment for a condition within the past 12 months until you have been covered under this plan for 24 months, or if you remain treatment free for a period of 12 consecutive months.                                |
| <b>Enrollment (Newly Eligible)</b>      | You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.  |
| <b>Waiver of Premium</b>                | You will not be required to pay premium during any time of approved total or partial disability.   |
| <b>Survivor Income Benefit</b>          | A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.   |





# Benefit Plan Summary



## Accident Plans

- On-the-job or off-the-job accident-only insurance for active lifestyles or children
- Benefits vary depending on the nature and severity of the accident
  - A few examples are:
    - Dislocated finger, rib or toe pays \$150
    - Fractured arm, ankle, leg, foot wrist, shoulder or collarbone pays \$550
    - A 2" to 6" laceration pays \$200
    - Concussion pays \$150
    - Ground Ambulance pays \$300
    - Emergency Room Benefit pays \$300
    - A 3rd degree burn on less than 15% of body pays \$5,000
    - Surgical repair of a tendon, ligament or rotator cuff pays \$750
    - Hospital admission pays \$1000
    - Lodging Benefits (up to 30 days) pays \$175/day
- Optional additions include AD&D, accident hospital & ICU Income, Wellness Benefits, Accident-only disability income, illness-only disability income and spouse off-the-job accident-only disability income.
- \$50 Health Screening Benefit when one receives one of the twenty covered health screening tests, including lipid panel, mammography, and colonoscopy.
- \$500 Automobile Accident benefit that pays an additional benefit if one is injured in a covered automobile accident.
- Portability is included! Employees are able to take their accident coverage with no change in coverage or rates.



## Critical Illness Insurance

- Catastrophic coverage such as heart attack, stroke, paralysis, burns, renal failure, heart transplant, coronary bypass, angioplasties, stints, organ transplant or cancer
- If the costs associated with cancer treatment are not covered by your major medical plan, this additive can offset the high costs of treatment, preserve savings, protect your family from financial hardship and ease your pain
- Includes hospital confinement, surgery, anesthesia, anti-nausea drugs, private-duty nurse, radiation, chemotherapy, experimental cancer treatment, travel/lodging, child care and household help, normal living expenses and family coverage
- Guaranteed Issue coverage up to \$20,000 on employees and \$10,000 on spouses.
- Dependent Children are automatically covered at 25% of the employee coverage amount.
- Pre-existing condition limitation: If you had been treated or received consultation, advice, or been prescribed medication for any of the covered benefits in the prior 12 months, those will not be covered for the first 12 months of coverage.
- This coverage is portable! So, if you are no longer eligible for coverage under the group, you will be allowed to take the coverage with you.

## General Details of Your Plan

**Effective Date:** 9/1/18  
**Eligibility Age:** 21  
**Service Requirement:** None  
**Entry:** Monthly  
**Employee Contribution:**

- 1% - 98% (based on all W-2 wages)
- Your contributions are always 100% vested

**2018 Annual Limits:** You can contribute up to \$18,500. For participants over the age of 50, up to \$24,500.

**Employer Contributions:** Discretionary employer-provided contributions may be made to the Plan on your behalf. The contribution, if any, will be a specified percentage of the elective contributions you make to the Plan. Your employer will determine the amount of the contribution, if any, that will be made each Plan Year. The employer contribution for this plan will be 0%.

## Deferral and Distribution Options

**Traditional:** Reduces current taxable income, upon distribution your assets will be taxed accordingly.

**Roth:** After-tax contributions do not affect current taxable income, upon qualified distribution your assets are not taxed.

**Distributions:** A pension plan may provide for distribution only upon retirement, termination of employment, disability, or death of the participant according to Treasury Regulation §1.401-1(b)(1)(i). Taxes and penalties may apply.

**Loans:** You can access up to 1 loan at a time from your account, minimum loan \$1,000 and maximum loan \$50,000.

## Investment Portfolio, Changing Allocations and Fees

**Investments:** Open architecture platform of "true" no-load mutual funds. The funds are traded and cleared through Fidelity, one of the industry's leading financial services firms.

If an investment choice is not selected, your account will default to a Qualified Default Investment Allocation that corresponds to your age until (1) you make an affirmative investment election to invest your account in different funds or alternatives available under the Plan or (2) the Plan changes its default investments.

| Fees:                                     |       |                             |
|---|-------|-----------------------------|
| <b>Annual Participant Admin Fee:</b> \$39 |       |                             |
| <b>Asset Fee:</b>                         |       | <b>Loan fee:</b>            |
| \$0 - \$600K                              | 0.88% | \$150 initial fee           |
| \$600K - \$1M                             | 0.78% | \$50 annual maintenance fee |
| \$1M - \$2M                               | 0.48% | <b>Distribution fee:</b>    |
| \$2M - \$4M                               | 0.43% | \$40 standard               |
| Over \$4M                                 | 0.36% | \$40 hardship               |
|   |       | \$40 QDRO                   |

\*Annual Asset fee is based upon worksite plan size\*

## First Time Enrollment

- Go to [www.slavic401k.com](http://www.slavic401k.com)
- Click Enroll on the top right hand side
- Enter your Social Security Number (no dashes)
- Enter your Date of Birth (no slashes, mmddyyyy)
- If prompted for a password: L1401k

## Online Account Access

- Go to [www.slavic401k.com](http://www.slavic401k.com)
- Click on "Log In" in the top right-hand corner
- Then click on "Sign Up"
- Enter the required information to verify your account and create a username + password

\*Online access will be permitted after the first payroll contribution\*



## **Worker's Compensation**

Another great advantage of partnering with Lever1 for payroll and benefits is the administration of Worker's Compensation Insurance. The Worker's Compensation Law requires all worksite employers to carry a no-fault insurance plan for employees. This law was designed to provide you with benefits for any injury that you may suffer in connection with your employment. Under the provisions of the law, if you are injured while at work, you are eligible to apply for the benefit.

All injuries, no matter how slight, must be reported immediately to Lever1. Failure to immediately report injuries may result in loss of benefits. After each medical appointment resulting from a work-related injury, you must contact your team at Lever1 to discuss your progress. You must also provide Lever1 with any paperwork you receive at your appointment. Employees are required to return to work immediately upon release from the physician.

If a worksite injury is life-threatening, please call 911. All other worksite injuries may be reported to Lever1 by phone at 816.994.1300, or by email at [heritage@lever1.com](mailto:heritage@lever1.com). A member of your designated team will help complete the necessary paperwork, and coordinate your initial medical care.



## Overview of Wellness Benefits

The health plans offer the opportunity to earn wellness incentives throughout the year for maintaining a healthy lifestyle. You will be able to participate in wellness programs to earn points that convert to deductible credits!

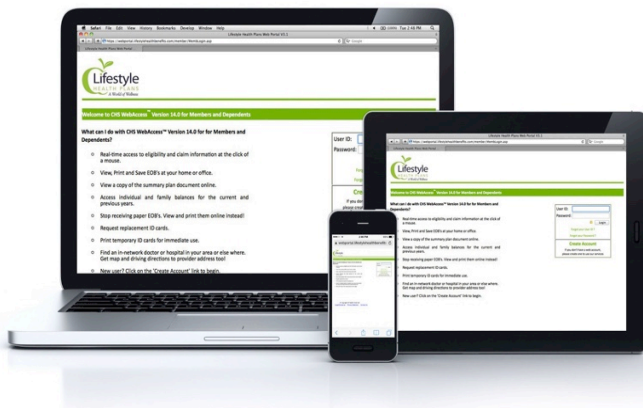
Some of the integrated value-added benefits are designed to save you money and include:

- ✓ \$0 Copay Telemedicine Access
- ✓ 100% Lab Benefit Program
- ✓ 100% Diabetic Supply Benefit
- ✓ Prescription Concierge Service
- ✓ Care Coordination Services
- ✓ Claims & Benefits Portal
- ✓ Member Discount Portal

## Outpatient Lab

### Maximize your DirectHealth Benefit

Through the DirectHealth Lab Benefit Program, you have a 100% lab benefit when you use LabCorp. Whenever your doctor orders laboratory or pathology, just ask him/her to attach a copy of your DirectHealth card to the requisition and follow the simple instructions on the back of the card regarding procedures for lab/pathology collection.



## Claims & Benefits

### Online Member Portal

Our health plan offers members, dependents and providers online claims status and benefit information through our easy to use Claims / Benefits Web Portal. The portal offers real-time access to eligibility and claim information and allows members to view, print and save your Explanation of Benefits (EOBs) at the click of a mouse! Access to your EOBs is at your fingertips - create an account today!

## Connect With a Doctor

### 24/7/365 for \$0 Copay



If you are enrolled in a medical plan, you can talk to a LifestyleMD doctor anytime, anywhere, for non-emergent conditions. Avoid unnecessary office visit copays or urgent care visits. Simply call or email the LifestyleMD telehealth hotline. Connect with personalized care through LifestyleMD.

## Prescription Concierge

### Access Patient Rx Assistance Programs

Save money on medications that may not be covered by your plan. Let our concierge service help you see if you qualify for special programs offered by the drug manufacturers to lower your out-of-pocket costs.

## Diabetic Supplies

### Stop Paying for Supplies Out-of-Pocket

Diabetic testing supplies are covered at 100% through the Just Diabetic Supplies program. Supplies include meters, test strips and lancets - shipped directly to you at no cost!

## Patient Care Coordination Services

### Gain a Better Understanding of Your Plan to Save

Our care coordination teams help you save when you need outpatient imaging and surgery services, specialty medications, generic medication conversions and more!

## Member Discount Portal

### Additional Out-of-Pocket Savings



DirectHealth Mall is an online health and wellness discount portal designed to be a one-stop-shop to save you more! The Mall offers you discounts on outpatient lab testing, diabetic supplies, medical supplies, prescriptions, elective medical services, vision, dental, diet and fitness, and more.

Designed to be a compliment to your Lifestyle Health Plans program, this consumer-direct online portal can be utilized not only by plan participants but also by spouses and dependents who might not be covered on the plan!





# Health Savings Accounts



## Health Savings Accounts

Employees covered under a qualified High Deductible Health Plan (HDHP) are eligible to participate in an HSA - a tax-advantaged savings and investment vehicle that offers three separate tax benefits:

- Contributions are pre-tax
- Tax-free withdrawals for qualified expenses
- Tax free earned interest on investment funds

**Individual Contribution Limit: \$3,450**

**Family Contribution Limit: \$6,900**

**55 year old participants may contribute an additional \$1,000 per calendar year.**

Save through payroll deductions on a pre-tax basis to pay for out-of-pocket healthcare expenses including:

- ✓ Deductibles
- ✓ Copays (after plan deductible has been met)
- ✓ Coinsurance
- ✓ Some over-the-counter expenses - dental, vision, Lasik and more. By paying for these expenses with pretax dollars, you reduce the amount of your taxable income and increase your take home pay. You may choose to participate in one or both FSAs whether or not you elect any other benefits.

With no risk of forfeiture, employees can maximize tax savings by contributing up to the annual limit every year. They use this tax break to pay for current healthcare expenses, and are able to plan for future expenses. **And without the pressure to spend unused funds before year-end, employees are able to make better, smarter healthcare choices!**

The Great Southern Bank HSA Plan (full service) provides comprehensive administration for every aspect of the Plan, and delivers value-added features to ensure an optimal customer experience.

- HSAs help employees save for higher deductible and other healthcare expenses, current and future.
- No transfer fees, distribution fees, or account closure fees
- Web Portals for online plan management
- Employee education materials and documents available online.



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