KANSAS CITY REGIONAL ASSOCIATION OF REALTORS®

KCRAR Healthcare Program

2027 Benefits Plan Overview



Bukaty Companies
4601 College Boulevard, Suite 100
Leawood, KS 66211
913.345.0440 | www.bukaty.com

BUKATY COMPANIES
Expertise you experience

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

BEFORE YOU ENROLL -

Call or Email Jeff with the below information

Name - Email - Phone - SSN - Date of Birth - Address

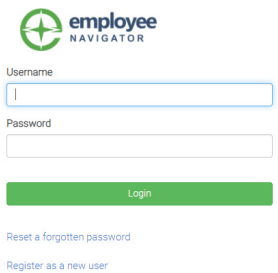
Jeff Walstrom
jwalstrom@bukaty.com
9136-647-3981

STEP 1.

LOG IN

Go to https://www.employeenavigator.com/benefits

Returning Users: Log in with the username and password you created.



New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

STEP 2.

First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)

COMPANY IDENTIFIER: KCRAR

BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

STEP 3.

UPDATE PERSONAL INFO

After clicking **Start Enrollment,** you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

STEP 4.

ELECT YOUR BENEFITS

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

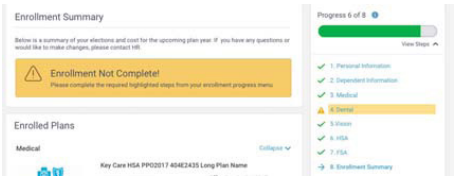
STEP 5.

ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

STEP 6.

REVIEW AND CONFIRM ELECTIONS



Review the summary of your selected benefits. Click **Sign & Agree** if everything looks correct to complete your enrollment. You may login and view your online summary at any point during the year.

Scan me for Employee Navigator access at your fingertips!

For help contact:
enrollmentsupport@bukaty.com
913.345.0440

KANSAS CITY REGIONAL ASSOCIATION OF REALTORS®

Access to quality, affordable health insurance has been an ongoing concern for many REALTORS® As a result, KCRAR has partnered with Jeff Walstrom of Bukaty Companies to provide group health insurance to KCRAR members. This program was built primarily for our KCRAR members who are currently enrolled in an individual plan on or off the Marketplace.

Since all our members have different needs, we are offering 3 different plans, (*Most KCRAR members have access to all plans, however some exclusions based on county of residence may apply. See the following plan overviews for details).

Enrollment is open November 4th through December 31st. If you have any questions, call Jeff Walstrom directly at 913-647-3981.



Jeff Walstrom

KCRAR Healthcare Program Director

913-647-3981

jwalstrom@bukaty.com

Jeff has accumulated over twenty-four years of expertise in the insurance field, working closely with Residential and Commercial Real Estate agents throughout the Midwest for the last twenty years. As self-employed Real Estate agents face growing difficulties in securing quality healthcare, Jeff has become devoted to creating a tailored program to assist agents across the region. Following years of dedication Jeff and KCRAR proudly offer high-quality medical, dental, and vision plans.



Lorie Whittacre

Bukaty Service Team Account Manager

913-333-3382

lwhittacre@bukaty.com

As your appointed account manager, Lorie will be your primary contact for addressing service-related matters, such as claims, billing, identification card request, and enrollment processes.

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Kansas City

BlueKC Medical Options

	Option 1		Option 2		Option 3	
	BSP PPO Spira Care		BSP PPO Spira BlueSaver QHDHP		PCB PPO $3000	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible	$9,000/$18,000	$18,000/$36,000	$5,000/$10,000	$5,000/$10,000	$3,000/$6,000	$3,000/$6,000
Out of Pocket Max	$9,000/$18,000	$18,000/$36,000	$6,450/$12,900	$32,250/$64,500	$5,000/$10,000	$10,000/$20,000
Co-Insurance	100%	70%	90%	60%	80%	60%
Office Visit Primary Care	$0 @ Spira $35 Copay	Deductible & Coinsurance	$60@ Spira Ded. & Coinsurance	Deductible & Coinsurance	$35 Copay	Deductible & Coinsurance
Specialist	$70 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	$70 Copay	Deductible & Coinsurance
Pharmacy RX Drug Coverage	$15/$70/$110/$200	$15/$70/$110/$200 + Ded.;50% Coins	Deductible & Coinsurance	Deductible; 50% Coinsurance	$15/$70/$110/$200	$15/$70/$110/$200 + Ded,; 50% Coins
Mail Order RX Drug Coverage	$37.50/$175/$275	$37.50/$175/$275 + Ded.; 50% Coins.	Deductible & Coinsurance	Deductible; 50% Coinsurance	$37.50/$175/$275	$37.50/$175/$275 + Ded.;50% Coins
Urgent Care	$70 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	$70 Copay	Deductible & Coinsurance
Emergency Service	$250 Copay + Deductible	$250 Copay + In-Network Ded.	Deductible & Coinsurance	Deductible & Coinsurance	$250 Copay + Ded.; Coins.	$250 Copay + In-Network Ded.; Coins

This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to the Summary of Benefits and Coverage (SBC) for a complete listing of services, limitations, exclusions, and a description of all the terms and conditions of coverage. Where there is a discrepancy, the SBC will prevail.

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BlueKC Medical Options

	Option 4		Option 5	
	BSP PPO Spira BlueSaver QHDHP		**PCB PPO $9000**	
	Network	**Non-Network**	**Network**	**Non-Network**
Deductible	$8,000/$16,000	$16,000/$32,000	$9,000/$18,000	$18,000/36,000
Out of Pocket Max	$8,000/$16,000	$32,000/$64,000	$9,000/$18,000	$18,000/$36,000
Co-Insurance	100%	70%	100%	70%
Office Visit Primary Care	$0 @ Spira Deductible	Deductible & Coinsurance	$35 Copay	Deductible & Coinsurance
Specialist	Deductible	Deductible & Coinsurance	$70 Copay	Deductible & Coinsurance
Pharmacy RX Drug Coverage	Deductible	Deductible; 50% Coinsurance	$15/$70/$110/$200	$15/$70/$110/$200 + Deductible; 50% Coinsurance
Mail Order RX Drug Coverage	Deductible	Deductible; 50% Coinsurance	$37.50/$175/$275	$37.50/$175/$275 + Deductible; 50% Coinsurance
Urgent Care	Deductible	Deductible & Coinsurance	$70 Copay	Deductible & Coinsurance
Emergency Service	Deductible	In-Network Deductible	$250 Copay + Deductible	$250 Copay + In-Network Deductible

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BlueKC Dental & Vision

BlueKC Dental			
	PPO Network	**Choice Network**	**Non Network**
Deductible	$50 Individual / $150 Family		
Annual Maximum	$1,500 annual max per person		
Orthodontia Maximum	$1,000 covered up to age 19 years		
Preventative Services	100%	100%	80%
Basic Services	90%	80%	60%
Major Services	60%	50%	40%
Orthodontia	50%	50%	40%

BlueKC Vision	
	Eye Med Network
Vision Exam	$0 Copay
Contact Lenses Allowance *(Conventional , disposable, & medical necessary)*	$150 allowance + 15% off remianing balance
Frames Allowance	$150 allowance+ 20% off remaining balance
Lense Allowance	Standard Plastic, Standard Single Vision, Bifocal, & Trifocal: $0 copay
Frequencies *(by last date of service)*	Once ever 12 months Lenses*- (in lieu of spectacle lenses and a frame)

NueSynergy is the billing administrator and charges a $10 monthly billing and administration fee. Premiums will be drafted from your account on or shortly after the 5th of each month. If you have billing questions, please contact the NueSynergy Billing Department at billing@nuesynergy.com or 913-942-2045.
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Kansas City

Worry Less, Go Paperless

Access your member guide online.

Your member guide is a go-to source for all of your Blue KC health plan information. Access it anytime, anywhere.

Easy accessibility - Get instant access to your member guide all year long, especially when you bookmark it.

Important contact information - Make quick connections to your Member Portal, programs, and services.



TIP: Bookmark the page for quick future access.

Scan to Access Member Guide

SM1342

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Population Science Management

GigCare Livelihood PPO Plan Comparison (2027)

Network: Aetna Signature Administrators
Effective: Jan. 1, 2027 – Dec. 31, 2027

WORKING OWNER DISCLAIMER & PLAN OVERVIEW

Population Science Management, a data analytics company dedicated to empowering individuals to financially benefit from sharing personal data, actively hires Consumer Data Respondents (CDRs). As a CDR and Working Owner, you agree to share select data through our Covered365 app and complete meaningful tasks (such as periodic surveys). Working Owners who perform these services are eligible to participate in the company's employee benefit plans, including self-funded ERISA group health plans administered under the Aetna Signature Administrators PPO network.

PLAN OPTIONS SUMMARY

Standard Major Medical PPO Plans	High Deductible Health Plans (HSA Eligible)
• PPO $1,800 • PPO $2,600 • PPO $3,350 • PPO $4,300 • PPO $6,000 • PPO $7,500	• $3,500 HDHP (HSA) • $5,000 HDHP (HSA) *Note: HDHP plans have no medical or prescription copays prior to meeting deductible.*

SCHEDULE OF BENEFITS: STANDARD PPO OPTIONS ($1,800 – $4,300)

MAJOR MEDICAL PLAN	PPO $1,800		PPO $2,600		PPO $3,350		PPO $4,300	
NETWORK TIER	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible (Individual)	$1,800	$3,600	$2,600	$5,200	$3,350	$6,700	$4,300	$8,600
Deductible (Family Embedded)	$3,600	$7,200	$5,200	$10,400	$6,700	$13,400	$8,600	$17,200
Coinsurance (Member Pays)	20%	50%	20%	50%	20%	50%	20%	50%
Coinsurance (Plan Pays)	80%	50%	80%	50%	80%	50%	80%	50%
Out-of-Pocket Max (Individual)	$10,000	$20,000	$10,000	$20,000	$10,000	$20,000	$10,000	$20,000
Out-of-Pocket Max (Family)	$20,000	$40,000	$20,000	$40,000	$20,000	$40,000	$20,000	$40,000

SCHEDULE OF BENEFITS: HIGHER DEDUCTIBLE & HDHP OPTIONS

MAJOR MEDICAL PLAN	PPO $6,000		PPO $7,500		PPO $3,500 HDHP		PPO $5,000 HDHP	
NETWORK TIER	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible (Individual)	$6,000	$10,000	$7,500	$15,000	$3,500	$7,000	$5,000	$10,000
Deductible (Family Embedded)	$12,000	$20,000	$15,000	$30,000	$7,000	$14,000	$10,000	$20,000
Coinsurance (Member Pays)	20%	50%	20%	50%	20%	50%	20%	50%
Coinsurance (Plan Pays)	80%	50%	80%	50%	80%	50%	80%	50%
Out-of-Pocket Max (Individual)	$10,000	$20,000	$10,000	$20,000	$8,300	$16,600	$8,300	$16,600
Out-of-Pocket Max (Family)	$20,000	$40,000	$20,000	$40,000	$16,600	$33,200	$16,600	$33,200

Prescription Benefits

Population Science Management (2027)

PBM: Kroger Prescription Plans
Phone: 800-482-1285

PRESCRIPTION DRUG COVERAGE & COPAYS

Prescription benefits are administered by Kroger Health / Kroger Prescription Plans (KPP). Log in to **kpp-rx.com** to access the Drug Price Check tool or confirm formulary tiering.

TIER LEVEL	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6
Retail (30-Day Supply – Kroger)	$15	$45	$75	$125	$150	$200
Retail (30-Day Supply – Non-Kroger)	$15	$45	$75	$125	$150	$200
Mail Order (90-Day Supply)	$37.50	$112.50	N/A	N/A	N/A	N/A

PHARMACY & ANCILLARY SERVICES

90-DAY MAIL ORDER SUPPLY

You can order a 90-day supply of eligible prescriptions for convenient home delivery through Kroger's mail order option. To get started, log in to the KPP Member Portal or call **800-482-1285** (Hours: Monday–Friday, 8:00 AM–11:00 PM ET; Saturday–Sunday, 8:00 AM–6:30 PM ET).

PATIENT ASSISTANCE & ANCILLARY SUPPORT

Excluded or non-covered medications may be available separately through our ancillary partner, ScriptAide, via their Patient Assistance Program (PAP) or Self-Pay Importation Program (SPIP). To learn more or check eligibility, call **866-837-1515** or email **info@scriptaide.com**.

CHECK YOUR ELIGIBILITY

If you would like to check your eligibility for these plans, click the link below to enter your information.
Click link below to check your eligibility and enter your information

https://discover.ironhealthbenefits.com/suitability/?broker_email=jwalstrom@bukaty.com&agent_id=886292