



# FULLTIME EMPLOYEE BENEFIT SUMMARY

## UPDATE 2/28/2025

QHDHP EPO \$3500 (I35)	Total Premium	City \$	City %	City Funded H S A	Employee \$
Employee Only	\$578.12	\$578.12	100%	\$70.00	\$0.00
Employee & Spouse	\$1,214.05	\$1,200.18	99%	\$80.00	\$13.87
Employee & Child(ren)	\$1,098.41	\$1,084.18	99%	\$80.00	\$14.23
Full Family	\$1,676.53	\$1,565.18	93%	\$80.00	\$111.35

QHDHP \$3300 (OPEN CHOICE)	Total Premium	City \$	City %	City Funded H S A	Employee \$
Employee Only	\$680.63	\$614.18	90%	\$70.00	\$66.45
Employee & Spouse	\$1,429.31	\$1,188.18	83%	\$80.00	\$241.13
Employee & Child(ren)	\$1,293.20	\$1,073.18	83%	\$80.00	\$220.02
Full Family	\$1,973.82	\$1,549.18	78%	\$80.00	\$424.64

EPO \$2000 (I35)	Total Premium	City \$	City %	City Funded H S A	Employee \$
Employee Only	\$712.39	\$680.18	95%	N/A	\$32.21
Employee & Spouse	\$1,496.05	\$1,350.18	90%	N/A	\$145.87
Employee & Child(ren)	\$1,353.55	\$1,219.18	90%	N/A	\$134.37
Full Family	\$2,065.96	\$1,777.18	86%	N/A	\$288.78

PPO \$2000 (OPEN CHOICE)	Total Premium	City \$	City %	City Funded H S A	Employee \$
Employee Only	\$840.10	\$626.18	75%	N/A	\$213.92
Employee & Spouse	\$1,764.14	\$1,225.18	69%	N/A	\$538.96
Employee & Child(ren)	\$1,596.18	\$1,106.18	69%	N/A	\$490.00
Full Family	\$2,436.28	\$1,604.18	66%	N/A	\$832.10

**MEDICAL:**

- AETNA
- PREMIUMS AS LOW AS \$0 (SEE ABOVE)
- FOUR PLAN OPTIONS
- TWO PLANS INCLUDE CITY-FUNDED HSA CONTRIBUTIONS
  - \$840/year (Employee)
  - \$960/year (Employee +)

**DENTAL**

- AETNA
- LOW PREMIUMS
  - \$0 EMPLOYEE ONLY
  - \$47.04 FAMILY

**VISION**

- GUARDIAN
- LOW PREMIUMS
  - \$0 EMPLOYEE ONLY
  - \$11.30 FAMILY

CITY COVERED LIFE/AD&D INSURANCE  
EQUALING 1X SALARY

**TIME OFF**

- 11 PAID HOLIDAYS
- 2 FLOATING HOLIDAYS
- WELLNESS TIME- 8 HOURS
- CITY PAID MAJOR ILLNESS- 12 DAYS/YEAR
- ADMINISTRATIVE LEAVE (EXEMPT)- 40 HOURS/YEAR
- CITY PAID MAJOR ILLNESS- 12 DAYS/YEAR
- PAID TIME OFF (PTO)
  - FIRST YEAR- 3.08 HOURS/PAY PERIOD
  - YEARS 1-4- 5.24 HOURS/PAY PERIOD
  - YEARS 5-9- 6.16 HOURS/PAY PERIOD
  - YEARS 10-14- 6.77 HOURS/PAY PERIOD
  - YEARS 15+- 7.7 HOURS/PAY PERIOD

**RETIREMENT**

- MISSOURI LAGERS LOCAL GOVERNMENT EMPLOYEES RETIREMENT SYSTEM (LAGERS)
  - L6 100% CITY FUNDED PENSION
- SUPPLEMENTAL OPTIONS
  - 457 DEFERRED COMPENSATION PLAN
  - ROTH IRA
  - !!!!3% CITY MATCH!!!!



**VOLUNTARY INSURANCE COVERAGES:**

- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY
- ACCIDENT
- CANCER
- CRITICAL ILLNESS
- HOSPITAL INDEMNITY
- LIFE INSURANCE WITH LONG TERM CARE
- ID THEFT PROTECTION
- PET INSURANCE
- SECTION 125 PLAN FOR MEDICAL AND CHILD CARE (DEPENDENT CARE FLEXIBLE SAVINGS ACCOUNT)

**TUITION ASSISTANCE**

- TUITION REIMBURSEMENT \$5,000/YEAR
- PUBLIC SERVICE LOAN FORGIVENESS

**EMPLOYEE ASSISTANCE PROGRAM**

**EMPLOYEE WELLNESS PROGRAM**

DISCOUNTED MEMBERSHIP TO THE VIEW COMMUNITY CENTER

TWO CREDIT UNIONS AVAILABLE

THREE ELECTRICAL CHARGING SPOTS



# BENEFITS GUIDE 2025



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The City of Olathe appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans.

This is a brief description of benefits offered by the City of Olathe. Not all plan provisions, limitations, and exclusions are included in this packet. In the event of any conflict between the information contained in this packet and the plan provisions, the plan documents and insurance contracts will govern. Copies of these documents are available from Human Resources. The City of Olathe reserves the right to change benefits at any time.

## Summary of Benefits and Coverage (SBC)

More plan details are available in the Summary of Benefits and Coverage (SBC) for each plan. SBCs are posted on [Workplace](#). Hard copies of the SBCs are available through Human Resources upon request.



# City of Olathe Benefits Guide for 2025

The City of Olathe is dedicated to your success, both professional and personal. Providing eligible employees a comprehensive benefits package that meets individual and family needs through a simple and accurate enrollment process is one way we strive to support your total wellbeing.

After reviewing this benefits guide, if you need further assistance, please contact Human Resources Benefits Program Manager Jamma Markus at [jmarkus@olatheks.org](mailto:jmarkus@olatheks.org) or 913.971.8723.

Thank you for all you do to advance our mission of Setting the Standard of Excellence in Public Service!



Michael Wilkes  
City Manager



# Annual Notices

## Overview of Benefits

This guide contains an easy-to-read overview of the benefits in effect as of January 1, 2025. It is not intended to be a legal document. Please read this carefully. More details are available in the Summary of Benefits and Coverage for each plan; these documents are posted on [Workplace](#) or are available on Workday. Hard copies of the SBCs will be provided by HR upon request.

## Eligibility

You are eligible for medical, dental, vision, life/AD&D insurance, short-term disability coverage, on-site Wellbeing Center services, and EAP services if you are a Regular full-time employee. Coverage begins on the first of the month following 30 days of employment for all plans.

You may enroll your spouse and dependent children in the benefit plans you elect. Eligible dependents include all dependent children to age 26 for medical, dental, and vision coverage.



## Special Enrollment Rights Notice (Life Event)

If you have declined enrollment in the City of Olathe's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. The City of Olathe will also allow a special enrollment opportunity if you or your eligible dependents either lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible or become eligible for a state's premium assistance program under Medicaid or CHIP. For these enrollment opportunities, you will have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the City of Olathe's group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

## HIPAA Privacy Rights Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the City of Olathe's Health Plan (the "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, contact City of Olathe Human Resources. You may also view the Privacy Notice online on [Workplace](#) or on Workday. You may also contact the Plan's Privacy Official for more information on the Plan's privacy policies or your rights under HIPAA.

## Women’s Health and Cancer Rights Act Notice

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

## Newborns’ and Mothers’ Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 913.971.8723.

## COBRA Rights Notice

Please refer to [Workplace](#) for the COBRA notice, which outlines information about eligibility for COBRA.

## Children’s Health Insurance Program (CHIP) Premium Assistance Notice

Please refer to [Workplace](#) for the CHIP notice, which outlines information about eligibility for this program.

## Creditable Prescription Drug Coverage Notice

The purpose of this notice is to advise you that the prescription drug coverage listed below under the City of Olathe’s medical 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.” Please refer to [Workplace](#) for the Creditable Coverage Notice, which outlines information about this program.

## Health Reimbursement Arrangement (HRA) Opt Out Provision

Please refer to [Workplace](#) for the HRA Opt Out Provision notice, which outlines information about eligibility for this program.



# Workday

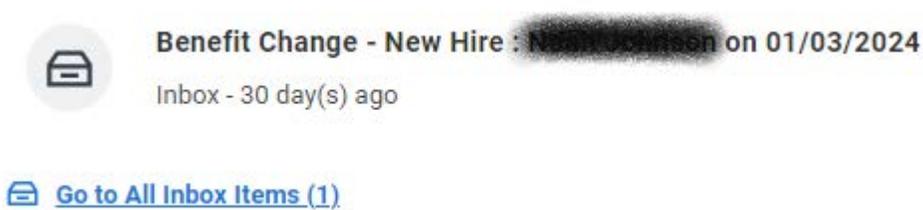
## Workday Overview

The City's online benefits system is administered by Workday, a third-party benefits enrollment platform. Workday's online system makes it easy to review, change, or enroll in your benefits for 2025. To enroll in your benefits, please follow these simple steps:

Go to Workday at [myworkday.com/wday/authgwy/olatheks/login.html](https://myworkday.com/wday/authgwy/olatheks/login.html)

- Click on Current Olathe Employees.
- Input your username and password.

1. For Benefits Enrollment you will have a Task awaiting your action on your home page



2. Or go to your Workday Inbox.



3. Click on your task and click on "Let's Get Started"

### Change Benefit Elections

30 day(s) ago - Effective 01/03/2024

Initiated On 01/03/2024

Submit Elections By 02/01/2024



4. Answer the Health Information Question and then Click Continue
5. Click Continue under the Information Updated Page
6. Your Enrollment Page will be next, go through and review your benefits and make any changes.
7. Once you are done making changes, click on “Review and Sign”
8. Scroll down and click the “I Accept” Box
9. Click Submit
10. You can either Click “Done” or click on View Benefits Statement to print your elections.



# Medical and Prescription Plan

The City is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. Medical benefits are offered through Cigna. You have two medical plan options for 2025:

- **Open Access Plan (OAP).**
- **Consumer Involved Plan (CIP).**

Compare the OAP and CIP plans by using the side-by-side comparison chart on the next page, and note the differences in premium amount, deductible, coinsurance, and out-of-pocket maximums.

With both options, you have access to the same in-network doctors, providers, and hospitals under Cigna's national network. To search for in-network providers, visit [cigna.com](https://www.cigna.com) or download the Cigna mobile app.



Click on the icon to watch a short video about Benefits Key Terms explained.



## Here are some helpful insurance terms:

**COINSURANCE:** Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

**COPAY:** A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays are not included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$1,500, you'll pay 100% of eligible healthcare expenses until the bills total \$1,500 for the plan year. After that, you share the cost with your plan by paying coinsurance.

**IN-NETWORK:** A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

**OUT-OF-NETWORK:** Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

**OUT-OF-POCKET MAXIMUM:** This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100% of the costs of covered benefits. However, you will pay for certain out-of-network charges above reasonable and customary amounts.

**REASONABLE AND CUSTOMARY:** The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

# Medical and Prescription Drug Plan Summary

## Side-by-Side Comparison

Medical	Cigna OAP		Cigna CIP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>				
Individual	\$800	\$1,600	\$1,500	\$3,000
Family	\$1,600	\$3,200	\$3,000	\$6,000
<b>Coinsurance (what the plan pays after the deductible is reached)</b>				
	85%	65%	80%	60%
<b>Out-of-Pocket Maximum (includes deductible)</b>				
Individual	\$2,300	\$5,000	\$3,000	\$6,000
Family	\$4,600	\$10,000	\$5,600	\$11,200
<b>Preventive Care</b>	100%	35%	100%	40%
Primary Office Visit	\$30	35%	20%	40%
Specialist Office Visit	\$40	35%	20%	40%
Emergency Room	\$200	\$200	20%	20%
Urgent Care	\$75	35%	20%	40%
Inpatient Care	\$300 + 15%	\$300 + 35%	20%	40%
Outpatient Care	\$200 + 15%	\$200 + 35%	20%	40%
<b>Prescription Drugs</b>	<b>Employee Pays</b>			
<b>Retail (30-Day Supply)</b>				
Tier 1 — Generics	\$10	30%	\$10	40%
Tier 2 — Preferred	\$25	30%	\$25	40%
Tier 3 — Nonpreferred	\$50	30%	\$50	40%
Tier 4 — Specialty	20% Up to a Maximum of \$250	30%	20% Up to a Maximum of \$250	40%
<b>Mail Order (90-Day Supply)</b>				
Tier 1 — Generics	\$20	Not Covered	\$20	Not Covered
Tier 2 — Preferred	\$50	Not Covered	\$50	Not Covered
Tier 3 — Nonpreferred	\$100	Not Covered	\$100	Not Covered
Tier 4 — Specialty	20% Up to a Maximum of \$500	Not Covered	20% Up to a Maximum of \$500	Not Covered



# Cigna SaveOnSP Prescription Drug Program

Through Cigna's prescription drug benefit, you have access to a number of programs designed to save you and the city money. Please take advantage of the SaveOnSP program to ensure you are receiving your drugs with the most savings possible.

## SaveOnSP — Filled Through Accredo, a Cigna Specialty Pharmacy

Specialty medications can cost a lot of money. That's why your Cigna plan offers you access to a service called SaveOnSP. With SaveOnSP, you'll pay \$0 out-of-pocket for your eligible specialty medications. There's no extra cost to participate – it's available through your pharmacy benefit.

If you're filling a medication through Accredo that's available at \$0 with SaveOnSP, you should consider using this service.

- With SaveOnSP, you'll pay \$0 out-of-pocket for your medication. The medication's full cost will be paid through a manufacturer copay assistance program.
- Without SaveOnSP, you'll pay 20% coinsurance to fill your medication. You can use the Price a Medication tool on the myCigna App or [myCigna.com](https://mycigna.com) to see how much your medication will cost.

## Here's an Example of How It Works.

John's taking an eligible specialty medication. He has a choice to make:

- With SaveOnSP, he won't pay anything (\$0) out-of-pocket. However, the cost won't count toward his deductible (if he has one) and/or out-of-pocket maximum.
- Without SaveOnSP, he'll pay his full 20% coinsurance (which is \$1,000) out-of-pocket. Also, the cost won't count toward his deductible (if he has one) and/or out-of-pocket maximum.



# Vision Plan

The City offers vision benefits through Surency to employees enrolled in one of the City’s medical plans. Surency has a list of network providers who offer a higher level of coverage. Please note that service frequencies are determined by calendar year. In addition, if you go to a non-network provider, you may be responsible for balance due on services rendered at the time of service and may then submit a claim form to Surency for reimbursement.

To locate an in-network vision provider, visit [surency.com](https://surency.com) or download the Surency vision mobile app.

	In-Network	Out-of-Network
<b>Exam</b>		
Ophthalmologist	Covered 100%	\$65 allowance
Optometrist		
<b>Frames</b>		
Retail Frame Allowance	\$200 allowance for frame, lenses and lens options; 20% off balance over \$200	\$200 allowance
<b>Contact Lens Fitting</b>		
Standard Lens Fitting	(\$200 allowance applies)	\$40 allowance
Specialty Lens Fitting	10% off retail price, then apply \$55 allowance	\$40 allowance
<b>Lenses</b>		
Single Vision	\$200 allowance for frame, lenses and lens options; 20% off balance over \$200	(\$200 frame allowance applies)
Bifocal		
Trifocal		
Progressive — Standard		
Progressive — Premium		
Lenticular		
<b>Discounted Lens Options</b>		
Anti-Reflective Coating — Standard	\$200 allowance for frame, lenses and lens options; 20% off balance over \$200	(\$200 frame allowance applies)
Photochromic — Non-Glass		
Polycarbonate — Standard		
Scratch Coating — Standard Plastic		
Tint-Solid or Gradient		
UV Treatment		
<b>Contact Lenses (in Lieu of Lenses)</b>		
Conventional	\$200 allowance for frame, lenses and lens options	\$200 allowance
Disposable		
Medically Necessary		

You will not receive a vision ID card because you typically do not need to present one when visiting a provider. To print an ID card, log in to [surency.com](https://surency.com).

# Medical and Vision Monthly Employee Contributions

## Consumer Involved Plan (CIP) and Vision

	The City's Contribution (For Those Enrolled Prior to 01/01/18)	Full-Time Employee Rates
	2025	2025
Employee	\$700.17	\$71.00
Employee + Spouse	\$1,422.12	\$351.00
Employee + Child(ren)	\$1,249.63	\$307.00
Family	\$2,072.16	\$479.00

If you enroll in the CIP plan, the City will contribute funds on your behalf into a Health Reimbursement Account (HRA). The City's contribution is based on your coverage tier.

### Monthly Deposit

Tier 1 (Enrolled Before 01/01/18)			
Employee	Employee+ Spouse	Employee+ Child(ren)	Family
\$100.00	\$175.00	\$150.00	\$200.00

Tier 2 (Enrolled On or After 01/01/18)			
Employee	Employee+ Spouse	Employee+ Child(ren)	Family
\$66.67	\$116.67	\$100.00	\$133.33

## Open Access Plan (OAP) and Vision

	The City's Contribution	Full-Time Employee Rates
	2025	2025
Employee	\$797.30	\$141.00
Employee + Spouse	\$1,604.83	\$479.00
Employee + Child(ren)	\$1,413.52	\$423.00
Family	\$2,267.91	\$654.00

Semi-monthly payroll contributions are made on the 1st and 2nd paychecks of the month.



# Dental Plan

The City offers dental benefits through Delta Dental of Kansas. Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious. To find an in-network dental provider, visit [deltadentalks.com](http://deltadentalks.com) or download the Delta Dental mobile app.

	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$25	\$25
Family	\$75	\$75
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$1,500	\$1,500
<b>Diagnostic and Preventive</b>		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants and up to 4 Prophylaxis/ Periodontal cleanings per calendar year.	100%	100%
<b>Basic</b>		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	80%	80%
<b>Major</b>		
Crowns, jackets, dentures, bridge implants	80%	50%
<b>Orthodontia</b>		
For dependent children under age 19	80%	80%
Lifetime orthodontia plan maximum (per individual)	\$1,500	\$1,500

## Employee Monthly Dental Payroll Contributions

**Effective January 1, 2025**

	The City's Contribution	Full-Time Employee Rates
	2025	2025
Employee	\$20.82	\$11.00
Employee + Spouse	\$35.60	\$28.00
Employee + Child(ren)	\$53.88	\$31.00
Family	\$85.00	\$39.00

# Flexible Spending Account (FSA)

Administered by WEX, the Flexible Spending Account (FSA) is a pre-tax benefit account that allows you to set aside pre-tax dollars for eligible healthcare or dependent care costs. Money contributed to an FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses.



Click on the icon to watch a short video about Flexible Spending Accounts.



Click on the icon to watch a short video about optimizing your FSA.



## Healthcare Flexible Spending Account (FSA)

- Pay for qualified medical, dental, and vision expenses for yourself and your dependents with pre-tax dollars.
- You may contribute up to \$3,300 per year through payroll deduction. Your full election amount is available on the first day of the plan year.
- Elections may be changed only during enrollment, unless you experience a change in status or qualifying event.
- Elections do not carry over from year to year; you must re-enroll in a healthcare FSA each year to continue participation.

## Dependent Care Flexible Spending Account (DCFSA)

- Pay for qualified dependent care services, such as preschool, summer day camp, before- or after-school programs, daycare, and elder care.
- Eligible expenses include care of children under age 13 and the care of dependents of any age who are physically or mentally incapable of self-care.
- You may contribute up to \$5,000 per year per family, or \$2,500 if married and filing separately. Funds are available to you only as they are deducted from your paycheck.
- Elections do not carry over from year to year; you must re-enroll in a Dependent Care FSA each year to continue participation.



Click on the icon to watch a short video about Dependent Care FSA.



NOTE: Expenses must be incurred by December 31. The deadline to submit claims for 2026 is March 31, 2026. Any unused funds that remain in your account at the end of the year will be forfeited.

### Submitting a Claim to WEX

The IRS requires participants to submit documentation to show your purchase is an eligible expense. When submitting a claim to WEX, please ensure your documentation includes the following:

- The date the service was received or purchase was made.
- A description of the service performed or item purchased.
- The dollar amount of the service or item.
- The provider or store name from which the service or item was purchased.

If you have questions about submitting a claim, please reach out to WEX at 866.451.3399 or visit [wexinc.com](http://wexinc.com) for more info.

# VEBA/HRA

Our HRA is an employer-funded account that works in tandem with the Consumer Involved Plan (CIP). You can use it to pay certain eligible expenses for yourself and your covered dependent(s).

## IRS Rules for HRAs

- Only the employer can contribute to an HRA.
- Any unused amounts in the HRA can be carried forward for reimbursements in later years.
- HRA dollars may be used only for plan-approved expenses, for example, copays, coinsurance and/or deductibles.
- You may reference IRS Publication 969 for further guidance on using and managing an HRA.

## Other FAQs About Your HRA

### Can I enroll in an FSA if I have an HRA through my employer?

Yes, you can enroll in the FSA for the same type of services that is used for the HRA. You cannot receive a reimbursement for the same service through both the FSA and HRA accounts.

### What happens to my HRA if I leave this company for any reason?

The VEBA/HRA funds stay with the employee even if they leave employment and convert to a terminated/retirement account so they can use the funds for premiums for COBRA and/or Medicare coverage.

### How do I track my HRA balance?

To access your HRA, log in to [benefitslogin.wexhealth.com/Login.aspx?ReturnUrl=%2f](https://benefitslogin.wexhealth.com/Login.aspx?ReturnUrl=%2f)

## Typical HRA Eligible Expenses

- Medical expenses: copays, coinsurance and deductibles.
- Dental expenses: exams, cleanings, X-rays and braces.
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery.
- Professional services: physical therapy, chiropractic and acupuncture services.
- Prescription drugs and insulin.
- To access a list of HRA eligible expenses, go to [wexinc.com/insights/benefits-toolkit/eligible-expenses](https://wexinc.com/insights/benefits-toolkit/eligible-expenses).

## Submitting a Claim

There are several ways to submit a claim with your VEBA/HRA.

- First, you can use your WEX VEBA/HRA debit card.
- You can send a reimbursement check directly to your provider in your online WEX account.

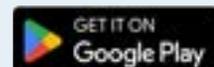
You can also use the WEX benefit mobile app to file a claim and upload documentation.

### WEX Mobile App

From the WEX mobile app, you can:

- Check your balance & view account activity
- File a claim and upload documentation using your phone's camera
- Use your benefit debit card directly from your mobile phone with Apple Pay or Samsung Pay.

Download the app for free on Apple and Android smartphones and tablets.



# Basic Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

The City's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Coverage is provided automatically at no cost to you on the first of the month following 30 days of employment.

In the event of your death, the basic 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.

Group Term Life and AD&D	100% Paid by the Employer
Employee	1x annual salary up to \$150,000 maximum benefit

## Age Reduction Schedule

- Ages 65 to 69: Benefit decrease to 65% of original benefit.
- Ages 70 to 74: Benefit decrease to 50%.
- Age 75+: Benefit decreases to 35%.



### Here Are Some Helpful Insurance Terms

**AGE REDUCTION:** The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

**CONVERSION:** If your group term life insurance coverage is reduced or ends, you can convert to an individual policy.

[Click this link](#) for more information or to apply today!

# Voluntary Life and AD&D

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage.

Coverage	Available Benefit	Guaranteed Amount
Employee \$10,000 Increments	\$10,000 to \$500,000	\$250,000
Spouse \$5,000 Increments	\$5,000 to \$250,000 (Cannot Exceed 100% of Employee Coverage)	\$50,000
Dependent Child(ren) \$15,000	\$1,000, \$5,000, or \$10,000	\$10,000

Spouse rates are determined by the employee age.

Voluntary Life Rates Per \$1,000 of Coverage	
Age	Employee and Spouse Rate Per \$1,000
<20	\$0.051
20-24	\$0.051
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.110
45-49	\$0.187
50-54	\$0.374
55-59	\$0.620
60-64	\$0.748
65-69	\$1.300
70-74	\$3.077
75+	\$11.756

Voluntary AD&D Employee And Spouse Rates Per \$1,000 Of Coverage	Voluntary Life Child Rate Per \$1,000 Of Coverage
\$0.025	\$0.15

[Click this link](#) for more information or to apply today!



**Example**

If the voluntary life rate is \$0.11 per \$1,000 and an enrollee elects \$20,000 in coverage, the monthly premium will be \$2.20. The same can be used to determine the voluntary AD&D rate using \$0.15 per \$1,000 of coverage.

0.11	x	20	=	\$2.20
Plan rate (determined by age)		Coverage per \$1,000		Monthly premium

# Voluntary Short-Term Disability (STD) Plans

You have the opportunity to purchase voluntary short-term disability (STD) insurance to provide financial assistance in the event you become ill or disabled and unable to work. Coverage is offered through New York Life, formerly Cigna, and you have a choice between two voluntary STD plan options. You are responsible for the full cost of the premium.

## Voluntary STD Plan Options

### Side-by-Side Comparison

	Vol. STD Plan Option #1	Vol. STD Plan Option #2
<b>Benefit Amount</b>		
Weekly Benefit Amount	60% Of Your Weekly Covered Earnings	60% of your weekly covered earnings
Weekly Benefit Amount Maximum	Up To \$1,500	Up to \$1,500
<b>Elimination Period</b>		
Due to an Accident	30 Days	0 days
Due to an Illness	30 Days	7 days
<b>Benefit Duration</b>		
Due to an Accident	22 Weeks	26 weeks
Due to an Illness	22 Weeks	25 weeks
<b>Pre-Existing Condition Limitation</b>		

**Disabilities within one year of the effective date resulting from a pre-existing condition three months prior to the effective date will be excluded.**

Voluntary STD Employee Rates Per \$10 of the Weekly Benefit	
Vol. STD Plan Option #1	\$0.30
Vol. STD Plan Option #2	\$0.48

[Click this link](#) for more information or to apply today!



Click on the icon to watch a short video about short term disability.



# Employee Assistance Program (EAP)

We all know that life can be challenging at times. Issues like illness, debt, and family problems can leave us feeling worried or anxious and not able to be at our best. The SupportLinc EAP, now sponsored by CuraLinc, provides confidential support and resources for you and your family at no charge. You can seek expert guidance for a variety of issues, from everyday matters to more serious problems affecting your wellbeing. SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.

## Program Overview

CuraLinc's SupportLinc EAP offers six face-to-face visits with experienced clinicians (per occurrence), at no cost to you. The below list of services is also offered through the program.

**COUNSELING:** Access confidential in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.

**WORK/LIFE RESOURCES:** Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

**FINANCIAL RESOURCES:** Free planning and consultation with a licensed financial counselor. A certified financial expert will guide you through your personal finances or money concerns, offering advice and helping you find solutions.

**LEGAL RESOURCES:** Free 30-minute consultations by phone or in-person with a local attorney. Legal experts are available to help you and your family with a variety of legal matters.

**PERSONALIZED COACHING:** SupportLinc includes personalized coaching to help you be the best possible version of yourself by focusing on personal improvement and emotional fitness. CuraLinc's coaches provide one-on-one coaching on sleep fitness, meditation, and mindfulness.

**DIGITAL COGNITIVE BEHAVIORAL THERAPY:** Animo, CuraLinc's digital cognitive behavioral therapy platform, is an innovative desktop and mobile resource that offers evidence-based content, practical resources, and daily inspiration to foster meaningful and lasting behavioral change. Animo allows you to develop competencies and strength through a variety of structured modules designed by experts.

## 24/7 Assistance and Resources

Whenever you need assistance with a work/life issue, the SupportLinc EAP is there for you 24/7.

**EAP SUPPORT LINE:** Reach a licensed clinician by phone for immediate assistance. Call 888.881.5462 anytime/anywhere.

**WEB PORTAL:** For access to online resources and tools, visit [supportlinc.com](https://supportlinc.com) and click "Create Account." Register using company code **cityofolathe**

**ONLINE THERAPY:** Connect with a therapist online or on your phone via video or through SupportLinc's text therapy platform, Textcoach, for immediate access to assistance or support. No appointments or commuting necessary. Visit [supportlinc.com](https://supportlinc.com) or download the eConnect Mobile app to get started. Company code: **cityofolathe**



# Cigna's Veteran Support Line

The Veteran Support Line provides a wide range of assistance for veterans, as well as their caregivers and families. The Support Line is free and available 24/7/365 at 855.244.6211.

- It is completely anonymous. Cigna does not ask for verification of military status and does not ask for any personal identification.
- It's staffed by behavioral health specialists, some of whom are veterans themselves and understand the unique experiences both veterans and their caregivers often face.
- There is a team that will help veterans find resources and services including pain management, substance use counseling and treatment, financial support, food, clothing, housing, transportation, parenting and childcare, legal assistance and more.
- If someone who is in crisis calls, they will be immediately routed to a member of our team trained to handle crisis situations.



## Cigna Programs

Cigna also offers mindfulness sessions to provide training in mindful stress management, acceptance and compassion.

- Many veterans suffer from chronic pain due to injuries, post-traumatic stress disorder or opioid dependency at a higher rate than the general population.
- Mindfulness is an evidence-based therapy proven to have a positive impact on depression, stress, anxiety, performance, sleep, addiction and post-traumatic stress disorder.
- The program lasts for 30 minutes.
- All veterans, their caregivers and families, whether they are Cigna members or not, are invited to participate in our Mindfulness sessions.

The telephonic program is available every week at 844.621.3956 (passcode 965 38 022):

Tuesdays 4 p.m. and Thursdays 7:30 p.m. CT

# Long-Term Care

The City provides group long-term care coverage to all full-time employees through UNUM. Additional coverage is available to purchase for employees and spouses.

## What Is Long-Term Care?

Long-term care insurance provides assistance with daily living tasks in the event a chronic illness or disability leaves you unable to care for yourself for an extended period of time. It could be care in your own home or in a specialized facility. Assistance with basic activities includes bathing, dressing, eating, or transferring from one location to another.

Contact Jamma Markus, Benefits Program Manager at 913.971.8723 or [jmarkus@olatheks.org](mailto:jmarkus@olatheks.org) for more information.



# Cigna Voluntary Benefits

Voluntary benefits are offered through Cigna.

- Accident insurance
- Critical illness insurance
- Hospital care insurance

For more information on these benefits or the cost of coverage, please refer to the plan documents on [Workplace](#).

## Here's How It Works

Voluntary benefits are designed to provide financial protection by paying cash benefits when you or a family member has an unexpected injury or illness. There are no offsets and no restrictions on how the cash benefits can be used, which means you can use the cash to cover medical expenses or non-medical expenses, such as a mortgage payment, utilities, or child care.

Enrollment in one or more of these voluntary plans is optional. All you have to do is elect coverage to become insured. You do not have to provide information about your health or your family's health. If you elect to enroll in accident, critical illness, and hospital indemnity insurance, you can maximize the protection you receive at the time of a covered illness or injury. Each plan could provide you with a separate lump-sum cash benefit, and they are independent from any claims or coverage provided by medical or disability insurance.

## Accident Insurance

Accident insurance helps provide financial support in the event you or a family member has an accident. With accident insurance, you'll receive a cash benefit for each covered injury and related services.



## Hospital Care Insurance

Hospital care insurance provides a cash benefit in the event of an unexpected hospital stay for a covered illness and/or injury. You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay.



## Critical Illness Insurance

Critical illness insurance helps provide financial support if you or a family member is diagnosed with a covered critical illness. Cigna will pay a cash benefit based on the percentage payable for the condition, and it's in addition to any medical or disability insurance you may have. Your Critical Illness policy includes a \$50 per year Health Screening Test benefit.



## Additional Services Through Cigna

- Assistance to help you recover physically: Tools and resources to find the right care at the right cost — plus discounts on recovery services.
- Additional services to help you recover emotionally: free expert legal and financial counseling, including money coaching.

# Identity Theft Protection

One minute your information is right there in your hand. The next, it's everywhere. Your personal information is out there, making you more vulnerable to cybercrime. Information, like your Social Security number and date of birth, can be stolen from your devices and used to steal your identity. The City offers identity theft protection through NortonLifeLock. This protection monitors your credit reports and helps you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind, prevent fraud, and receive assistance remediating any fraud events that might take place.

When activity occurs involving your information, you're alerted by email, text, or a phone call. You can respond to confirm whether the activity is legitimate, and if it's not, a NortonLifeLock specialist will help you resolve the issue.

Plus, if you're a victim of identity theft, NortonLifeLock helps protect you, including reimbursement for stolen funds and coverage for personal expenses. Select from two coverage options: Benefit Elite Plus or Benefit Elite Premium.

Visit our site to learn more!



## Employee Monthly Cost

	Benefit Essential	Benefit Premier
Employee Only	\$7.99	\$11.49
Family	\$15.98	\$20.98

For more information on what's protected when you sign up for NortonLifeLock, please refer to the plan document on [Workplace](#).

**Real, Live Agents Are Available to Answer Questions 24/7**

Employee Benefit Member Services Line:  
800.607.9174



# Employee Perks

Through community partnerships, City of Olathe employees are eligible for a number of great perks across the City:

- Tuition discounts at local universities
- Cell phone discounts
- Garmin device discounts
- Health club discounts
- Olathe Chamber of Commerce discounts
- Banking services
- City computer purchase program
- Event ticket discounts

## Pet Insurance

City of Olathe now partners with ASPCA to offer your pets the best care possible without worrying about the cost. With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and take comfort in knowing they have coverage. ASPCA Pet Health Insurance covers:

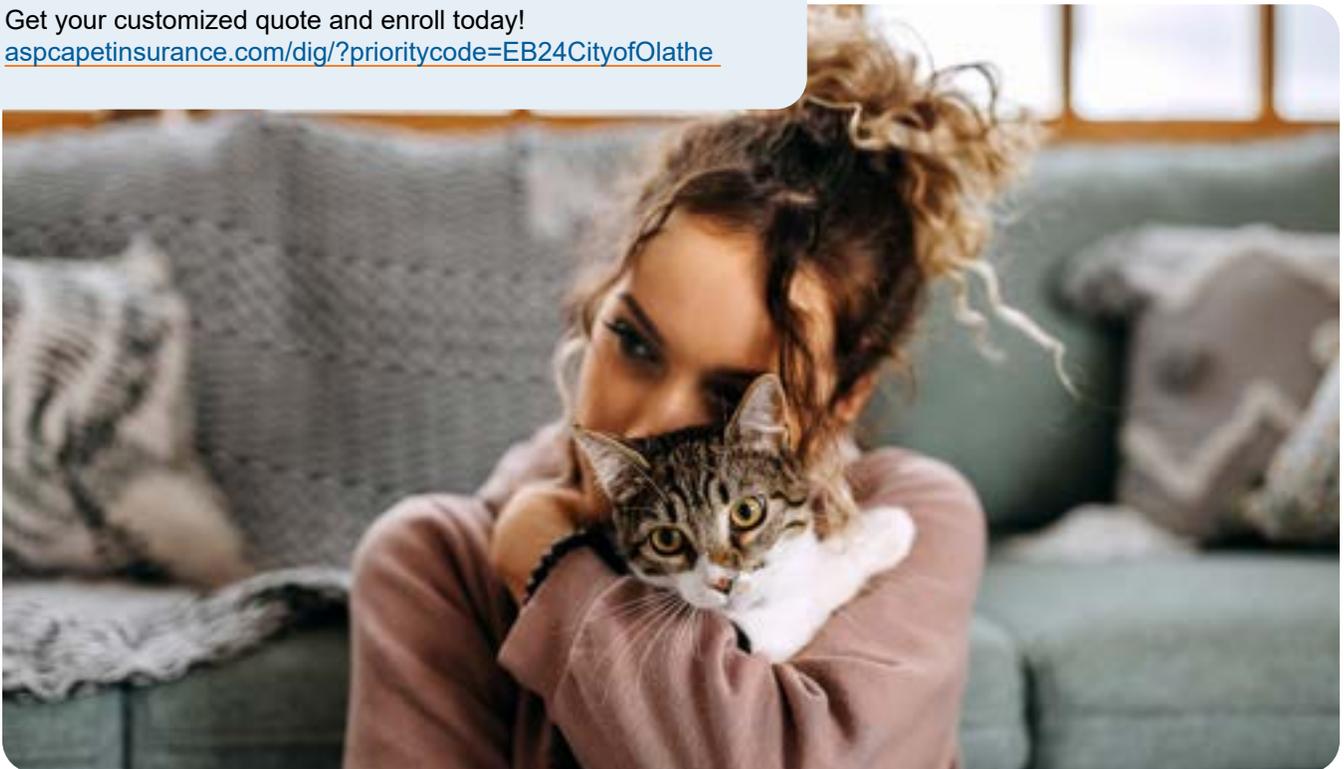
- Accidents
- Hereditary conditions
- Dental disease
- Illnesses
- Cancer
- Behavioral issues

You have the option to customize your plan to best fit your needs, from annual coverage limits, reimbursement percentages, deductibles, preventive care coverage, and accident-only coverage.

ASPCA Pet Health Insurance is simple to use: Just pay your vet bill, submit claims, and get reimbursed! You're free to visit any licensed vet, specialist, or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

### SAVE WITH YOUR DISCOUNT

Get your customized quote and enroll today!  
[aspcapetinsurance.com/dig/?prioritycode=EB24CityofOlathe](https://aspcapetinsurance.com/dig/?prioritycode=EB24CityofOlathe)



# Wellbeing Program

The City of Olathe's wellbeing program, named LiveWell, promotes and supports a culture of healthy living that puts your total wellbeing first. The program focuses on six elements through wellness services and activities:

- Mental
- Physical
- Financial
- Purpose/career
- Social/community
- Safety

Opportunities are available throughout the year to improve overall wellbeing and engage employees in healthy lifestyles. These services are available through LiveWell:

- Biometric screening.
- Customized programs for specific populations.
- Flu shots.
- Gym discounts.
- Healthy vending machine choices.
- Health and Safety Fair.
- Health assessments, coaching and goal-setting.
- Heart Health Month.
- Incentive Program.
- Mobile mammography coach.
- Nutrition education.
- On-site blood pressure stations.
- Olathe Wellbeing Center.
- School and camp physicals.
- Walking challenge.
- Wellbeing seminars.

## Olathe Wellbeing Center

The Olathe Wellbeing Center (OWC) is a free, high-quality healthcare and wellness center available to employees, spouses, and dependents over the age of four on one of the City's health plans. Employees are able to visit the Wellbeing Center on work time.

The Wellbeing Center is staffed by Marathon Health and consists of two part-time nurse practitioners and a medical assistant.

They diagnose, treat, and prescribe for a wide variety of common illnesses and minor injuries. They also provide health assessments and health coaching services.

### Location

1381 S Robinson Dr, Olathe, KS 66061

### Contact

913.971.6992

913.971.7959 (fax)

[clients.marathon.health/login-navigator](https://clients.marathon.health/login-navigator)

### Hours

Monday, Wednesday, Friday: 7 a.m.-4 p.m.

Tuesday, Thursday, 9 a.m.-6 p.m.

Closed daily from 1:30 p.m.-2:30 p.m.



## Wellness Incentive Program

The City's wellness incentive program is designed to help employees focus on preventive care and health awareness by offering annual wellness opportunities and a points system to track your activities. Completing the required and optional points by October 31, 2025, will provide your \$300 tax-free insurance premium discount in 2026, and most importantly, keep you on track with your health goals.

### How the Points Work

You need 150 total points to earn the insurance premium discount. Fifty points come from a required list and 100 points from an optional list. Keep track of your points through the Marathon eHealth Portal ([clients.marathon.health/login-navigator](https://clients.marathon.health/login-navigator)) where you can manage and self-report activities. Contact the Olathe Wellbeing Center, 913.971.6992, with questions or for more information.

### 2025 Wellness Incentive Points

Required Activities	Date Completed	Point Value	Points Earned
Complete a biometric screening (fasting labs and biometric measurements)		25	
Complete the marathon online health history and risk assessment or HRA		25	
<b>Total required points</b>		<b>50</b>	
<b>Optional Activities For Additional Points</b>			
Achieve biometric screening results within health range 4 out of 6		25	
Complete a comprehensive health review (CHR at the OWC)		25	
Health coaching (three visits) at the OWC		25	
Complete an annual physical (options: personal PCP, well-woman PAP, fire physical, PD voluntary fitness test, or DOT physical)		25	
<b>Complete any of the preventative screenings listed below, for a maximum of 75 points possible</b>			
Complete a seasonal flu shot		25	
Complete a dental cleaning/exam		25	
Complete an annual eye exam		25	
Complete an annual skin check by dermatologist		25	
Complete a mammogram		25	
Get Important vaccines (example: shingles, pneumococcal, Tdap, COVID-19 vaccine)		25	
All other preventative services, not listed above, require approval by the OWC staff for points.		25	
Wellness challenges in marathon portal (Note: This one depends on time of hire and whether the challenges are available.)			Max 50 points
<b>Total optional points</b>		<b>100</b>	
<b>Grand total</b>		<b>150</b>	

# Questions & Answers

**Q: Why an incentive program?** The City is passionate about employee wellbeing. The incentive program changes offer a measurable way of setting and achieving health goals through a focus on preventive care.

**Q: Why the emphasis on preventive care?** Preventive care (annual screenings, physicals, vaccinations and check-ups) is the best way to detect early health risks and manage and improve long-term health. Also, the City's health plan covers most preventive services at 100%.

**Q: Will I receive my \$50 incentive for the annual health screening?** Yes, employees who complete annual health screening at an on-site event or at the Wellbeing Center by July 31 will earn \$50 cash.

**Q: What is the points deadline?** Activities between November 1, 2024, and October 31, 2025, each year apply for the 2026 insurance premium discount.

**Q: How and where do I keep track of points?** Use the Marathon eHealth Portal to keep track of points from your activity at the Olathe Wellbeing Center (OWC) and on-site health screenings. Self-report primary care and firefighter physicals and preventive screenings on the portal, as well.

**Q: How do I assess the eHealth Portal?** If you don't remember your login, contact the OWC at 913.971.6992. New employees receive a welcome packet in the mail with a username and a temporary password.

**Q: What if I don't earn 150 points by October 31, 2025?** If you don't complete 150 points by the deadline, you will not earn the 2026 insurance premium discount. The City encourages you to work toward health goals throughout the year, regardless of points. If you need help, the OWC staff is available at 913.971.6992.

**Q: Does any preventive care screening count in Optional Wellness Activity #5?** Only services listed in the chart count as preventive care options. If you complete a specific activity recommended by a physician that is not listed, contact the OWC at 913.971.6992 to see if that activity qualifies as preventive care.

**Q: How do I get all 75 points in Optional Wellness Activity #5?** Complete three different activities (example: one dental check-up per year counts toward points even though you may get two) and get 25 points for each activity for a total of 75.

**Q: How does the Olathe Wellbeing Center get my lab reports?** Please request health results from your physical exam provider and bring those documents to the OWC.

**Q: Can I track screenings year to year?** Yes, the eHealth Portal keeps all lab results so you can track and compare.

**Q: Do CDL and firefighter physicals count? My pre-employment physical?** If the CDL physical is completed through the OWC, it counts as an annual physical exam. Annual firefighter physicals also satisfy the requirement. Pre-employment physicals do not qualify.

**Q: How do I find a primary care physician? Can I use the OWC as my primary care physician?** We recommended you have a relationship with a primary care physician outside of the Wellbeing Center. You can locate a physician on the Cigna website, even if you are not on the City's plan. Go to "Select a Plan," then "Medical," and choose "Open Access Plus, OA plus, Choice Fund OA Plus." Members can use their normal login to search.

# KPERS/KPF

Your KPERS membership is automatic when you're hired and starts on your first day you are in a KPERS covered position. When the time comes, KPERS pays out retirement benefits, but where does that money come from? There are three income sources that provide your benefit: employee contributions, employer contributions, and investments.

## 1. You Put Money In

The amount you put in is set by the Kansas Legislature. The City of Olathe takes it out of each paycheck and sends it to KPERS.

Member Group	Your Contribution Rate (% of your pre-tax pay)
KPERS 1, KPERS 2, KPERS 3	6%
KP&F	7.15%

## 2. City of Olathe Kicks in, Too!

Your rate pretty much stays the same. But employer rates often change year to year, based on KPERS' financial health. City of Olathe contributions don't go to your account. They're used to fund the System.

## 3. KPERS Invests the Money

KPERS is guided by the "fiduciary standard," which means it puts members' interests first. KPERS will take care of the money coming in, and it grows that money to help provide benefits to members when the time comes. For more information about how KPERS works, check out its membership guide at [kpers.org](http://kpers.org).

## How We Add It Up

After you retire, you receive a monthly payment from KPERS for the rest of your life. For KPERS 1 and KPERS 2 members, KPERS uses a formula to figure out how much you'll get.

$$\text{Final Average Salary} \times \text{Statutory Multiplier} \times \text{Years of Service} = \text{Yearly Benefit} \div 12 = \text{Monthly Benefit}$$

To calculate KPERS 3 benefits, KPERS uses your account balance to post retirement and interest credit.

## Easy Access to Your KPERS Account

Consider creating an online account in KPERS. It's safe, fast, and easy. Check it out at [kpers.org](http://kpers.org).

## With Your Online Account You Can:

- View account details.
- View and update your beneficiaries.
- Download annual statements.
- Estimate your retirement benefit.

To view your KPERS membership account and perform all the above listed tasks, you must first sign up with KPERS. It's a one-time process and only takes a few minutes. The enrollment process lets KPERS identify you as the member and provide ongoing security for your personal information. Go to [member.kpers.org/wfmLogin.aspx](http://member.kpers.org/wfmLogin.aspx).

## Other Benefits While You Work

Go to the active member homepage and select your membership group for more about "the other" KPERS benefits, such as:

- Disability
- Death
- Surviving spouse
- Life insurance

# 457 Deferred Compensation Plan

Investing in a 457b plan is an excellent way to save for your retirement, you have the option of making your contributions either pre-tax or post tax (Roth). The City of Olathe is committed to making it easy for you to begin saving for your future by offering three different 457 vendors: Mission Square Retirement, K457/Empower, and Nationwide.

## Plan Auto Enrollment and Contribution Rate

If you take no action within 30 days of your hire date, you will be automatically enrolled in the Mission Square Retirement pre-tax 457b Plan the first payroll of the month. To make it easy to start saving, the City of Olathe has made these default decisions for you:

1. 3% of your pay will begin being withheld starting with the 1st paycheck of the month following 30 days of employment.
2. Your contributions will be submitted to Mission Square Retirement and invested in an age-appropriate investment called the Vantagepoint Milestone Funds. These portfolios are professionally managed to be diversified and automatically become more conservative the closer you get to your retirement target date in the future. The funds assume a target retirement age within 2-3 years +/- of age 62. Go to [missionsq.org](https://missionsq.org) to learn more about these funds.
3. The City of Olathe will match your contributions, dollar for dollar, up to 3% per paycheck for full-time employees.

Note: If you want to opt out of ANY of these default decisions, you must either complete a Salary Reduction Change form and/or enroll with another vendor.

## KPERS 457/Empower and Nationwide E-Z Enrollment Options

KPERS 457/Empower and Nationwide offer an E-Z enrollment option that will automatically invest your contributions in a diversified and professionally managed Target Date fund that is appropriate for your age and a retirement age of 65. All you have to do is elect a contribution rate and a beneficiary on their short E-Z enrollment form.

## Want to Choose Your Own Investments?

Contact Jamma Markus in Human Resources at [jmarkus@olatheks.org](mailto:jmarkus@olatheks.org) or 913.971.8723 to request an enrollment kit for any of the approved 457b vendors: KPERS 457/Empower, Mission Square Retirement, or Nationwide.

# Educational Tuition Reimbursement

Regular full-time employees with one or more years of service are eligible to be reimbursed for the cost of tuition and books through the City's Educational Tuition Reimbursement program. The maximum reimbursement per employee per year is \$2,500.

The educational tuition reimbursement request form can be found on Workplace. The form should be completed at least two weeks in advance of the start date of the course. Your signature along with the Department Director's signature is required in order to approve the request. Your request form may be scanned and submitted via email to [jmarkus@olatheks.org](mailto:jmarkus@olatheks.org), or a hard copy may be submitted by inter-office mail with attention to Jamma Markus.

Educational tuition reimbursement requests are reviewed within 3-5 business days of receipt of the completed form.

Educational tuition reimbursements are only paid upon the full completion of the approved course(s). Upon completion, you must supply the institute's official grade report and any paid receipts for textbooks and tuition.

Please refer to the Employee Handbook for additional guidelines on this program and to review eligible expenses for reimbursement.



# Paid Leave and Holidays

## Vacation Leave

Employees must be employed six months before using vacation leave. Employees can accumulate up to double the amount earned per year.

Regular Full-Time Employees Vacation Leave			
Upon Eligibility	After 5 Years	After 10 Years	After 15 Years
10 work days	15 work days	18 work days	20 work days
56-Hour Week Firefighters Vacation Leave			
Upon Eligibility	After 5 Years	After 10 Years	After 15 Years
6 shift days	7 shift days	8.5 shift days	10 shift days

## Sick Leave

Full-time employees earn 3.7 hours of sick leave per pay period. Firefighters who work 56 hours per week earn 5.574 hours of sick leave per pay period.

## Personal Leave Day

Full-time employees are authorized personal days each year based on their scheduled hours (e.g., 8 hours) at the beginning of the calendar year. Personal days must be used before the annual cut-off date during the pay year they are awarded, and they are not accumulated, carried over to the next year, or paid out upon termination.

## Paid Holidays

The City of Olathe grants paid holiday time off to all benefit eligible employees immediately upon assignment to a benefit eligible position. A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday.

The City recognizes 11.5 paid holidays:

- New Year’s Day
- Memorial Day
- Veterans’ Day
- Christmas Eve (1/2 day)
- Martin Luther King, Jr. Day
- Juneteenth
- Thanksgiving
- Christmas
- Presidents’ Day
- Independence Day
- Day after Thanksgiving
- Labor Day

## Paid Parental Leave

The City will provide up to eight weeks of paid parental leave to employees following the birth of an employee’s child or the placement of a child with an employee in connection with an adoption. The purpose of parental leave is to enable the employee to care for and bond with a newborn or a newly adopted child. This leave will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.

Full-time and part-time employees, including part-time KPERS eligible (PTKE), are eligible for parental leave. Seasonal, variable employees, part-time non-benefited (PTNB), and interns are not eligible. For more information, refer to the Holidays, Vacation, and Leaves of Absence section in your employee handbook.

# Contacts

## Medical

**CIGNA**  
Phone: 800.244.6224  
Website: [cigna.com](http://cigna.com)

## Vision

**SURENCY**  
Phone: 866.818.8805  
Website: [surency.com](http://surency.com)

## Dental

**DELTA DENTAL OF KANSAS**  
Phone: 800.234.3375  
Website: [deltadentalks.com](http://deltadentalks.com)

## Healthcare and Dependent Care FSA

**WEX BENEFITS**  
Phone: 866.451.3399  
Website: [benefitslogin.wexhealth.com](http://benefitslogin.wexhealth.com)

## VEBA/HRA

**WEX BENEFITS**  
Phone: 866.451.3399  
Website: [benefitslogin.wexhealth.com](http://benefitslogin.wexhealth.com)

## Group Term Life and AD&D

**NEW YORK LIFE**  
Phone: 800.423.1282  
Website: [newyorklife.com](http://newyorklife.com)

## Voluntary Life and AD&D

**NEW YORK LIFE**  
Phone: 800.732.1603  
Website: [newyorklife.com](http://newyorklife.com)

## Voluntary STD

**NEW YORK LIFE**  
Phone: 800.352.0611  
Website: [newyorklife.com/group-benefit-solutions/city-of-olathe](http://newyorklife.com/group-benefit-solutions/city-of-olathe)

## Employee Assistance Program (EAP)

**SUPPORTLINC**  
Phone: 888.881.5462  
Website/Portal: [supportlinc.com](http://supportlinc.com)  
Company code: cityofolathe

## Pet Insurance

**ASPCA**  
Phone: 877.343.5314  
Website: [aspcapetinsurance.com/dig/?prioritycode=EB24CityofOlathe](http://aspcapetinsurance.com/dig/?prioritycode=EB24CityofOlathe)

## Long-Term Care

**UNUM**  
Phone: 800.227.4165  
Website: [unum.com](http://unum.com)

## Accident, Critical Illness, and Hospital Care

**CIGNA**  
Phone: 800.754.3207  
Website: [cigna.com](http://cigna.com)

## Identity Theft Protection

**NORTONLIFELOCK**  
Phone: 800.607.9174  
Website: [nortonlifelock.com](http://nortonlifelock.com)

## Olathe Wellbeing Center

**MARATHON HEALTH**  
Phone: 913.971.6992  
eHealth Portal: [clients.marathon.health/login-navigator](http://clients.marathon.health/login-navigator)

### Final Notes

This summary of benefits is not intended to be a complete description of City of Olathe's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although City of Olathe maintains its benefit plans on an ongoing basis, City of Olathe reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Thank you for taking time to read through your benefits packet!

Please contact Benefits Program Manager Jamma Markus at [jsmarkus@olatheks.org](mailto:jsmarkus@olatheks.org) or 913.971.8723 with any questions or visit [Workplace](#) under Human Resources/Benefits for additional plan information.



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.

**CITY OF SPRINGFIELD  
EMPLOYEE GROUP HEALTH PLAN SUMMARY SHEET**

**GROUP NUMBER: 010191CS**

**MONTHLY COST**

Employee Only	\$540.40	(100% paid by the City)	Employee + Child(ren)*	\$303.35	(paid by Employee)
Employee + Spouse*	\$379.19	(paid by Employee)	Family Coverage *	\$599.12	(paid by Employee)

Payroll deductions for dependent medical coverage are the 1st and 2nd pay day of the month to pay for coverage the following month.  
\*Minimum enrollment of dependents for 6 months. If both spouses are City employees, there is no cost for dependent coverage.

**IN-NETWORK PROVIDER**

Springfield Mercy is the In-Network Provider. To find an in-network provider, go to <http://www.mercyoptions.net> or call 417.888.8888.

**THIRD PARTY ADMINISTRATOR**

**Med-Pay, Inc.** Call **417.886.6886** or **800.777.9087** with questions about coverage or plan design and to request ID card replacement.

**ANNUAL DEDUCTIBLE**

*In-Network* Plan participant pays first \$1000 per person/\$1500 per family  
*Out-of-Network* Plan participant pays first \$2000 per person/\$3000 per family

**COINSURANCE**

*In-Network* After deductible is met, plan pays 80% of the next \$12,500 per person and \$22,500 per family, then 100% of covered charges.  
*Out-of-Network* After deductible is met, plan pays 60% of the next \$12,500 per person and \$22,500 per family, then 100% of covered charges.

**ANNUAL MAXIMUM OUT-OF-POCKET**

*(Deductible plus Coinsurance)*

*In-Network* \$3,500 per person/\$6,000 per family  
*Out-of-Network* \$7,000 per person/\$12,000 per family

**INELIGIBLE EXPENSES**

Ineligible expenses do not apply toward the deductible, the maximum out-of-pocket amounts or toward coinsurance coverage.

**PRE-ADMISSION REVIEW**

Hospital admissions only: required or \$100 penalty; will not apply toward deductible or out-of-pocket maximum.

**PREVENTIVE BENEFIT**

*In-Network* For employee, spouse & children: 100% coverage of services performed in conjunction with preventive/screening examinations such as a physical examination, laboratory tests, mammograms, gynecologic exams, prostate screening, colonoscopy, immunizations and other exams per the standard criteria for the plan member's age. Benefit *includes* recommended preventive services under the Affordable Care Act (ACA). A current listing of recommended preventive services under the ACA can be accessed at [www.HealthCare.gov/center/regulations/prevention.html](http://www.HealthCare.gov/center/regulations/prevention.html). Benefit *does not include* diagnostic or follow-up services. Plan members may call Med-Pay for questions about eligible preventive services at the number listed on their Health Plan ID card or as noted above.  
*Out-of-Network* Subject to out-of-network deductible and out-of-network coinsurance.

**PRESCRIPTION PLAN PROVIDER**

**Elixir:** Visit [www.elixirsolutions.com](http://www.elixirsolutions.com) or call **800-771-4648** for information about prescription plan benefits.

**PRESCRIPTION DRUG**

**BENEFIT**

*In-Network* Pharmacy: 30-day fill co-pay will be the greater of 20% of the cost or: \$10 for generic, \$20 for preferred brand or \$40 non-preferred brand. 31-90 day fill co-pay will be the greater of 20% of the cost or: \$30 for generic, \$60 for preferred brand or \$120 for non-preferred brand. Specialty: co-pay is the greater of \$100 or 20% of the cost of the drug. Mandatory generic: if plan participant elects brand name over generic, cost is the co-pay plus the difference in price between the generic and brand name.

*RX Annual Maximum Out-of-Pocket* \$4,100 per person/\$8,200 per family

*Out-of-Network* After out of network deductible is met, plan pays 60% of the cost for covered prescriptions. Claim must be filed with Med-Pay

**GROUP HEALTH PLAN SUMMARY PLAN DESCRIPTION (SPD)**

Available electronically: [www.springfieldmo.gov/5324/Employee-Documents](http://www.springfieldmo.gov/5324/Employee-Documents) or CityShare > Human Resources > Benefits > Insurance (Health only). A printed copy is available from Human Resources on request, call 417-864-1607.

**NOTE:** All covered benefits are based on usual and customary charges. The above information is only a summary of the City of Springfield Health Care Plan and is subject to change.

**Changes Effective July 1, 2025**



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://www.springfieldmo.gov/5324/Employee-Documents> or call 1-417-864-1607. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-417-864-1607 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	<a href="#">Network</a> : \$1,000 per person/\$1,500 per family; Non- <a href="#">Network</a> : \$2,000 per person/\$3,000 per family.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Network preventive care</a> is covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you have not yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You do not have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	<a href="#">Network</a> Medical: \$3,500 per person/\$6,000 per family; Non- <a href="#">Network</a> Medical: \$7,000 per person/\$12,000 per family; <a href="#">Network Prescription Drugs</a> : \$4,100 per person/\$8,200 per family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limit</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, out-of- <a href="#">network prescription drug copays</a> and <a href="#">coinsurance</a> , <a href="#">preauthorization</a> penalties, and health care this <a href="#">plan</a> does not cover.	Even though you pay these expenses, they do not count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="https://healthplan.mercy.net/directory/search">https://healthplan.mercy.net/directory/search</a> or call 1-417-888-8888 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office or clinic</a>	Primary care visit to treat an injury or illness	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	<a href="#">Specialist</a> visit	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/screening/Immunization</a>	No charge. <a href="#">Deductible</a> does not apply.	40% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then confirm the benefit with your <a href="#">plan</a> by calling 1-800-777-9087.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="https://www.springfieldmo.gov/5324/Employee-Documents">https://www.springfieldmo.gov/5324/Employee-Documents</a> or <a href="https://www.elixirsolutions.com/members">https://www.elixirsolutions.com/members</a> .	Generic drugs	Retail (30-day supply): greater of \$10 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription; Retail or mail order (31-90-day supply): greater of \$30 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription	40% <a href="#">coinsurance</a>	Mandatory Generic program applies: If brand drug is selected when generic is available, participant pays <a href="#">copayment</a> ( <a href="#">copayment</a> waived for mail order) plus <a href="#">coinsurance</a> and the difference between the generic and brand name drugs.  Maximum fill 90 days from a <a href="#">network provider</a> at retail pharmacy or through mail order.  No charge for FDA-approved generic contraceptives or other ACA-required preventive drugs (or brand name drugs if a generic is medically inappropriate).
	Preferred brand drugs	Retail (30-day supply): greater of \$20 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription; Retail or mail order (31-90-day supply): greater of \$60 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription	40% <a href="#">coinsurance</a>	
	Non-preferred brand drugs	Retail (30-day supply): greater of \$40 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription; Retail or mail order (31-90-day supply): greater of \$120 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription	40% <a href="#">coinsurance</a>	
	<a href="#">Specialty drugs</a>	Retail or mail order: greater of \$100 <a href="#">copayment</a> or 20% <a href="#">coinsurance</a> per prescription	Not covered	



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Emergency <a href="#">hospitalizations</a> must be certified within 72 hours of admission.
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	<a href="#">Urgent care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required, call 1-800-777-9087. Benefit payment will be reduced by \$100 if the stay is not preauthorized. Room is limited to semi-private room rates
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Inpatient services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. Call 1-800-777-9087 to preauthorize. Benefit payment will be reduced by \$100 if the stay is not preauthorized. Room is limited to semi-private room rates.



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Two ultrasounds will be considered an eligible expense for a routine pregnancy. <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Expenses for dependent children, but not grandchildren, are covered.
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Expenses for dependent children, but not grandchildren, are covered.
	Childbirth/delivery facility services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Maximum of 60 visits per calendar year. <a href="#">Preauthorization</a> is recommended, call 1-800-777-9087.
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is recommended, call 1-800-777-9087. For inpatient <a href="#">rehabilitation services</a> , <a href="#">preauthorization</a> is required. Benefit payment will be reduced by \$100 if the stay is not preauthorized.
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Maximum of 90 visits per calendar year.
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Room is limited to semi-private room rates. Maximum of 60 days per calendar year. <a href="#">Preauthorization</a> is required, call 1-800-777-9087. Benefit payment will be reduced by \$100 if the stay is not preauthorized.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is recommended, call 1-800-777-9087.
	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Maximum of 90 days per calendar year. <a href="#">Preauthorization</a> is required for inpatient services, call 800-777-9087. Benefit payment will be reduced by \$100 if the stay is not preauthorized.



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Non-Network Provider</u> (You will pay the most)	
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	You must pay 100% of this service, even in <a href="#">network</a> .
	Children's glasses	Not covered	Not covered	Not covered unless following eye surgery. You must pay 100% of this service, even in <a href="#">network</a> .
	Children's dental check-up	Not covered	Not covered	You must pay 100% of this service, even in <a href="#">network</a> .

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic Surgery (except for [reconstructive surgery](#) following mastectomy)
- Dental Care (Adult & Child)
- Hearing Aids (except for newborns and children as required under Missouri State Statutes and the initial purchase if loss of hearing is a result of a covered surgical procedure)
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (including exam and glasses) (Adult & Child) (except for following eye surgery)

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric Surgery (criteria apply)
- Chiropractic Care (limited to 12 visits for spinal manipulation per calendar year)
- Private-Duty Nursing (criteria apply)
- Routine Foot Care (for diabetics)
- Weight Loss Programs (criteria apply)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: The City's Human Resources Department at 1-417- 864-1607 or Med-Pay's Customer Service department at 1-417-886-6886 or 1-800-777-9087.

Additionally, a consumer assistance program can help you file your [appeal](#). Contact Missouri Division of Insurance, 301 W. High St., Room 350, Jefferson City, MO 065101, 1-573-751- 4126.

### Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of [network](#) pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$1,000
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	20%
■ <a href="#">Hospital (facility)</a> <a href="#">coinsurance</a>	20%
■ Other <a href="#">coinsurance</a>	20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$1,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$2,360
What isn't covered	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$3,380</b>

### Managing Joe's Type 2 Diabetes

(a year of routine [network](#) care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$1,000
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	20%
■ <a href="#">Hospital (facility)</a> <a href="#">coinsurance</a>	20%
■ Other <a href="#">coinsurance</a>	20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$1,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$1,250
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,270</b>

### Mia's Simple Fracture

([network](#) emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$1,000
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	20%
■ <a href="#">Hospital (facility)</a> <a href="#">coinsurance</a>	20%
■ Other <a href="#">coinsurance</a>	20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$1,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$360
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,360</b>

# 2024 Benefits Guide



→ [cowo365.sharepoint.com](https://cowo365.sharepoint.com)



# Welcome to your 2024 Benefits Program

Your benefit plans have been designed to provide you with options that are comprehensive and responsive to the needs of you and your family. This booklet is designed to help you navigate your benefit choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern.

The following documents are available on the City of Wichita's SharePoint portal at <https://cowo365.sharepoint.com> or you can request a printed copy from Human Resources at 316-268-4531 or [HR@wichita.gov](mailto:HR@wichita.gov).



- Summary Plan Descriptions
- Notice of Exchange Availability
- Summary of Benefits and Coverage
- WHCRA Notice
- CHIP Notice
- HIPAA Privacy Notice and Enrollment Rights
- Medicare Part D Notice

## WHAT'S NEW FOR 2024 OPEN ENROLLMENT?

1. **IMPORTANT NOTICE:** Employees should access Employee Self Service (ESS/MUNIS) at <https://selfserviceict.wichita.gov/ess/> and **actively enroll or decline** 2024 insurance benefit options. If you do not enroll or make changes to your elections, your benefits will default to your current benefit elections but with 2024 premiums. You must re-enroll annually for your FSA.
2. **MEDICAL PLAN ADMINISTRATOR:** UMR / United Healthcare
3. **PRESCRIPTION DRUG ADMINISTRATOR:** Optum Rx
4. **NEW MEDICAL / RX INSURANCE ID CARDS**
5. **MEDICAL INSURANCE PREMIUM RATE CHANGE:**  
2% premium rate increase.
6. **ENHANCED DENTAL INSURANCE BENEFITS** for dependent children under age 12; eligible services covered at 100%
7. **DENTAL INSURANCE PREMIUM RATE CHANGE:** .3% premium rate increase
8. **HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA):** Annual maximum contribution increases to \$3,050 and carry over increases to \$610.
9. **LIFE AND LONG-TERM DISABILITY INSURANCE PROVIDER:** MetLife  
Open Enrollment – opportunity to add Basic Life insurance or increase Voluntary Life insurance 1x with no medical questionnaire.

**You must re-enroll in Flexible Spending Accounts each year.**

*This booklet describes the benefit plans and policies available to you as an employee of the City of Wichita. Details about these plans and policies, including insurance contracts, are contained within the official plan and policy documents. This booklet is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (SPDs) or in the official plan and policy documents. If there is ever a question about one of the plans and policies, or if there is a conflict between the information in this booklet and the formal language of the plan or policy documents, the plan or policy documents will govern. Please note that the benefits described in this booklet may be changed at any time and do not represent a contractual obligation on the part of the City of Wichita or a guarantee of continued employment.*

**TABLE OF CONTENTS & CONTACTS:**

Refer to this list when you need to contact one of your benefits vendors. For general information contact Human Resources at 268-4531 or [HR@wichita.gov](mailto:HR@wichita.gov).

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***UMR, United Healthcare – Medical Plan***  
Customer Service: 1-855-870-9174      [www.umar.com](http://www.umar.com)

**PRESCRIPTION DRUG**

***Optum Rx***  
Customer Service: 1-800-334-8134      [www.optumrx.com](http://www.optumrx.com)

**TELADOC VIRTUAL CARE**  
Talk to a doctor: 1-800-835-2362      [www.teladochealth.com](http://www.teladochealth.com)

**DARIO HEALTHY LIVING PROGRAMS**  
Get Started: 1-833-438-0739      [www.mydar.io/c/wichita](http://www.mydar.io/c/wichita)

**VISION**

***Vision Service Plan of Kansas (VSP)***  
Customer Service: 1-800-877-7195      [www.vsp.com](http://www.vsp.com)

**DENTAL**.....8

***Delta Dental of Kansas***  
Customer Service: 316-264-4511      [www.deltadentalks.com](http://www.deltadentalks.com)

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***Surency***  
Customer Service: 316-462-3316      [www.surency.com](http://www.surency.com)

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***MetLife***  
Customer Service: 1-800-438-6388      [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

**VOLUNTARY LONG-TERM DISABILITY**.....11

***MetLife***  
Customer Service: 1-800-438-6388      [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

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## WHO IS ELIGIBLE FOR BENEFITS

Active full-time employees regularly scheduled to work thirty (30) or more hours per week are eligible for employee benefits. Current employment status determines plan eligibility. See applicable Plan Documents for specifics.

### DEPENDENT ELIGIBILITY

You can also enroll your eligible dependent in certain coverages. Your eligible dependents may include:

- Your spouse, an individual to whom you are lawfully married (marriage license or common law documentation and social security card is required)
- Your children up to age 26 (birth certificate and social security card is required)
  - Your biological or adopted child(ren)
  - Your stepchild(ren)
  - Child(ren) for whom you are legal guardian (court document required)
  - Child(ren) recognized by a Qualified Medical Child Support Order (QMCSO). Documented proof of eligibility as a dependent will be required, including court documents (medical/dental/vision).
- Child(ren) age 25 and over who became disabled prior to age 26, who are unable to earn a living due to a mental or physical disability. You will be asked to provide proof that the child is incapacitated (medical/dental/vision).

## BENEFIT ENROLLMENT

Each fall, you have the opportunity during annual open enrollment to enroll or make changes to your benefits.

The benefits plan year is effective **January 1 through December 31.**

**Annual Open Enrollment:**  
New coverage elections will be effective on **January 1, 2024.**

### ANNUAL OPEN ENROLLMENT

The 2024 benefit plan year open enrollment begins **October 16** and ends on **October 27, 2023**, at 5 p.m. Changes will not be accepted after October 27.

### WHAT HAPPENS IF YOU DO NOT ENROLL IN BENEFITS

If you do not enroll or make changes during the annual open enrollment period, you will not be able to make changes until the next annual open enrollment period unless you have a *qualifying event*.

### NEW HIRE ENROLLMENT

To elect benefits as a **newly hired benefit eligible employee**, you must complete your online Benefits Enrollment within **30 days from your date of hire**. Benefits are effective the 1<sup>st</sup> of the month following your date of hire.

#### Qualified Change in Employment Status or Life Event

Once you enroll in benefits, you cannot change your benefit selections until the next annual enrollment period. However, you may make certain changes if you have a qualifying event that affects your benefits, and the event is consistent with your requested change. You must report your life event through Employee Self Service at <https://selfserviceict.wichita.gov/ess/> and provide the appropriate documents within 60 calendar days of the event. Failure to report the Life Event **within 60 days may result in retroactive termination of insurance benefits or denial of the request.**

Qualifying events include:

Marriage, Divorce

Death of a spouse or eligible dependent

Loss of Medicaid or CHIP

Birth, adoption

Loss or gain of coverage

Return to work from unpaid leave (Military or FMLA)

## GENERAL INSTRUCTIONS

### HOW TO ENROLL OR MAKE CHANGES:

- STEP 1:** Learn about your 2024 benefit plan options in this booklet, on the Employee Self Service Portal, or through the City of Wichita's Sharepoint website.
- STEP 2:** **Annual Enrollment:** Complete your online Benefit Enrollment on the Employee Self Service Portal at <https://selfserviceict.wichita.gov/ess/>  
**New Hires:** Complete your Benefit Enrollment through your NeoGov Onboarding link within 30 days of your hire date.  
**Qualified Life Events:** Report a Life Event (Marriage, birth, loss of coverage) on the Employee Self Service Portal at <https://selfserviceict.wichita.gov/ess/> within 60 days of the Life Event.
- STEP 3:** Upload **applicable supporting documents** (Marriage License, Birth Certificate, Social Security Card) with your Benefit Enrollment.

### Required documentation for dependent enrollment in medical, vision and dental benefits.

Gathering all the information below will help you complete the enrollment process faster.

- Certified Marriage License – visit <http://www.vitalchek.com> or call 316-660-5800
- Certified Birth Certificates of eligible family members you want on your benefit – visit <http://www.vitalchek.com> or call 1-785-296-1400
- Social Security Cards – All eligible family members you want on your benefits plans – visit <https://www.ssa.gov/ssnumber/> or call 1-800-772-1213 (TTY 1-800-325-0778)
- Guardianship / Adoption/ Legal Custody – visit <https://www.dc18.org/records> or call 316-660-5800.

## SEPARATION FROM EMPLOYMENT

**Medical, Dental and Vision Benefits:** Employees that separate employment from the City of Wichita may be eligible to continue certain insurance elections through Cobra. Eligible employees will receive a notice from the Cobra administrator regarding their options. Continuation rights are identified in the Medical Summary Plan Description.

**Life Insurance:** Participants in MetLife's Life Insurance may have the option to "port" (buy) or convert some or all of their Group Life insurance coverage to an individual whole Life insurance policy. Employees have 31 days from their termination date to exercise their options.

Separating employees who would like to continue their Life Insurance should contact MetLife at 1-800-438-6388.

**Long Term Care:** Participants in Unum's Long Term Care Insurance may contact Human Resources at [HR@Wichita.gov](mailto:HR@Wichita.gov) to obtain the *Election form to continue Group Long Term Care Insurance*.

**Employee Assistance Plan (EAP):** EAP services are available for a limited time.

# THE CITY OF WICHITA MEDICAL PLANS

The City of Wichita is pleased to offer two medical plan options. **UMR / United Healthcare** administers the medical plans.

- (1) **The Premium PPO Plan**
- (2) **The Select PPO Plan**

Search for in-network providers:  
[www.umar.com](http://www.umar.com)      855-870-9174

Both plans offer comprehensive coverage with in-network and out-of-network providers. The plans have different deductibles, copays and out of pocket maximums. Please refer to the medical summary or visit <https://cowo365.sharepoint.com> for full plan details.

You may see any doctor you choose, including specialists, but you will **receive the highest level of benefits from an in-network provider**. Search for in-network providers at [www.umar.com](http://www.umar.com) or call 1-855-870-9174.

## TELADOC

Teladoc virtual care is available with your UMR / United Healthcare coverage to provide you and your eligible covered dependents with 24/7/365 access to U.S. board-certified **doctors, pediatricians and mental health specialists** by phone or online video. Register today! [www.teladochealth.com](http://www.teladochealth.com) and talk to a doctor: **1-800-835-2362**

**Teladoc Virtual Care Visit  
FREE – \$0 copay**

## DARIO HEALTHY LIVING PROGRAMS

Dario's digital health programs help people live better and healthier lives. Want to **lose weight, lower your blood pressure, manage diabetes, elevate your emotional wellbeing, improve your posture, or tackle joint pain**? The Dario programs will help you create healthy habits you can stick with while staying focused on progress, not perfection. Employees that are enrolled in a medical plan are eligible to participate in these free, voluntary programs. Get started today at [www.mydar.io/c/Wichita](http://www.mydar.io/c/Wichita)



## OPTUM RX PRESCRIPTION PLAN AND VSP VISION PLAN

The Prescription Drug Plan and Vision Plan are included with the medical insurance plan benefits regardless of prescription and/or vision participation. See OPTUM RX PRESCRIPTION PLAN and VSP VISION PLAN sections for details.

## ID CARDS

Participating employees and their covered dependents will receive member ID insurance cards from UMR United Healthcare that includes UMR medical and Optum Rx prescription drug information.

## WHAT YOU PAY – MEDICAL PLAN PREMIUMS (Includes medical, prescription drug and vision)

Health/Rx/Vision	Cost – Biweekly	City Share – Biweekly	Employee Share - Biweekly
<b>Premium PPO Plan</b>			
<b>Single</b>	\$ 364.05	\$ 292.87	<b>\$ 71.18</b>
<b>Family</b>	\$1087.04	\$ 873.99	<b>\$213.05</b>
<b>Select PPO Plan</b>			
<b>Single</b>	\$ 307.86	\$ 285.39	<b>\$ 22.47</b>
<b>Family</b>	\$ 918.47	\$ 851.23	<b>\$ 67.24</b>

## THE CITY OF WICHITA MEDICAL PLAN COMPARISON

UMR/United Healthcare	Premium PPO Plan		Select PPO Plan	
Benefit	In-network	Out-of-network	In-network	Out-of-network
Calendar year medical deductible	\$250 / individual \$500 / family	\$500 / individual \$1,000 family	\$750 / individual \$1,500 / family	\$1,000 / individual \$2,000 / family
Coinsurance <i>Your share of the cost after meeting the deductible</i>	0%	50%	20%	50%
Calendar year out of pocket maximum <i>Deductible plus coinsurance and copays</i>	\$1,500 / individual \$3,000 / family	\$2,000 / individual \$4,000 / family	\$2,500 / individual \$5,000 / family	\$5,000 / individual \$10,000 / family
Lifetime maximum	Unlimited			
Preventive care	Covered in full	Deductible coinsurance	Covered in full	Deductible coinsurance
Physician office visit	\$20 copay		\$25 copay	
Specialist office visit	\$40 copay		\$50 copay	
Outpatient surgery	\$200 copay		Deductible coinsurance	
Emergency Room	\$150 copay		\$150 copay	
Urgent Care Facility	\$20 copay		\$25 copay	
Teladoc Services Teladochealth.com	\$0 copay	Not covered	\$0 copay	Not covered
Inpatient Hospital Services	Deductible; \$100/day copay (\$500 max)	Deductible coinsurance	Deductible coinsurance	Deductible coinsurance
Short term therapies (OT, PT, speech) * limitations apply	\$40 copay	Deductible coinsurance	\$50 copay	Deductible coinsurance
Chiropractic services	\$40 copay	No coverage	\$50 copay	No coverage
Durable Medical Equipment	\$0 copay	Deductible coinsurance	\$0 copay	Deductible coinsurance
Mental health, substance abuse, chemical dependency Office visit	\$20 copay	Deductible coinsurance	\$25 copay	Deductible coinsurance

## THE CITY OF WICHITA PRESCRIPTION DRUG PLAN — included with medical plan enrollment

Optum Rx	Premium Plan		
Participating Pharmacy	Retail	Performance 90	Mail Service
Maximum Day Supply	30	90	90
Generic Copay	\$5	\$10	\$10
Formulary Copay	\$15	\$30	\$30
Non-Formulary Copay	\$40	\$80	\$80

Select Plan		
Retail	Performance 90	Mail Service
30	90	90
\$10	\$20	\$20
\$25	\$50	\$50
\$50	\$100	\$100

### Optum Rx

To view the current formulary, please visit [www.optumrx.com](http://www.optumrx.com). *Note: Formulary is subject to change.*

## THE CITY OF WICHITA PRESCRIPTION DRUG PLAN

RxBenefits is the administrative component of the Optum Rx prescription drug plan. As the Pharmacy Benefits Optimizer, RxBenefits brings you greater discounts, better access, and improved member services.

Contact the RxBenefits Member Services Team at 800-334-8134 or [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com).

1-800-334-8134  
[www.optumrx.com](http://www.optumrx.com)

Provider networks and formulary covered prescriptions are subject to change. The Pharmacy locator and prescription drug formulary is available at [www.optumrx.com](http://www.optumrx.com).

### SPECIALTY DRUG FORMULARY PRESCRIPTIONS

Specialty drugs treat multi-faceted chronic conditions such as rheumatoid arthritis, multiple sclerosis, and autoimmune disease. If you are filling a specialty medication, please contact Optum Rx at **1-855-427-4682**.

## THE CITY OF WICHITA VISION PLAN – included with medical plan enrollment

VSP administers the vision plan. Eye exams are an important part of routine preventive health care. Regular exams help maintain good vision and prevent permanent vision loss by early detection. Vision benefits are provided to encourage you and your dependents to have your eyes regularly examined for the correction and the prevention of major vision problems.

The summary of benefits identifies covered services when using in-network providers under the VSP vision plan. To view in-network providers, visit [www.vsp.com](http://www.vsp.com).

VSP Services	Description	Copay	Frequency
WellVision Exam	Preventive / wellness	\$0	Every 12 months
Prescription Glasses		\$40 copay	
Frames	\$150 allowance		Every 24 months
Lenses	Single vision, lined bifocal, lined trifocal lenses	Included with prescription glasses copay	Every 12 months
Lens Enhancements	Progressive lenses Anti-reflective coating Tints/photochromic adaptive lenses Polycarbonate lenses Scratch resistant coating, UV protection	\$0	Every 12 months
Contact Lenses <i>Instead of glasses</i>	\$150 allowance for contacts	\$0	Every 12 months
Diabetic Eye Exam	See Benefits Summary	\$20 copay	
Safety Glasses	See Benefits Summary	\$40 copay	Every 12-24 months

# THE CITY OF WICHITA DENTAL PLANS

**Delta Dental of Kansas** is the plan administrator for Dental benefits. Refer to the Summary Plan Description for full details, restrictions, and exclusions.

The City offers two Delta Dental Plans:

- (1) Delta Dental Traditional Plan
- (2) Delta Dental Preferred Plan

**Access in-network providers and additional plan details at [deltadentalks.com/cityofwichita](http://deltadentalks.com/cityofwichita)**

## THE TRADITIONAL PLAN – use Delta PPO + Premier network

You may use **any** dentist for services. Participating dentists accept Delta Dental’s allowances for the services provided, so you know what your responsibility will be. If you use a non-participating dentist, Delta will reimburse you directly for what the plan covers. You have a responsibility to pay the non-participating dentist for any difference between his/her charge and the Delta allowance. The Traditional Plan also provides up to a \$1,000 per lifetime, orthodontic benefits for dependent children, under age 19.

## THE PREFERRED PLAN – use Delta PPO network

You **must use a dentist from the Delta PPO list, or you will have no coverage**. Make sure your dentist is in this plan network. The Preferred Plan does not have any orthodontic coverage.



**\*Don’t forget** – The dental plan has an enhanced benefit for members who receive regular dental cleanings and exams. To receive the Incentive Level, you must have had a **cleaning within the last twelve (12) months**, unless you are a new enrollee in the plan.

Both dental plans include the **Right Start 4 Kids Program (RS4K)**. The program provides 100% coverage for all covered services (excluding orthodontics) for children under age 12 when visiting an in-network dentist. Covered services under **RS4K** are not subject to the deductible. The annual maximum does apply.

Services	Traditional Plan – Delta PPO + Premier network		Preferred Plan – Delta PPO network	
	Base Level	Incentive Level*	Base Level	Incentive Level*
Preventive and Diagnostic	100%	100%	100%	100%
Basic services*	60%	80%	60%	80%
Major services*	40%	50%	40%	50%
Orthodontics* <i>up to age 19</i>	50%	50%	No coverage	
*Subject to deductible	\$50 / individual    \$150 / family		\$50 / individual    \$150 / family	
*Maximum Benefit / person	\$1,000 (does not apply to preventive / diagnostic services)			

## WHAT YOU PAY – DENTAL PLAN PREMIUMS

Biweekly Cost	Traditional Plan	Preferred Plan
<b>Single</b>	\$16.86	\$13.44
<b>Employee + 1</b>	\$32.04	\$24.01
<b>Family</b>	\$52.36	\$40.54

## FLEXIBLE SPENDING ACCOUNTS (FSAs)

SURENCY is the administrator for Flexible Spending benefits.

**What are the benefits of enrolling in a Flexible Spending Account?** FSAs let you pay for certain out-of-pocket medical care and dependent care expenses with pre-tax dollars. All contributions to the FSA plan are deducted from your pay before federal, state, and social security taxes are calculated. This lowers your current taxable income, so **you pay less in taxes.**

**Each year you must enroll or re-enroll in the FSAs to participate**

If you currently participate in an FSA and do NOT enroll during the annual open enrollment period, you will NOT be enrolled in the next calendar year.

**HEALTH CARE FSA** – for unreimbursed medical expenses incurred during the calendar year (i.e. deductibles, copays, etc.) As part of your Health Care FSA benefit, you are eligible to carryover up to \$610.00 each year in unused dollars.

**What happens if I have money left in my FSA on December 31?** Any remaining funds over the \$610.00 carryover amount will be forfeited. You have until the last day of February to finish filing any claims for reimbursement that were incurred during the previous plan year ending December 31.

**Here's an overview of how the Health Care FSAs work:**

- The plan year runs from January 1 until December 31
- Your entire Health Care FSA election is available to you on January 1 (For new employees, it is available the first of the month following the date of hire)
- Your Health Care FSA has a “Carryover”: This allows you to rollover up to \$610 of the monies you have in your FSA on December 31, into the next plan year without forfeiting the money. This does not impact your ability to enroll for the maximum amount in future years.



### How Am I Reimbursed?

From your Health Care FSA account, you may be reimbursed for eligible expenses up to your total annual contribution amount. You can use your Surency Flex Benefits Card or file for reimbursement online.

Register [www.surency.com/CityofWichita](http://www.surency.com/CityofWichita)

**DEPENDENT CARE FSA** – for Qualifying Child/Other Dependent Care expenses.

**What's Eligible?** Qualifying child care (day care) expenses and expenses incurred in caring for other dependents (e.g., an adult dependent). Certain rules and restrictions apply.

**How Am I Reimbursed?** Submit a claim to Surency for reimbursement from your dependent care FSA, up to the amount in your account (after each pay period contribution).

**Mobile App** – Surency's mobile application allows you to check your balances and account activity, file new claims and upload receipts using your mobile device's camera.

Allowable FSA Contributions	Minimum Deduction	Maximum Deduction	Calendar Year Rollover
Medical FSA	\$130 per year (\$5 / paycheck)	\$3,050 per year (\$117.30 / paycheck)	Minimum \$50 Maximum \$610
Dependent Care FSA	\$130 per year (\$5 / paycheck)	\$5,000 per year (\$192.30 / paycheck)	\$0

The rules for making mid-year changes are indicated in the Cafeteria Plan plan document.

## LIFE INSURANCE PLANS

**METLIFE** is the administrator for The Basic Life/AD&D, Dependent Life and Additional/Supplemental Life insurance. See MetLife’s Plan Policy and Summary on the Portal or request one from Human Resources.

**BASIC LIFE INSURANCE COVERAGE** - Two-thirds (2/3) of contribution rates for **basic life, basic AD&D and dependent life insurance, is paid by the City**, with the remaining one-third (1/3) paid by the employee.

Voluntary Additional Life and Voluntary AD&D Life Insurance are employee-pay-all programs.

MetLife premium rates for coverage:

2023 Basic Life, Basic AD&D and Dependent Life Rates – The City pays 2/3 cost		
Product	Benefit	Employee Cost
Basic Life	2x Annual Salary up to Maximum* (see policy)	\$0.02085 per \$1,000 coverage per paycheck
Basic AD&D	Equal to the amount of basic life benefits	
Dependent Life for Spouse/Child	\$20,000 spouse / \$10,000 child(ren)	\$0.14 per paycheck

**VOLUNTARY ADDITIONAL LIFE INSURANCE**– Employees may elect additional term life insurance coverage. This is a voluntary program; you pay the full cost but at low group rates. Coverage is for the employee only.

Age	Cost per \$1,000/pay
Under 25	\$0.0310
25-29	\$0.0365
30-34	\$0.0470
35-39	\$0.0520
40-44	\$0.0625
45-49	\$0.0885

Age	Cost per \$1,000/pay
50-54	\$0.1405
55-59	\$0.2600
60-64	\$0.4005
65-69	\$0.7645
70+	\$1.2430

- You must be enrolled in the Basic Life Insurance plan to be eligible for the Additional Life Insurance plan.
- You can elect **1, 2, 3 or 4 times your annual salary**, up to a maximum of \$1,000,000 (combined maximum with Basic Life).
- The cost of additional life insurance coverage is based on your age and the amount of insurance you elect.

*Example: A 43-year-old employee that earns \$42,000 per year elects 2X coverage (\$84,000 Additional Life Insurance) will pay \$5.25 per paycheck. (84 x \$.0625 = \$5.25)*

**2024 Annual Open Enrollment:** If you enroll in Basic Life Insurance coverage for the first time or increase your Voluntary Additional Life Insurance coverage by 1X annual salary (the lesser of 3X base annual salary or \$400,000), you will not be required to complete a *Medical History Statement*.

**New Hires** can enroll in Basic Life Insurance coverage and Voluntary Additional Life Insurance up to 3X their annual salary (up to \$400,000) without completing a *Medical History Statement*.

MetLife will send instructions if a Medical History Statement is required.

MetLife’s Group Life Insurance Policy is available on Sharepoint at <https://cowo365.sharepoint.com/>

## LIFE INSURANCE PLANS

### VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT LIFE INSURANCE (AD&D)

Benefit amounts are available from \$25,000 to \$500,000. If bodily injury results in the death, dismemberment, or paralysis of an employee or covered family member AD&D may provide benefits.

You may cancel, change, or enroll in these plans at any time, subject to medical approval; except for the Voluntary AD&D plan, which does not require a Medical History Statement for enrollment.

EMPLOYEE PREMIUM RATES		
Amount of coverage	Employee Only	Family
\$25,000 - \$500,000 <i>Increments of \$25,000</i>	\$0.011 per \$1,000 in coverage / pay period	\$0.0155 per \$1,000 in coverage / pay period

If you elect AD&D coverage for yourself, you may also elect coverage for your spouse and/or dependent children. The amount for each dependent is as follows:

- Spouse only, 60% of your coverage, not to exceed \$250,000
- Child(ren) only, 15% of your coverage for each child, not to exceed \$30,000
- Spouse and child(ren), 50% of your coverage for your spouse, not to exceed \$250,000; and 10% of your coverage for each child, not to exceed \$30,000

**Don't forget to update your beneficiary designations for life insurance.** Your designated beneficiary(ies) will remain on record for your life insurance coverage until you change your beneficiary. Designate your beneficiaries through Employee Self Service (ESS) during annual open enrollment or request a paper **Beneficiary Designation Form** from Human Resources at HR@wichita.gov.

## LONG TERM DISABILITY

METLIFE is the administrator for Long Term Disability Insurance benefits.

EMPLOYEE PREMIUM RATES	
Age	Rate, per \$100 per paycheck
Less than 29	\$ .0650
30-34	\$ .1050
35-39	\$ .1750
40-44	\$ .2600
45-49	\$ .3850
50-54	\$ .5900
55-59	\$ .8000
60-64	\$ .8200
65-69	\$ .7150
70+	\$1.2700

### VOLUNTARY LONG-TERM DISABILITY (LTD)

This plan will pay 60% of the employee's salary while on a covered disability following the **90-day elimination period**.

You may elect Long Term Disability Income up to 60% of your monthly salary, or \$8,000/month, whichever is less.

*Refer to the Long Term Disability policy for pre-existing condition limitations, benefit exclusions and benefit reductions.*

**Annual Open Enrollment:** if you enroll for the first time in Voluntary Long Term Disability insurance coverage you will be required to complete the *Medical History Statement*. MetLife will send you instructions.

**New Hires** can enroll in Long Term Disability insurance coverage without completing a *Medical History Statement*.

## OTHER BENEFIT PLANS

### Pension and Deferred Compensation

The City of Wichita provides a **Pension Plan** and a **Deferred Compensation** or 457 (b) retirement savings program. For information regarding the plans, please contact **Pension Management** at **316-268-4544** or **Pension@wichita.gov**.

### Long-term Care Insurance (UNUM)

This plan provides coverage for personal care services, home health care, assisted living, or nursing home long-term care. You may choose how long Unum will pay you, how much they will pay you every month and other features. Medical information must be provided (unless you are a new hire). Coverage may be denied based on medical conditions. For more information about our LTC benefit, please visit [www.caregivingexchange.com/citywichita](http://www.caregivingexchange.com/citywichita).

### EMPAC Employee Assistance Program

EMPAC services are available to employees and their household dependents at no charge. Services include Confidential One-on-One Counseling, Money Management, Dependent Care Referrals and Legal Assistance. EMPAC is available 24/7 at 316-265-9922 or [empac@empac-eap.com](mailto:empac@empac-eap.com).

### Employee Discounts and Wichita Employee Association (WEA)

Visit the Employee Discount page on <https://cowo365.sharepoint.com/> to learn about discounts and membership to WEA. Start your membership today <https://selfserviceict.wichita.gov/ess/>

### Holidays

Employees will receive time off work with pay for the following holidays:

New Years Day	Dr. Martin Luther King, Jr.'s Birthday	Presidents' Day
Memorial Day	Juneteenth	Independence Day
Labor Day	Veterans' Day	Thanksgiving Day
Day after Thanksgiving	Christmas Day	One Personal Holiday

### Vacation Pay

The Vacation Leave earning rates apply to the following employee groups. The only difference is the number of hours in a "day" of earned leave.

- Non-exempt non-represented civilian employees working a 40-hour week (8-hour vacation days earned)
- Police Lieutenants who work an 85 hour work period (8.5 hour vacation days earned)
- Exempt employees who work a 24-hour shift (12-hour vacation days earned)
- Other exempt employees (8-hour vacation days earned)

### Vacation Earning Rates

Completed Years of Service	Vacation Days Earned per Year
Less than 5 Years	10
5-9 Years	15
10-15	17
16-20	20
21 or more	25

### Sick Leave with Pay

Sick Leave may be used for personal and immediate family illness, doctor's appointments, surgery, disability, maternity leave, paternity leave, off-job injury, on-job injury (when injury leave is exhausted), enforced quarantine, or for purposes consistent with the Family and Medical Leave Act.

Completed Years of Service	Sick Leave Days Earned
Less than 5 Years	½ day per month
6-15 Years	1 day per month
16 +	1.167 days per month



**Human  
Resources**  
CITY OF WICHITA

City Hall • 2nd Floor  
455 N. Main  
Wichita, KS 67202  
316.268.4531  
[HR@wichita.gov](mailto:HR@wichita.gov)



Employee

# BENEFITS GUIDE

2025



January 1, 2025 - December 31, 2025

Medical | Dental | Vision | Life | Disability & More

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**Disclaimer:** This booklet is intended to summarize benefits offered in 2025. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. You may review the legal plan document upon request or by visiting our online intranet site for an electronic copy.

# Benefits Overview



The City of Lawrence is proud to offer you a comprehensive benefit package to help you manage your physical, financial and personal health. The benefit package is briefly summarized below.

Benefit	Who Pays?	Coverage Options
Medical & Prescription Drugs	City & You	The City's health and prescription drug plans are administered by Aetna. Employees may use the health care provider of their choice, however greater benefits will be received by seeing an in-network provider.
Vision	You	You have the option to elect Vision Insurance. The plan includes an eye exam and lenses every 12 months with minimum copay. There is also a frame allowance of \$130 every 2 years, provided by The Standard via the EyeMed Access Network.
Dental	City & You	The plan, administered by Delta Dental of Kansas, allows a cleaning 2 times per year, and pays 100% for preventative procedures. Premiums for Dental Insurance are included in the Medical Plan premiums.
HRA	City	Employees can earn HRA funds from the City by participating in the Wellness Program.
Flexible Spending Accounts (FSA)	You	You have the option to fund a Flexible Spending Account (Health or Dependent Care) through payroll deductions.
Group Term Life & AD&D	City	Life and Accidental Death & Dismemberment coverage is provided entirely by The City of Lawrence. Employees also have the option to purchase coverage for their dependent spouse and child(ren).
Voluntary Term Life	You	Employees have the option to purchase additional life insurance for themselves and their eligible dependents over and above what The City provides.
Voluntary Benefits (Accident, Critical Illness, Hospital)	You	<b>New!</b> Employees have the option to purchase Accident, Critical Illness, and Hospital Indemnity insurances. These plans are administered by Unum.
Voluntary Identity Theft	You	<b>New!</b> Employees have the option to purchase an up to \$3 Million protection package through Norton LifeLock.
Wellness Program	City	The City of Lawrence continues to offer an employee (or spouse) enrolled in the medical plan the opportunity to participate in the BeHealthy Wellness Program.
WellCare Clinic	City	The WellCare Clinic with services provided by Lawrence Memorial Hospital is open to all employees and members of the healthcare plan ages 18+.
Employee Assistance Program (EAP)	City	Employees have access to 8 face-to-face or virtual counseling sessions per issue per year.



## Eligibility

New employees are benefit eligible on the 1<sup>st</sup> day of the month following your date of hire. Careful review of various benefits offered is the first step in being a wise healthcare consumer & managing your healthcare costs.

After this initial enrollment period, you can only make changes to your coverage throughout the year, such as adding or removing dependents, within 30 days of a legal change in status (e.g. marriage, birth of a child, divorce, or loss of coverage). You will have an annual opportunity to review and make changes to your coverage during the open enrollment period which will take place throughout the month of October.

Benefit premiums are deducted from your paycheck over 24 paychecks per year. Elections made will be for the calendar period January 1, 2025 - December 31, 2025.

This packet describes each of the benefits and will inform you of the many options available. It is important that you understand the benefits and make your decisions based on your current health care needs and long-term planning.

## Action Needed by You

This packet is designed to guide you through enrollment, but please take note of the important steps in this process:

- Read this material carefully to understand the benefits offered and any changes in coverage. It is important to understand that now is your opportunity to enroll.
- Become familiar with the information available to you online through your carrier's websites. These websites will allow you to check your plan coverage throughout the year, find a physician, look up health and wellness information and much more.
- Open Enrollment for 2025 will take place from **October 1, 2024 through October 31, 2024**. This is an **active enrollment event**, which means you **MUST** go into Dayforce and choose which benefits you want to be enrolled in for 2025. If you do not select benefits in Dayforce, you will not have benefits for the 2025 plan year.



# What's Changing?



## Medical & Rx

- The City's Medical & Rx plan will continue to be administered by Aetna.
- There are no changes being made to the benefits or employee contributions for 2025!

## HRA & FSA

- **New Name, Same Vendor!** Our HRA & FSA administrator, PayFlex, has been rebranded as Inspira Financial.
- FSA contribution maximums and rollover amounts will be increased per IRS guidelines.

## New! Voluntary Accident Insurance

- New for 2025, employees have the option to purchase Voluntary Accident Insurance through Unum.
- Accident Insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

## New! Voluntary Critical Illness Insurance

- New for 2025, employees have the option to purchase Voluntary Critical Illness Insurance through Unum.
- Critical Illness Insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when employees or their family members are diagnosed with a covered illness.

## New! Voluntary Hospital Indemnity Insurance

- New for 2025, employees have the option to purchase Voluntary Hospital Indemnity Insurance through Unum.
- Hospital insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur.

## New! Voluntary Identity Theft Insurance

- New for 2025, employees have the option to purchase Voluntary Identity Theft Protection through Norton LifeLock.
- Norton LifeLock's comprehensive solution incorporates identity, security, and privacy protection so you can keep what's yours, yours.

## Employee Assistance Program

- **New Vendor!** The City's Employee Assistance Program (EAP) will be administered by Curalinc (also known as SupportLinc).
- Employees will now have access to 8 face-to-face or virtual sessions with a counselor per issue per year.

## Medical Coverage

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the risks of unexpected illness and injury. A little prevention usually goes a long way – especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. It is important to note, in-network preventive care is covered at 100%.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with a medical plan through The City of Lawrence. By utilizing Aetna’s list of in-network providers, your costs will be less.

Please review the terms below and consider each term respective to the plan offered.

- **Deductible:** A set amount you must pay out-of-pocket every year toward your medical bills before the insurance company starts paying.
  - **Embedded Deductible:** The deductibles for the health plan are embedded. This means that no single family member has to pay a deductible higher than the individual deductible amount and that single family member can access health insurance payments sooner.
- **Coinsurance:** The percentage of health expenses you will pay after reaching the deductible for the year, until you reach your out-of-pocket maximum.
- **Copay:** A set dollar amount you pay each time you receive a covered service, such as office visits, ER visits, and prescription drugs.
- **Out-of-Pocket Maximum:** The most an individual or family will pay in deductible, coinsurance and copayments for in-network, covered services during a calendar year. Once you meet your out-of-pocket max, the health plan pays all remaining expenses at 100% for the rest of the calendar year.

# Medical Benefits



Medical Benefits	Aetna	
	In-Network	Out-of-Network
Deductible ( <i>per calendar year</i> )	Embedded Deductibles	
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance (% <i>paid by plan after you meet the deductible</i> )	80%	60%
Annual Out-Of-Pocket Maximum ( <i>includes deductible, coinsurance &amp; copays</i> )		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Physician Services</b>		
Preventive Care	Covered 100% (deductible waived)	Deductible + 40%
Primary Care Office Visits ( <i>Includes Physical and Occupational Therapy</i> )	\$20 Copay	Deductible + 40%
Specialist Office Visits	\$40 Copay	Deductible + 40%
Mental Health	Covered 100% (deductible waived)	Deductible + 40%
<b>Emergency Services</b>		
Emergency Room Visit	\$200 Copay + Deductible + 20%	
Urgent Care	Deductible + 20%	
<b>Inpatient/Outpatient Services</b>		
Inpatient Care	Deductible + 20%	Deductible + 40%
Outpatient Surgery	Deductible + 20%	Deductible + 40%
Diagnostic Lab / X-Ray	Deductible + 20%	Deductible + 40%
High Tech Scans ( <i>MRI, CT, etc.</i> )	Deductible + 20%	Deductible + 40%
Mental Health	Covered 100% (deductible waived)	Deductible + 40%
<b>Routine Eye Exams</b> ( <i>one per calendar year</i> )	Covered 100% (deductible waived)	Deductible + 40%

**Note:** This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

## Prescription Drug Coverage

The City of Lawrence’s Pharmacy Benefits will continue to be provided through Aetna. Below is a summary of in-network benefits. You are encouraged to use an “in-network” pharmacy under this Aetna plan.

We urge you to be cost-conscious healthcare consumers while using medication to help prevent the development or worsening of a serious illness. Aetna’s website allows you to look at the Drug List (known as a formulary) as well as view and price drug alternatives, but please feel free to call them at (800) 238-6716 with specific questions.

Please review the terms below and consider each term respective to the plan offered.

- **Formulary:** A list of prescription drugs that are covered by a specific health plan. A formulary can contain both generic and brand name drugs. The drugs included on the formulary are selected based on safety and how well they work.
- **Non-Formulary:** Non-Formulary medications are not included on the insurance company’s formulary. They are typically brand-name medications that have no available generic equivalent. Non-formulary medications are usually in the third tier of prescription benefits and require a higher out-of-pocket expense than drugs that are included on the formulary.

Pharmacy Benefits	Aetna	
	30-day Supplies	90-day Supplies
Non-Specialty Out-of-Pocket Maximum	Individual - \$1,250 Two or More Persons - \$2,500	
Specialty Out-of-Pocket Maximum <sup>(1)</sup>	Individual - \$1,250 Two or More Persons - \$2,500	
Overall Out-of-Pocket Maximum	Individual - \$2,500 Two or More Persons - \$5,000	
Tier 1 (Generic Formulary)	\$5 Copay	\$10 Copay
Tier 2 (Brand Name Formulary)	Formulary - \$35 Copay	Formulary - \$70 Copay
Tier 3 (Non-Formulary)	\$60 Copay	\$120 Copay
Specialty Drugs (Generic & Brand Name)	30% Coinsurance (PrudentRx)	Not Eligible

<sup>(1)</sup> Applies if you do not enroll in PrudentRx

**Note:** This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

PrudentRx is a copay program that allows members to pay \$0 out-of-pocket for all approved specialty medications on the plan's Exclusive Specialty drug list.

## What is copay assistance?

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the co-insurance of a medication- in particular, specialty medications.

## How will the PrudentRx program save me and my health plan money?

Certain drug manufacturers offer copay assistance that can reduce the amount of your copayment or coinsurance for specific drugs, especially specialty medications. Since the manufacturer will pick up a portion of the cost of the prescription, your health plan can also save money. Those savings are then passed on to you and allow you to get your approved specialty medications for a \$0 out-of-pocket cost.

## Am I eligible for PrudentRx?

If you currently take one or more specialty medications, you are automatically enrolled into the PrudentRx program. If you are taking a specialty medication that has a copay assistance program, you must call PrudentRx to enroll in the manufacturer assistance program to get your specialty medications for a \$0 out-of-pocket cost.

## What can I expect from the PrudentRx Member Advocate Team?

If you currently take one or more eligible specialty medications that has a copay assistance program available, you can expect a phone call from a PrudentRx Member Advocate to help you enroll in the applicable copay assistance program. The PrudentRx team will continue to monitor your claims while you are taking your specialty medication to ensure that your copays are processing as expected and that you have a \$0 out-of-pocket cost.

## What else do I need to know or do?

If you are taking a specialty medication that has a copay assistance program available, you will be required to give PrudentRx permission to enroll you in the manufacturer copay assistance program for that specialty medication. If you do not answer their call, if you do not call them back to enroll in the manufacturer copay assistance program (if available), or if you opt-out of the program, you will be responsible for the co-insurance of your specialty medication. If you are already utilizing a manufacturer copay assistance program, you must call PrudentRx immediately to provide them that information and to ensure that your out-of-pocket responsibility is \$0 even if copay assistance funds are exhausted.

## Features of the Aetna Mobile App

- **Find a doctor** - it's easy to search for doctors, dentists and specialists in your area.
- **Message Center** - one location for all Aetna email correspondence from Member Services.
- **Check benefits and coverage information** - just clear, accurate details when you click.
- **Pharmacy** - find a pharmacy, get drug costs, or refill a prescription on the go.
- **Member payment estimator** - real time estimates for out-of-pocket medical expenses based on your health plan.
- **Look up symptoms on the iTriage app** - it's easy to search symptoms, conditions and medicine.
- **Search claims** - no more guesswork when you don't have the paperwork with you.
- **Pull up your medical ID card information** - if you left your ID card at home, it's no problem.

## How do I get started?

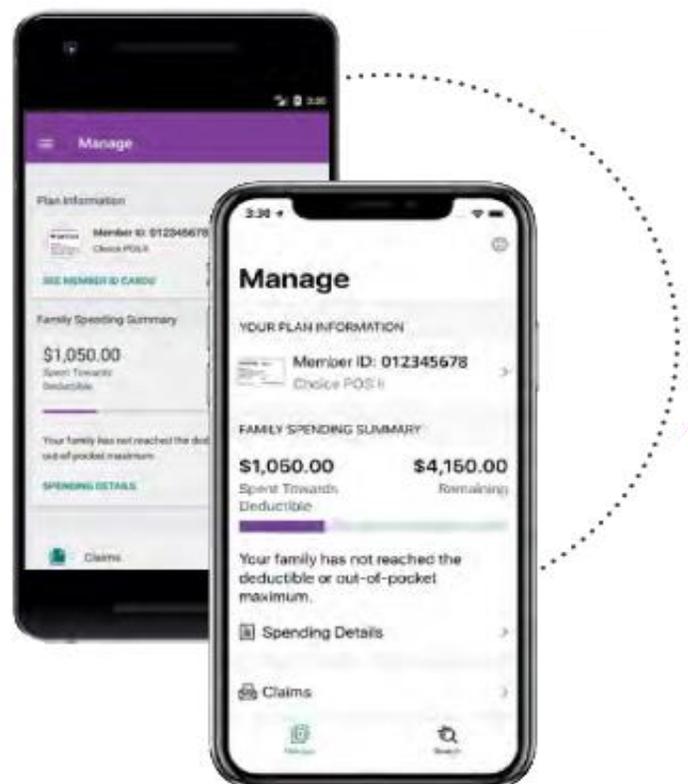
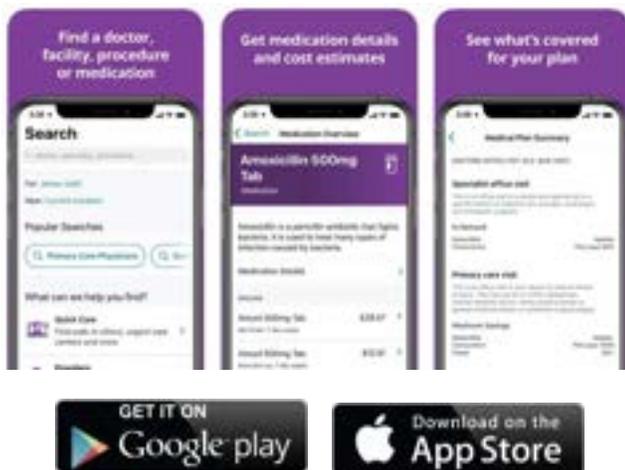
To use the app, you have to be registered for your secure member website.

Visit [AetnaNavigator.com](http://AetnaNavigator.com) and select Register.

## Download the app:

There are two ways to download the app:

- Text AETNA to 90156 (data and messaging rates may apply)
- Download from Google Play or the App Store



## Teledoc / Telehealth

Teledoc/Telehealth gives you access 24 hours, 7 days a week, to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits.

## Informed Health Line

Informed Health Line is free as part of your Aetna medical benefits. An Aetna team of nurses will save time and money by answering your health-related questions over the phone at (800) 556-1555 and online at [www.aetna.com](http://www.aetna.com)

## Aetna Concierge Customer Service

Aetna offers a staff that are trained on the City of Lawrence Healthcare. You call one number for all benefits and claims questions. All calls are handled in the U.S. Hours of operation are Monday - Friday, 8am - 6pm central time. Self-Service options (claims status, ordering ID cards, obtaining benefits, etc.) are available 24/7. Toll free, 855-788-5785, option 4.

## Common Purpose Financial Catalyst

The Common Purpose Financial Catalyst is a program where Aetna can help the member in certain scenarios where out of network services have been obtained. These include, for example, when a doctor orders a service from an out of network provider, or when there are insufficient providers who can provide a needed service in network. Also, if an error on DocFind or quoted by Customer Service results in a member using an out of network provider thinking it is in network, this program can hold the member harmless.

## Know Where to Go



### URGENT CARE CENTER

**Injuries or illnesses that aren't life-threatening but can't wait for a physician's office visit:**

- Sprains, minor cuts and burns, minor broken bones, or minor eye injuries.
- Earaches, sore throats, minor headaches, low-grade fevers and limited rashes.

For a list of available centers, go to [myWellmark.com](http://myWellmark.com) and log in, register, or download the Wellmark mobile app and select Find Care.



### EMERGENCY ROOM or call 911

**If you have one or more of these symptoms, immediately go to the ER or call 911:**

- Chest pain lasting two minutes or more
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing or vomiting blood
- Difficulty breathing; shortness of breath
- Sudden dizziness, weakness or change in vision
- Severe or persistent vomiting or diarrhea
- Change in mental status (for example, confusion)



### PHYSICIAN'S OFFICE or call BeWell 24/7<sup>SM</sup> at 844-84-BEWELL (239355)

**Injuries or illness that are not life-threatening, and can wait for a physician's office visit:**

- Earaches
- Sore throats
- Fevers that respond to fever-reducing medications
- Ankle sprains and other strains of muscles and joints
- Coughs and colds
- Abdominal pain or other symptoms that resemble an illness that is "going around"



### VIRTUAL VISIT

**Get a board-certified physician's opinion with the click of a button.**

Whether at home or on the road you can be treated for a variety of health problems:

- Cold and flu
- Bronchitis and sinus infection
- Sore throats and allergies
- Fever and headache
- Pink eye or skin condition

Visit [DoctorOnDemand.com](http://DoctorOnDemand.com) or download the app at the App Store or get it on Google Play.

## Dental Benefits

The City of Lawrence offers a plan through the Delta Dental of Kansas PPO network, which pays a percentage based on the type of procedure. The plan includes a 240-day waiting period of continuous coverage on all major services, except for oral surgery.

Dental Benefits	Delta Dental of KS	
	PPO	Premier
Deductible	N/A	
Annual Maximum	Unlimited	Unlimited
<b>Diagnostic &amp; Preventive</b>		
Exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers	100%	100%
<b>Basic</b>		
Cavity fillings, emergency exam, simple extractions, regular restorative, periodontics, & endodontics	80%	80%
<b>Major</b>		
Crowns, bridges, dentures	50%	50%
<b>Orthodontia</b>		
Children to age 19, subject to lifetime maximum of \$2,000	50%	50%
<b>RightStartforKids</b>		
All covered services for children aged 12 and under paid in full (except orthodontia)	100%	100%

**Note:** Please refer to the Summary Plan Description for out-of-network benefits and complete policy provisions, limitations, & exclusions. Plan provisions are subject to change & may not be reflected in this guide.





## Vision Benefits

Your medical plan through Aetna covers one eye exam per member every year, but if you wish to purchase an expanded level of optional vision insurance, the City of Lawrence offers a full-scale vision plan through The Standard utilizing the EyeMed Access Network.

Vision Benefits	The Standard / EyeMed	
	In-Network	Out-of-Network
<b>Eye Exam (every 12 months)</b>		
Exam Copay	\$10	N/A
Exam Allowance	100% after Copay	Up to \$40
Materials Copay	\$20	N/A
<b>Lenses</b>		
Single Vision Allowance	100% after Copay	Up to \$40
Bifocal Allowance		Up to \$60
Trifocal Allowance		Up to \$80
<b>Contact Lenses in Lieu of Eyeglasses (every 12 months)</b>		
Elective Allowance	Up to \$105	Up to \$80
Medically Necessary Allowance	100% after Copay	Up to \$210
<b>Frames (every 24 months)</b>		
Retail Allowance	Up to \$130	Up to \$45

**Note:** Please refer to the Summary Plan Description for out-of-network benefits and complete policy provisions, limitations, & exclusions. Plan provisions are subject to change & may not be reflected in this guide.



## PayFlex is now Inspria Financial!

### What is an HRA?

An HRA is an account funded by your employer. You can use these funds to pay for eligible health care expenses for you and your eligible dependents.

HRA funds can be used for most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications).

**HRA funds are earned by participating in the BeHealthy Lawrence wellness program.** Any unused funds will rollover from year-to-year, but the maximum rollover amount is \$3,000. You are not eligible to contribute to your HRA, and if you should terminate employment any funds remaining in the account will expire; you cannot take them with you when you leave.

### Benefits of an HRA

- **You get money for eligible expenses.** You can use money from your employer for eligible health care expenses.
- **It works with other tax-advantaged accounts.** An HRA may complement other Inspria accounts, if offered. This means more ways to save.
- **You have instant access to your money.** The Inspria Card, your account debit card, makes it easy to spend money in your HRA
- **You get online support.** You have 24/7 access to your account information from your Inspria member website. You can:
  - View your account balance and employer contributions
  - Submit claims for reimbursement
  - Enroll in direct deposit
  - Review debit card transactions (if applicable)

### How to use the funds in your HRA

Using the funds in your HRA is easy. Your employer sets the amount contributed to your HRA and once funds are available in your account, you can:

- Pay for an eligible expense with cash, a check or personal credit card. Then submit a claim to pay yourself back. You can do this online, through the Inspria Mobile app or by filling out a paper claims form.
- Use your Inspria Card to pay for an eligible expense.
- Pay your provider: Use the Inspria online feature to pay your provider directly from your account.

## PayFlex is now Inspira Financial!

### FSA Program

A Flexible Spending Account (FSA) is a voluntary, tax-free way for employees to save for qualified medical, dental, vision or dependent care expenses during a plan year. Employees save between 25 and 50% depending on their tax bracket. There are two types of Flexible Spending Accounts: Healthcare and Dependent Care. FSA elections must be made each year. Previous elections will **NOT** roll over year after year.

This chart shows the eligible expenses for each FSA, how much you can contribute to each FSA each year, and how you benefit by using an FSA.

Summary of Benefits			
<p><b>Healthcare FSA<sup>(1)</sup></b></p> <p>Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)</p>	<p>Maximum contribution is \$3,200 per year</p>	<p>For 2025, up to \$640 of funds may be carried over</p>	<p>Saves on eligible expenses not covered by insurance; reduces your taxable income</p>
<p><b>Dependent Care FSA</b></p> <p>Dependent care expenses (such as day care, after school programs) so you and your spouse can work or attend school full-time</p>	<p>Maximum contribution is \$5,000 per year, per household (married couples not to exceed \$5,000 total combined)</p>	<p>No carryover - funds unused by 12/31/2025 will be forfeited</p>	<p>Reduces your taxable income</p>

<sup>(1)</sup> The maximums listed are for 2024 and are subject to change if/when the IRS releases the 2025 FSA contribution maximums.

### FSA Tax Advantage

By setting aside pre-tax dollars to pay for out-of-pocket expenses you would normally pay for using after-tax dollars, you are reducing your “taxable income” because it reduces the amount of federal, state, and FICA taxes you pay. This means more take-home pay for you!

## Why contribute to an FSA?

Account Type	With FSA	Without FSA
Your Taxable Income	\$50,000	\$50,000
Pretax contribution to Medical FSA or Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$15,696	\$16,350
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$32,304	\$31,650
Tax savings with the Medical and Dependent Care FSA	\$654	\$0

\* This is an example only; not your actual experience. It assumes a 25% federal income tax marginal rate and a 7.7% FICA marginal rate. State and local taxes vary and are not included in this example. However, you will save on any state and local taxes as well.

## Keep it simple with the Inspira Financial Mobile app

- Manage your account and view alerts.
- Snap a photo of your receipts to submit claims.
- Use our barcode scanner to verify eligible items in-store.

**Note - be sure to save your receipts as they may be required for reimbursement!**

## Group Paid Life & Accidental Death & Dismemberment Insurance

If others depend on you for financial support, part of your financial plan should include how you will provide for them in the event of your death. The City of Lawrence provides Basic Life and Accidental Death & Dismemberment (AD&D) coverage for you at **no cost**. Basic Life Insurance pays a benefit in the event of a death, while AD&D Insurance provides an additional benefit to you or your beneficiaries in the event of an accidental death or other covered loss.

Basic Life & AD&D coverage is automatic and is a fixed amount based on your job grade.

Employees may also purchase Basic Life Insurance for their eligible dependent spouse and child(ren). This benefit is paid for entirely by the Employee and costs \$0.55 per paycheck. Premiums will be deducted after-tax.

- Spouse: \$4,000 death benefit payable to the employee
- Child: \$2,000 death benefit payable to the employee

## Group Voluntary Life Insurance Coverage

You may purchase Voluntary Life Insurance for yourself and your dependents in addition to the City-provided coverage. You are guaranteed Life coverage (up to \$150,000 for yourself, up to \$50,000 for your spouse, and up to \$10,000 for your dependent children) without answering medical questions if you enroll when you are first eligible.

### Maximums and Requirements

- Employee & Spouse: Up to \$500,000 (or 5x your annual salary, whichever is less) in increments of \$1,000. The minimum benefit allowed is \$10,000.
- Spouse: If you wish to purchase Voluntary Life Insurance for your spouse but not yourself, the maximum allowed for your spouse is \$25,000.
- Children: Up to \$10,000 in increments of \$2,500 (6 months to age 26). The amount of coverage available for children under 6 months is limited.
- Benefit Reduction Schedule: At age 70, coverage is reduced to 65%
- Employee benefits terminate at retirement.
- Spouse benefits terminate at age 70.

### Enrollment Guidelines

- **New Employees within 30 days of hire date:** Guaranteed issue is \$150,000 for employee coverage and \$50,000 for spouse coverage. Amounts elected over these amounts require additional medical forms (EOI) to be completed to determine approval or denial.
- **If you did not elect Voluntary Life coverage during your initial enrollment period, or you want to change your current Voluntary Life election:** Please reach out to HR to get the necessary enrollment forms. Keep in mind that you will be required to complete an Evidence of Insurability form.

## New Benefit for 2025!

### Group Voluntary Life Accident Insurance

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems. Accident Insurance helps cover the added costs that you may face following a bad injury.

#### What does this benefit cover?

- This plan covers several injuries and services. The chart below shows a short list of injuries and services that may qualify for benefit payment.
- Benefits are provided for both on and off the job accidents (24-hour coverage).

#### Benefit Amounts per Accident

Ambulance - Ground	\$400
Ambulance - Air	\$2,000
Emergency Room Treatment	\$100
Initial Hospital Admission (Non-ICU)	\$1,500
Major Diagnostic Exam	\$200
Concussion	\$200
Dislocation Maximum Benefit	\$3,375
Fracture Maximum Benefit	\$4,500
Laceration Maximum Benefit	\$600
Coma	\$10,000

#### Accidental Death & Dismemberment

Death Benefit Amounts	Employee: \$50,000 / Spouse: \$25,000 / Child: \$12,500
Catastrophic Loss	Paralysis and Loss of Use payment varies by severity of loss
Dismemberment	Both Feet or Both Hands: \$50,000 / One Foot or One Hand: \$25,000 / Thumb & Index Finger on Same Hand: \$12,500

#### Contract Features

Portability	Included; you can take the coverage with you if your employment terminates
<b>Be Well Benefit</b>	<b>A \$50 payment is provided to <u>each covered member</u> when a preventive health screening test is completed</b>

## New Benefit for 2025!

### Group Voluntary Critical Illness Insurance

Critical Illness benefits pay a lump-sum benefit directly to you upon first or second diagnosis of a covered critical illness. The chart below shows a small sample of the conditions covered under the plan.

#### What does this benefit cover?

- This plan covers several conditions. The chart below shows a short list of conditions may qualify for benefit payment.

Benefit Amounts		
Employee	You may elect a lump sum Benefit Amount of \$10,000, \$20,000, or \$30,000	
Spouse	Coverage will be offered at 50% of the Employee Benefit Amount	
Child (up to age 26)	Coverage will be offered at 50% of the Employee Benefit Amount	
Conditions	Initial Benefit (% of benefit amount)	Recurrence Benefit (% of initial benefit)
Invasive Cancer (including all Breast Cancer)	100%	100%
Non-Invasive Cancer	25%	100%
Kidney Failure	100%	100%
Major Organ Transplant	100%	100%
Heart Attack	100%	100%
Stroke	100%	100%
Coma	100%	100%
Permanent Paralysis	100%	N/A
Dementia (including Alzheimer's Disease)	100%	N/A
Contract Features		
Portability	Included; you can take the coverage with you if your employment terminates	
<b>Be Well Benefit</b>	<b>A \$50 payment is provided to <u>each covered member</u> when a preventive health screening test is completed</b>	



## New Benefit for 2025!

### Group Voluntary Hospital Indemnity Insurance

A trip to the hospital can be costly - and most people are surprised to learn that they are responsible for a good portion of the bill. Hospital Indemnity insurance provides a direct benefit in the event of a hospitalization, regardless of treatment costs or other insurance coverage.

#### What does this benefit cover?

- Hospital insurance pays a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. The table below provides an overview of the benefits under this plan.

Covered Benefits	
Admission (1 day per year)	\$1,500
Admission - Hospital ICU (1 day per year) (additive to Admission)	\$1,000
Daily Stay (per day up to 30 days)	\$200
Daily Stay - Hospital ICU (per day up to 30 days) (additive to Daily Stay)	\$200
Contract Features	
Portability	Included; you can take the coverage with you if your employment terminates
Pre-Existing Condition Exclusion (only applies to late entrants)	12/12 Exclusion - If you are a late entrant and you file a claim in the first 12 months in which you are covered, Unum will look back 12 months before you were covered to see if your claim is a result of a pre-existing condition.



## New Benefit for 2025!

### Voluntary Identity Theft Insurance

With the ever-changing digital world and new cybercrimes constantly emerging, people should always have the right to feel safe and secure online. That's why The City of Lawrence is now offering employees the opportunity to purchase Identity Theft Insurance through Norton LifeLock.

#### How does this benefit work?

If you have an identity theft issue, a dedicated, U.S.-based Identity Restoration Specialist will work from start to finish to help fix it. LifeLock's extensive safety net for employees includes<sup>(1)</sup>:

- Up to \$3 million in coverage for each eligible member, in the rare event its needed
- No limits on the number of claims a member can file in a year
- No limits on the number of occurrences for reimbursement
- No sub-limits to worry about
- Financial accounts not linked for monitoring may still be covered for reimbursement

#### Up to 3 Million Dollar Protection Package

- **\$1 Million for Lawyers and Experts** - If needed, LifeLock will retain lawyers and experts directly on behalf of you to help solve your identity theft.
- **\$1 Million for Expense Reimbursement** - LifeLock reimburses expenses resulting from identity theft like childcare, travel, document replacement, and lost wages.
- **\$1 Million for Stolen Funds Reimbursement** - LifeLock will reimburse directly back to you if you have stolen funds from your bank, investment, or credit accounts due to identity theft.

#### Cyber Crime Coverage

Available with Norton Benefit Premier Plus, cyber crime coverage provides each employee with up to \$50,000 for covered losses due to cybercrimes, shareable across their family. And because a cyber-attack can happen at any time and may require prompt support, a team of specialists are available 24/7 to assist members.

#### Norton AntiTrack

Available with Norton Benefit Premier Plus, Norton AntiTrack is focused on helping to keep member's personal information and browsing activity private by blocking trackers and disguising their digital fingerprint. The AntiTrack feature includes:

- **Anti-fingerprinting** - Browse anonymously by disguising your fingerprint online
- **Tracker & Cookie Blocking** - Goes beyond clearing cookies so that websites won't track a member's online activities and share with third parties
- **Tracking Dashboard** - Includes an all-in-one dashboard to stay informed on tracking attempts with real-time data
- **Browser** - Browse seamlessly without sacrificing speed

## Kansas Public Employee Retirement System (KPERS)

The City of Lawrence is affiliated with the Kansas Public Employee Retirement System (KPERS), which administers a qualified, governmental, section 401(a) defined benefit pension plan for members employed by state and local governments. KPERS is an umbrella organization which also administers the Kansas Police and Fireman’s Retirement System (KP&F).

Membership is mandatory for all employees in covered positions.

City Employees may also be eligible for Optional Group Life Insurance offered through KPERS.

For more information, go to [www.kpers.org](http://www.kpers.org)

## 457(b) Deferred Compensation Plan

The City of Lawrence offers one supplemental retirement savings plan through Nationwide Retirement Solutions. You can contribute on either a flat dollar amount or percentage basis. Below are the 2025 limits, which are set by the IRS each year:

Contribution Type	Limit
Regular Contribution	\$23,000
Age 50+ Catch-Up	\$7,500
3-Year Catch-Up	\$46,000





## BeHealthy Wellness Program

The City of Lawrence is thrilled to have you on board as we embark on this journey together.. Whether you're a busy professional or a retiree, we believe that participating in this year's wellness program will empower you to lead a healthier life. Adopting healthy habits and lifestyle choices through the BeHealthy Wellness program can earn you funds for your Health Reimbursement Arrangement (HRA).

### Program Details

- **Voluntary Participation:** Joining the wellness program is entirely optional.
- **Eligibility:** Full-time employees, retirees, and their spouses enrolled in the medical plan are eligible to earn rewards. Dependents aged 18 and older may participate but will not receive rewards.
- **Reward Distribution:** All rewards earned in 2025 (October 2024 - September 2025) will be credited to your HRA in January 2026, providing you with tangible benefits to support your healthcare needs.

### Earn Rewards

Log in to your account to see a list of activities and the point values associated with them! For each 100 points that are earned, \$100 will go toward your HRA:

- 100-199 points earns \$100
- 200-299 points earns \$200
- 300-399 points earns \$300
- 400 points earns \$400

**For more information, please contact Human Resources at [humanresources@lawrenceks.org](mailto:humanresources@lawrenceks.org).**

### To get started plan scan the QR Code:

- Use your employee ID as your username (found in Dayforce). Spouses will add 01 to the end of the employee ID.
- Your default password will be COL123. You will be required to change your password when you login for the first time.
- On the first time logging in, you will need to complete your Health Risk Assessment/Personal Health Assessment to access the rest of the site. This gains you 50 points immediately!
- After you have completed the assessment, you can scroll to the bottom of the page and select Your Health Tools. To see your point accruals, Click on Incentives and Rewards.



## LMH WellCare Clinic

The WellCare Clinic with services provided by Lawrence Memorial Hospital is open to all employees (full-time and part-time regular) and members of the healthcare plan ages 18 and older.

### Services provided at the clinic include the following:

- Personal Health Assessment (as required for the Wellness Program)
- Wellness coaching for tobacco cessation and personal health
- Disease management for common conditions, such as diabetes, pre-diabetes, high cholesterol, hypertension, obesity and asthma
- Treatment of minor illnesses and injuries
- Skin conditions
- Physical exams
- Vaccinations
- Administration of allergy shots

### Clinic Hours:

7:30am - 5:00pm Monday, Wednesday, and Thursday

8:00am - 5:00pm Tuesday and Friday

To schedule an appointment call (785) 505-3112

### Location:

The clinic is located inside Lawrence Memorial Hospital across from the Business Health Center. Parking is available on the corner of 4<sup>th</sup> and Maine Streets (4<sup>th</sup> Street Health Plaza building). Take stairs or elevator down 1 floor and follow hallway to the end. You may also enter through the emergency room doors and take a left at the first hallway.



-  Get help with life's challenges
-  Call 24 hours a day, 365 days a year
-  Free and Confidential

## Administered by SupportLinc

The City of Lawrence understands the challenges life can throw your way, which is why we partnered with SupportLinc. The EAP can enhance your wellbeing at any stage of life and assist you in being a better parent, grandparent, friend or spouse/partner; achieving life balance, planning for the future, becoming happier and more resilient, overcoming addictions, solving legal and financial challenges, and so much more.

Our EAP can provide services to you and your family members, including:

- Counseling Services (up to 8-sessions per issue per year)
- Consultations: Financial, Legal, Parenting, and more
- Education Planning
- Adult and Childcare Resources
- Health Coaching and Life Coaching
- Retirement Coaching
- Tobacco Cessation Coaching

## Frequently asked Questions

### Will anyone know if I use this program?

To safeguard your privacy and confidentiality, the EAP follows strict guidelines established by federal and state governments, behavioral health licensing boards, behavioral health accreditation organizations, and professional associations.

### Can someone in my family see the EAP professional?

Anyone in your household may use the EAP. If you have questions about eligibility, please call your EAP, 24 hours a day, 7 days a week at (888) 881-5462

### What if I need more than 8 counseling sessions?

If you need more than 8 counseling sessions and you are covered by the City's Medical Plan, SupportLinc will work with Aetna to ensure a smooth transition as additional counseling sessions will be billed to the Medical Plan rather than SupportLinc.

## Learn More & Schedule an Appointment:

1. Call (888) 881-5462 or visit [www.supportlinc.com](http://www.supportlinc.com)
2. Enter Group Code "Lawrence"

**The EAP allows for 8 free counseling sessions per issue, per year!**

# Employee Contributions



**There will be no changes to employee contributions for 2025!**

Medical/Rx, Dental, and Vision amounts listed below reflect the semi-monthly payroll deduction amount and are deducted on a **pre-tax basis**. Voluntary Life, Accident, Critical Illness, and Hospital Indemnity amounts listed below reflect the semi-monthly payroll deduction amount, per \$1,000 of coverage, and are deducted on a **post-tax basis**.

## Employee Medical, Rx, and Dental

	Employee Per Pay Period	City Per Pay Period
Employee	\$10.84	\$381.17
Employee + Spouse	\$107.25	\$734.25
Employee + Child(ren)	\$98.59	\$663.42
Employee + Family	\$180.92	\$1,030.08

## Retiree Medical, Rx, and Dental

	Employee Per Month	City Per Month
Employee	\$627.00	\$157.00
Employee + Spouse	\$1,683.00	\$0.00
Employee + Child(ren)	\$1,524.00	\$0.00
Employee + Family	\$1,938.00	\$484.00

## Optional Vision

	Employee Per Pay Period
Employee	\$3.88
Employee + Spouse	\$7.78
Employee + Child(ren)	\$8.44
Employee + Family	\$11.70

## Voluntary Life

Per paycheck cost for each \$1,000 of Employee & Spouse Life

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59
Employee / Spouse	\$0.018	\$0.023	\$0.028	\$0.046	\$0.065	\$0.097	\$0.162
Age	60-64	65-69	70-74	75-79	80-84	85-89	90+
Employee / Spouse	\$0.235	\$0.388	\$0.692	\$1.214	\$2.192	\$3.858	\$3.858
Children	\$0.245 - per paycheck - per \$2,500 - regardless of the number of children						

# Employee Contributions



Voluntary Accident	
	Employee Per Pay Period
Employee	\$3.30
Employee + Spouse	\$5.85
Employee + Child(ren)	\$6.65
Employee + Family	\$9.20

Voluntary Critical Illness		
Per paycheck cost for each \$1,000 of Benefit		
	Employee + Child(ren)	Spouse
<25	\$0.155	\$0.220
25-29	\$0.185	\$0.250
30-34	\$0.215	\$0.275
35-39	\$0.265	\$0.325
40-44	\$0.350	\$0.410
45-49	\$0.490	\$0.550
50-54	\$0.700	\$0.760
55-59	\$0.960	\$1.025
60-64	\$1.640	\$1.700
65-69	\$2.210	\$2.270
70-74	\$3.005	\$3.065
75-79	\$4.085	\$4.145
80-84	\$5.470	\$5.530
85+	\$7.970	\$8.030

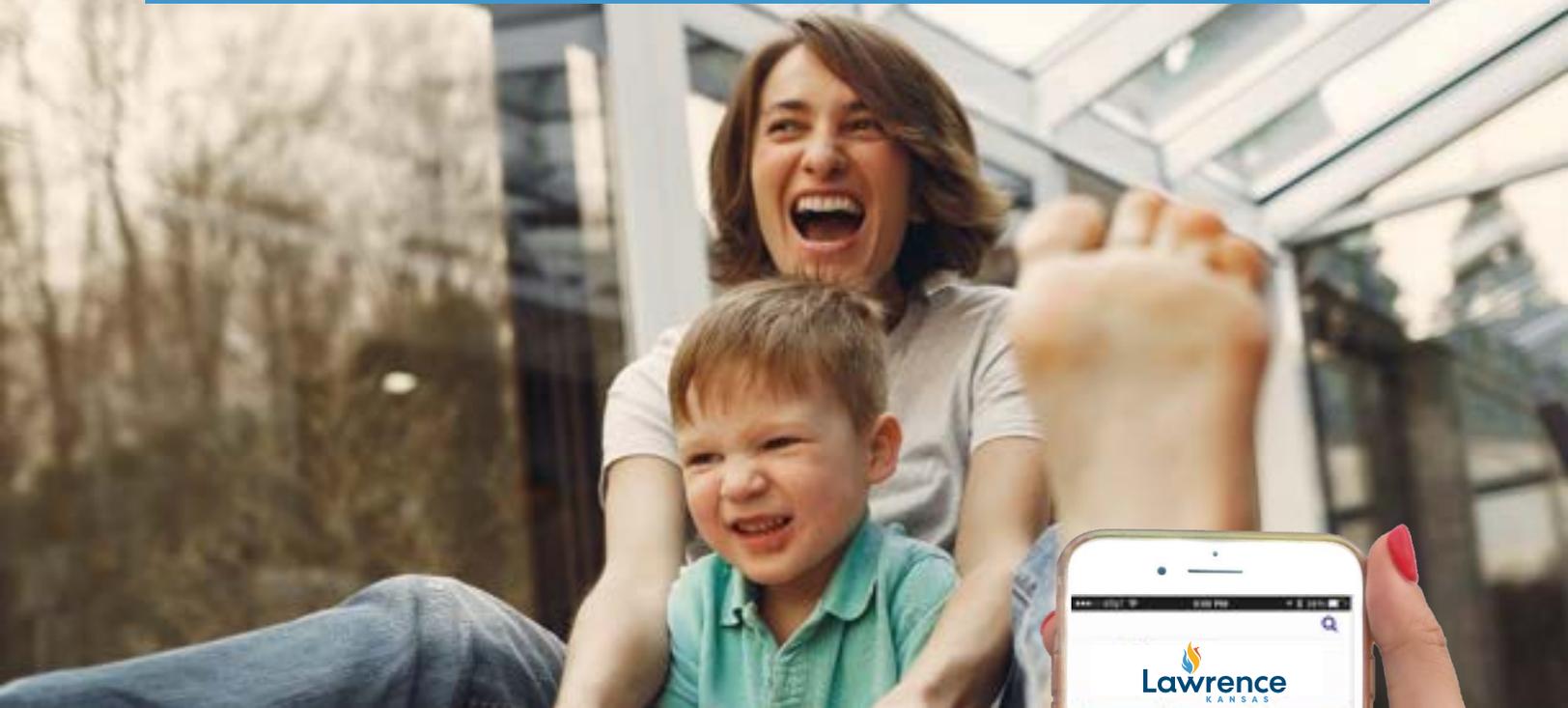
Voluntary Hospital Indemnity	
	Employee Per Pay Period
Employee	\$5.30
Employee + Spouse	\$12.65
Employee + Child(ren)	\$8.40
Employee + Family	\$15.75

Voluntary Identity Theft		
Per Pay Period		
	Benefit Premier	Benefit Premier Plus
Employee	\$4.25	\$5.75
Employee + Family	\$8.75	\$10.25



# Life changes fast.

Be well-prepared with the City of Lawrence Health app.



We're here to support you every day, 24/7, and 365 days a year.

City of Lawrence has created an easy-to-use app that summarizes all your benefits for 2025 to help you make the best choices for you and your family anytime, anywhere.

Use your phones camera to scan the QR code to the right to access your 2025 benefits, or go to

[cityoflawrence.mybenefitsapp.com](http://cityoflawrence.mybenefitsapp.com).



# Contacts



## Important Contact Information

Plan	Provider	Phone Numbers	Website
Medical	Aetna	1-855-783-5785 Option 4	<a href="http://www.aetna.com">www.aetna.com</a>
Prescription Drug	Aetna	1-855-783-5785 Option 4	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	Delta Dental of KS	1-800-234-3375	<a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
Vision	The Standard	1-866-289-0614	<a href="http://www.standard.com/services">www.standard.com/services</a>
HRA & FSA	Inspira Financial	1-844-729-3539	<a href="http://www.inspriafinancial.com">www.inspriafinancial.com</a>
Group Term Life & AD&D	Advance	Contact HR	Contact HR
Voluntary Term Life	Advance	Contact HR	Contact HR
Voluntary Benefits (Accident, Critical Illness, Hospital)	Unum	1-800-Ask-Unum (1-800-275-8686)	<a href="mailto:askunum@unum.com">askunum@unum.com</a>
Voluntary Identity Theft	Norton LifeLock	1-800-607-9174	<a href="http://www.gendigital.com/us/en/partner/employee-benefits/">www.gendigital.com/us/en/partner/employee-benefits/</a>
KPERS Benefits	KPERS	Pension Plan: 1-888-275-5737 or 785-296-6166 Life Insurance: 844-289-2306	<a href="http://www.kpers.org">www.kpers.org</a>
457(b) Deferred Compensation Plan	Nationwide	888-401-5272	<a href="mailto:Wade.Sundermann@nationwide.com">Wade Sundermann Retirement Specialist sunderw@nationwide.com</a>
LMH WellCare Clinic	BeHealthy City of Lawrence	785-505-3112	<a href="http://www.behealthylmh@lmh.org">www.behealthylmh@lmh.org</a>
EAP	CuraLinc / SupportLinc	(888) 881-5462	<a href="http://www.supportlinc.com">www.supportlinc.com</a> Company Code: Lawrence
Human Resources Department	City of Lawrence	785-832-3239	<a href="mailto:humanresources@lawrenceks.org">humanresources@lawrenceks.org</a>



## Important Notice from City of Lawrence About Your Prescription Drug Coverage and Medicare, Creditable Coverage, Aetna HealthFund Aetna Choice POS II Plan

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Lawrence and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2) City of Lawrence has determined that the prescription drug coverage offered by the Aetna HealthFund Aetna Choice POS II Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with this plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)

# Legal Notices



- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Or contact the person listed below.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Lawrence changes. You also may request a copy of this notice at any time.

**Effective Date:** 1/1/2025

**Contact Name/Title:** Molly Lake, HR Analyst

**Phone:** 785-832-3239

**Employer Name:** City of Lawrence

**Address:** 6 E. 6<sup>th</sup> Street, Lawrence, KS 66044

**Email:** [humanresources@lawrenceks.org](mailto:humanresources@lawrenceks.org)

## General Notice of COBRA Continuation Coverage Rights

\*\* Continuation Coverage Rights Under COBRA \*\*

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation 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.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

# Legal Notices



Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

## [When is COBRA continuation coverage available?](#)

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer .
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this to the person listed under the "Plan Contact Information, at the end of this notice, along with supporting documentation of the qualified life event.

## [How is COBRA continuation coverage provided?](#)

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.



COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

## Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]

## Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

# Legal Notices



If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan contact information

City of Lawrence, ATTN: Molly Lake

6 E 6th Street, Lawrence, KS 66044

[humanresources@lawrenceks.com](mailto:humanresources@lawrenceks.com)

785-832-3239

## Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

## Loss of Other Coverage

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

## Marriage, Birth or Adoption

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

## Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

### **Newborns' and Mothers' Health Protection Act**

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

### **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

### **Mental Health Parity & Addiction Act**

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

### **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:



All stages of 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 of the mastectomy, including lymphedema. Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

## **Michelle's Law**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

## **Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)**

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra/main.htm>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>

An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>

## **Health Insurance Marketplace Coverage Options and Your Health Coverage**

### **PART A: General Information**

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### **What is the Health Insurance Marketplace?**

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 in your geographic area.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.



## Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made

on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage**

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<sup>1</sup>Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup>An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

# Legal Notices



In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Molly Lake at 785-832-3239 or [humanresources@lawrenceks.com](mailto:humanresources@lawrenceks.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: <b>The City of Lawrence</b>		Employer ID Number (EIN): <b>48-6033520</b>
Employer Street Address: <b>6 E. 6<sup>th</sup> Street</b>		Employer Phone Number: <b>785.832.3239</b>
City: <b>Lawrence</b>	State: <b>KS</b>	Zip: <b>66044</b>
Who may be contacted about employer health coverage at this job?: <b>Molly Lake</b>		
Phone number (if different than above):		E-mail address: <b><a href="mailto:humanresources@lawrenceks.org">humanresources@lawrenceks.org</a></b>

# Legal Notices



Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to regular full-time and permanent part-time employees
- With respect to dependents: We do offer coverage. Eligible dependents are: your legal spouse, regardless of gender, and your natural, step or adopted children until the end of the month in which they reach age 26
- The coverage under the City of Lawrence health plan meets the minimum value standard.

**\*\*Even if your employer intends this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

## **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: 1/1/2025

Privacy Officer: Jon Thummel, Human Resources Manager

Email: [humanresources@lawrenceks.org](mailto:humanresources@lawrenceks.org)

Phone: 785-832-3208

### *Your Rights You have the right to:*

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### *Your Choices You have some choices in the way that we use and share information as we:*

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### *Our Uses and Disclosures We may use and share your information as we:*

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services

- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- Example: We use health information about you to develop better services for you.

### **Pay for your health services**

- We can use and disclose your health information as we pay for your health services.
- Example: We share information about you with your dental plan to coordinate payment for your dental work.

### **Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

- We can use or share your information for health research.



## Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, 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, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

# Legal Notices



If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. This list of states is current as of July 31, 2024. Contact your state for more eligibility information:

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

# Legal Notices



KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>                      Phone: 1-855-459-6328                      Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>                      KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>                      Phone: 1-877-524-4718                      Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>                      Phone: 1-888-342-6207 (Medicaid hotline) or                      1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>                      Phone: 1-800-442-6003                      TTY: Maine relay 711                      Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>                      Phone: 1-800-977-6740                      TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>                      Phone: 1-800-862-4840                      TTY: 711                      Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>                      Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                      Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>                      Phone: 1-800-694-3084                      Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>                      Phone: 1-855-632-7633                      Lincoln: 402-473-7000                      Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>                      Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                      Phone: 603-271-5218                      Toll free number for the HIPP program: 1-800-852-3345, ext. 15218                      Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Phone: 1-800-356-1561                      CHIP Premium Assistance Phone: 609-631-2392                      CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                      Phone: 1-800-541-2831</p>

# Legal Notices



<p align="center"><b>NORTH CAROLINA – Medicaid</b></p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p>	<p align="center"><b>OREGON – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p align="center"><b>TEXAS – Medicaid</b></p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.texas.gov/health-and-human-services/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p align="center"><b>VERMONT– Medicaid</b></p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.vermont.gov/health-access/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>WASHINGTON – Medicaid</b></p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p>	<p align="center"><b>WYOMING – Medicaid</b></p>
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269</p>



To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Notice Regarding Wellness Programs

The BeHealthy Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which can include a blood test which can provide information on conditions like hyperlipidemia, diabetes, and others. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of money contributed into their Health Reimbursement Account. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may also be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting [Contact Name] at [Contact Phone] or [Contact Email].

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as [indicate services that may be offered]. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and [Customer Name] may use aggregate information it collects to design a program based on identified health risks in the workplace, the BeHealthy Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is your healthcare team in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to.

## Hospital/Fixed Indemnity Plan Notice – Effective 1/1/2025

### IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance; it doesn't have to include most Federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- Visit [Healthcare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissions' website ([naic.org](https://www.naic.org)) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.



**Lawrence**  
K A N S A S



# 2025 Employee Benefits Guide



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**IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 25 and 26 for more details.**

# A Message from Human Resources

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The City of Leawood provides a culture that encourages the development and growth of all employees, not only in their careers but in all aspects of life. Part of that approach is offering a generous and competitive benefits package focusing on the whole employee. We pledge to establish work-life balance for employees and facilitate personal and professional growth. We are proud of all of those who share their talents with us and recognize that with benefits, one size does not fit all. We hope to offer various benefit options to suit your unique needs.

Due to rising healthcare costs and actual claims experienced by the plans, premium costs will shift for all healthcare plans in 2025. We understand that any cost increase can be concerning, and we want to assure you that we have carefully evaluated various options to minimize the impact on our employees while maintaining comprehensive coverage. While not ideal, it is reflective of our plans' actual expenses. We have worked with BlueKC for several months and believe that with a few minor changes, we can achieve our goal of market competitiveness and internal equity. We believe moving in this direction will benefit the city and its employees in the near and long term.

You will see that there continues to be a zero-dollar (\$0.00) health plan option, and the city continues to pay a large portion of the total premiums for employees and their families. Aside from the slight increase in medical and dental premiums, you will still receive top-notch benefits at an affordable price.

We welcome you to review our benefits offerings and select the best options for you and your family. If you have questions, we are always willing to assist, or you can always reach out to Health Advocate for support.

Thank you for being such a valuable part of our organization and for all that you do!



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The City of Leawood offers eligible employees a comprehensive benefits package which includes health, dental, vision, life insurance, long-term disability, healthcare and dependent care flexible spending accounts, wellness initiatives, retirement plans, and a variety of voluntary benefits. The information included in this guide is a general summary of available options and also serves to increase your awareness of policies and procedures. If any information in this guide conflicts with governing plan documents, certificates of coverage or state/federal laws, the provisions of the governing plan documents, certificates of coverage and state/federal laws will prevail.

# Introduction

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## OPEN ENROLLMENT FOR THE 2025 PLAN YEAR

The benefits open enrollment period will begin October 22, 2024, at 10:00 am CST and run through November 14, 2024, at 4:00 pm CST. Any changes or enrollments submitted during this period will be effective January 1, 2025, except for new employee enrollment. During the open enrollment period, you may:

1. Enroll in a new benefit plan or change existing plan elections (health, dental, vision, and/or voluntary coverage options)
2. Add/remove dependents to/from coverage. You may be asked to submit proof of dependent eligibility for any dependents you wish to add during the open enrollment period
3. Opt-out of insurance
4. Enroll or re-enroll in a Healthcare and/or Dependent Care Flexible Spending Account

A personalized benefits statement will be generated for you upon submission of your 2025 open enrollment elections, confirming any changes you made to your benefits and indicating your enrollment status as of January 1, 2025. You must confirm that the personal information on your benefits statement is correct; contact Human Resources if there are any discrepancies.

## CHANGES FOR 2025

- Healthcare
  - **Prescription Drug Plan Updates**
    - Transition to a **Premium Formulary** design and **Generics First** program to offer more economical pricing and savings.
    - Implementation of **Copay Card Accumulator Adjustment** (for Plans C & D) and **Variable Copay Solution** (for Plans A & B) programs to ensure fairness when using manufacturer coupons.
  - **Premium Cost Modernization:**
    - Phase 1 of a strategy to adjust premium costs to better reflect market rates.
    - **Lower Costs for 'Employee + Spouse' Coverage:** Adjustments made to make these rates more competitive with other municipalities.
- **Dental**
  - **5% Increase:** Premiums for both Base and Buy-Up Dental plans will increase by 5%.

## BENEFIT ELIGIBILITY

Eligible employees include any individual employed in a position classified as Full-Time (40 - 53 hours per workweek) or Part-Time (30 - less than 40 hours per workweek). Individuals in positions less than 30 hours per week or classified as Seasonal or Elected Officials are not eligible for most benefits.

Eligible Dependents include the following:

- Your spouse (including those defined as common-law and same-sex legally married)
- Children under the age of 26, your or your spouse's
- Dependent children of any age who are handicapped or totally disabled
- Children under your legal guardianship

# Healthcare

Blue Cross Blue Shield of Kansas City will again be the health insurance provider for the 2025 plan year offering four (4) health plan options:

- Plan A: Qualified High Deductible Health Plan (QHDHP) - BlueSelect Plus Network with SpiraCare
- Plan B: Qualified High Deductible Health Plan (QHDHP) - Preferred Care Blue Network
- Plan C: Base PPO - BlueSelect Plus Network
- Plan D: Base PPO - Preferred Care Blue Network

Each plan option offers a different level of benefits as well as cost. The employee cost for the monthly premium for each health plan is below:

	A	B	C	D
Employee Only	\$0.00 <sup>1</sup>	\$0.00 <sup>3</sup>	\$17.98	\$125.16
Employee + Spouse	\$190.34	\$450.58	\$508.64	\$739.12
Employee + Child(ren)	\$0.00 <sup>2</sup>	\$39.63	\$89.34	\$286.58
Family	\$110.50	\$471.30	\$551.82	\$871.36

1, 2, 3 - Those electing this plan and tier will receive a contribution by the city to their individual UMB HSA on the first pay date in January and July of 2025 (1 - \$780.48 / 2 - \$1,098.42 / 3 - \$54.24).

Employees electing the QHDHP are eligible to establish an individual Health Savings Account (HSA) through UMB and make pre-tax contributions to their UMB HSA through payroll deduction. Employees may elect to setup an HSA at a non-UMB financial institution on their own, however the city will not be able to deduct contributions to the non-UMB HSA on a pre-tax basis. Employees with a Health Savings Account are not allowed to have a Healthcare Flexible Spending Account.

TIER	2025 HSA ANNUAL CONTRIBUTION LIMITS
Employee Only	\$4,300
Employee +1 / Family	\$8,550
Additional Catch-up Contribution (Age 55+)	\$1,000

# Dental

The city will continue to offer two (2) plans through Delta Dental of Kansas in 2025. Each plan covers the following services:

SERVICES	DESCRIPTION	BASE	BUY-UP
Diagnostic & Preventive	Oral examinations, diagnostic x-rays, cleanings, topical fluoride (under age 19), sealants (under age 16)	100%	100%
Basic	One emergency examination per year, oral surgery, fillings, root canals	80%	80%
Major	Bridges, partials, denture repair and adjustments, treatment of diseases of the tissues supporting the teeth	50%	50%
Orthodontics	Orthodontic appliances and treatment, interceptive and corrective for children under age 19	50% up to \$1,500 lifetime max	
Implants	Artificial replacement for a missing natural tooth or root	0%	50% up to \$2,000 annually
Deductible per person	Amount you must pay before the plan pays	\$25	\$25
Annual Maximum per Covered Person	Maximum amount the plan will pay toward the cost of dental care within the plan year	\$1,000	\$2,000

The monthly employee premium for each dental plan is below:

TIER	BASE	BUY-UP
Employee Only	\$4.60	\$10.88
Employee +1	\$35.52	\$48.68
Family	\$80.40	\$103.80

# Tax Savings Accounts

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## **FLEXIBLE SPENDING ACCOUNTS (FSAs)**

The City of Leawood offers a Health Care FSA and Dependent Care FSA for benefits-eligible employees. You may contribute to either account or both. These accounts allow you to pay for out-of-pocket health expenses and dependent care expenses without paying taxes on the funds.

The city will deduct any premiums for health, dental, and/or vision plans from the employee's paycheck on a pre-tax basis.

## **HEALTH FLEXIBLE SPENDING ACCOUNT (Up to \$3,200 annually)**

Eligible employees can set up a separate pre-tax account for healthcare expenses if they are not participating in the QHDHP. Most out-of-pocket health, dental, and vision expenses may be paid through the Health Care FSA. During the open enrollment period, you may elect to contribute up to \$3,200 to this account on a pre-tax basis. Funds designated to this account are available on January 1 of the plan year or the first of the month following your hire date.

Expenses may be paid via the debit card issued by the city's provider, or you may request reimbursement via check or direct deposit to your personal bank account for the expense. Ensure you have confirmed that your planned expenses will be covered since some expenses, such as cosmetic procedures and over-the-counter drugs without a prescription, are not covered. If requested, documentation of qualified expenses must be provided to Navia Benefit Solutions. If not provided promptly, the amount may be re-characterized as income and subject to taxes. Any funds remaining in the account as of March 15 of the following year will be forfeited. Reimbursements may be submitted through May of the following year.

## **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (Up to \$5,000 annually)**

Eligible employees can set up a separate pre-tax account for daycare expenses. In the Dependent Care FSA, you must have contributed the funds before the qualifying expenditures will be paid:

- Daycare costs for children under age 13, disabled children, disabled spouses, and disabled parents/grandparents who are your legal dependents.
- Daycare or nursery schools are eligible providers but must claim income on tax returns. Before and after-school care is eligible for reimbursement for school-age children up to 13.

Any funds remaining in the account as of March 15 of the following year will be forfeited. Reimbursements may be submitted through May of the following year.

# Life & Long-Term Disability

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## LIFE INSURANCE and AD&D

The city provides group term life insurance, accidental death, and dismemberment coverage of one-and-one-half times the base annual salary for all regular full-time and part-time benefits-eligible employees through The Hartford. Coverage is effective the first day of hire or transfer to a benefits-eligible position. Coverage under these plans ends when an employee's active service ends for any reason. The city pays 100% of the cost of this coverage.

Kansas Public Employees Retirement System (KPERS) also provides life insurance of one-and-one-half times the current annual salary at the time of death for employees in KPERS-covered positions. Eligible employees may purchase additional group term-life insurance through KPERS for themselves, their spouses, and/or dependent children.

Employees covered under the Kansas Police & Fireman's Retirement System (KP&F) are eligible for a death benefit as stated by state law and administrative regulations. Eligible employees may purchase optional group term-life insurance through KPERS for themselves, their spouses, and/or dependent children. Additional information on both KPERS and KP&F benefits is available on the KPERS website ([www.kpers.org](http://www.kpers.org)) or from Human Resources.

Upon separation from employment, employees may have the right to continue certain group term life insurance benefits for a limited time. They may have the right to replace certain group term life insurance benefits with converted benefits. More information is available from plan providers.

The city encourages all employees to review and update their designated beneficiaries regularly when experiencing a change of family status (marriage, divorce, birth, death, etc.). Beneficiaries can be modified at any time by submitting the applicable designation of beneficiary form(s) to Human Resources.

## LONG-TERM DISABILITY

The City of Leawood also provides Long-Term Disability insurance for all regular full-time and regular part-time benefits-eligible employees through The Hartford and KPERS. Coverage is effective the first day of hire or transfer to a benefits-eligible position. Coverage under these plans ends when an employee's active service ends for any reason. The city pays 100% of the cost of this coverage.

If you experience a qualifying disability that prevents you from working, the LTD plan pays you 60% of your total monthly earnings up to a maximum benefit of \$10,000 per month after you have satisfied a 90-day elimination period. If you remain disabled, LTD benefits are payable until you reach the Social Security Normal Retirement Age.

# Vision

## SUPPLEMENTAL VISION INSURANCE

The vision plan is a voluntary supplemental benefit through Superior Vision, with 100% of the cost paid by the employee. Employees can select a plan that covers Exams and Materials or Materials Only; each option provides benefits for in-network and out-of-network providers. Details regarding the plan coverages and cost are below:

COPAYS	PLAN 1 FULL PLAN	PLAN 2 MATERIALS ONLY
Exam	\$10	N/A
Materials (Copay applies to lenses and frames. only not contact lenses)	\$25	\$25
Contact Lens Fitting	\$25	\$25
SERVICES/FREQUENCY		
Exam	12 months	N/A
Frames	24 months	24 months
Lenses	12 months	12 months
Contact Lens Fitting	12 months	12 months
Contact Lenses	12 months	12 months

The employee cost for the monthly premium for each vision plan option is below:

TIER	PLAN 1 FULL PLAN	PLAN 2 MATERIALS ONLY
Employee Only	\$8.98	\$6.34
Employee +1	\$17.44	\$12.30
Family	\$25.62	\$18.06

# Voluntary Benefits

## VOLUNTARY SHORT-TERM DISABILITY

In addition to long-term disability, the city offers eligible employees voluntary short-term disability (VSTD) insurance through The Hartford. The VSTD benefit compensates the employee 60% of their salary to a weekly maximum benefit of \$1,500 for their time away from work due to illness for day fifteen (15) through day ninety (90) of the illness or disability. Rates are based on your salary. Coverage may be subject to underwriting by The Hartford.

## LONG-TERM CARE

The city has selected Unum as the provider for long-term care. Whether it's due to a motorcycle accident or a serious illness, long-term care is the type of care you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease.

To give you an idea of how you may use a long-term care benefit of \$3,000 per month, here are some of the 2017 national averages for long-term care services:

LONG-TERM CARE TYPE	ANNUAL COST
Adult Day Health Care	\$18,200
Part-time Home Health Aide	\$24,596
Full-time Home Health Aide	\$49,192
Assisted Living Facility	\$45,000
Nursing Home - Semi-Private Room	\$85,775
Nursing Home - Private Room	\$97,455

More information, enrollment forms, and rates can be found by going to [Unuminfo.com/Leawood](http://Unuminfo.com/Leawood) or contacting Human Resources.

# Voluntary Benefits

## CRITICAL ILLNESS

An illness can lead to unexpected costs not covered by your health plan. Deductibles, copays, or other expenses like travel and childcare can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, and you can use it however you want.

BENEFITS	
For you	Choice of \$10,000 or \$20,000
For your spouse	100% of the Employee's elected Coverage Amount
For your child(ren)	50% of the Employee's elected Coverage Amount (per child)

## ACCIDENT INSURANCE

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

## HOSPITAL INDEMNITY

Designed to provide financial protection, Hospital Indemnity insurance can help offset out-of-pocket expenses and other expenses by paying a benefit due to a covered individual's hospitalization. Benefits are paid directly based on the individual's election, regardless of the actual cost of treatment.

# Work / Life Balance

## PAID HOLIDAY SCHEDULE

The city establishes fixed holidays to allow citizens and employees to plan for the closing of city offices. The city's policy is to provide employees with additional personal (floating) days to recognize the importance of family time and traditions. Holidays are observed on the actual date of the holiday, except whenever a holiday falls on a Saturday, the preceding Friday shall be observed. When a holiday falls on a Sunday, the following Monday shall be observed. If an additional fixed holiday is observed, the number of personal holidays granted will be such that the total of fixed and personal holidays shall not exceed twelve (12) days. Employees who work 2,756 hours will observe the designated holiday on the actual date. Police department shift employees will be granted 96 hours (48 on January 1 and 48 on July 1); new hires will receive a prorated amount based on their hire date.

The city shall observe the following holidays annually unless modified by official action of the Governing Body:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Juneteenth National Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Day

Dates for the 2025 Holidays are as follows:

Holiday	Date Observed
New Year's Day	Wednesday, January 1
Martin Luther King, Jr. Day	Monday, January 20
Memorial Day	Monday, May 26
Juneteenth National Independence Day	Thursday, June 19
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Thanksgiving Day	Thursday, November 27
Day after Thanksgiving Day	Friday, November 28
Christmas Day	Thursday, December 25 Friday, December 26

# Work / Life Balance

## VACATION LEAVE

The city provides vacation leave with pay to full-time (40+ hours/week) and part-time (27-39 hours/week) employees. New, full-time employees will be granted at least 40 hours of vacation leave upon hire.

Employees are eligible to use vacation upon date of hire. Vacation may not be used until it has been earned. Employees are strongly encouraged to take at least 40 (40) hours of vacation each year, not including any compensatory time, personal days, or any other type of accrued leave.

Vacation is earned at the following rates (part-time employees will receive an amount based on their positions budgeted FTE):

Full-Time Employees (40 hours/week)			
Year Range	Hours / Pay Period (26)	Hours / Year	Maximum Balance
0 - 3	3.25	84.50	400
3 - 6	4.00	104.00	400
6 - 9	4.75	123.50	400
9 - 12	5.50	143.00	400
12 - 15	6.25	162.50	400
15 - 18	7.00	182.00	400
18+	7.75	201.50	400

Fire Department Shift Employees (2,756 hours/year)			
Year Range	Hours / Pay Period (26)	Hours / Year	Maximum Balance
0 - 3	4.25	110.50	500
3 - 6	5.25	136.50	500
6 - 9	6.25	162.50	500
9 - 12	7.25	188.50	500
12 - 15	8.25	214.50	500
15 - 18	9.25	240.50	500
18+	10.25	266.50	500

# Work / Life Balance

## SICK LEAVE

Regular full-time and regular part-time employees are provided defined amounts of sick leave with pay that may be used for the employee’s illness/injury or the illness/injury of a member of the employee’s immediate family to the extent reasonably practical for the city to grant such leave of absence. Sick leave may be used after it has been accrued.

The city also has a policy of rewarding employees who demonstrate a high degree of attendance by allowing eligible employees to accrue unused sick leave and, upon proper conditions, receive payment for a portion of the accrued time—see the Vacation/Sick Leave Buy-Back section below.

Sick leave is accrued in 26 pay periods and is earned at the following rates:

Regularly Scheduled Work Hours	Sick Leave Earned (26 Pay Periods)	Maximum Accrual Carryover
Full-Time (40 hours/week)	3.75 hours	720 hours
Part-Time (30-39 hours/week)	Prorated based on position’s budgeted FTE	Prorated based on position’s budgeted FTE
Fire Shift (2,756 hours/year)	5.75 hours	1,080 hours

## VACATION / SICK LEAVE BUY-BACK

The city offers an annual sick and vacation leave redemption program, through which employees may “sell back” sick and/or vacation leave. The number of hours the city will redeem is determined by the City Administrator and depends on the employee’s FTE, the number of leave hours available, and the amount of sick/vacation leave used that year.

# Work / Life Balance

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## MILITARY LEAVE

The city will grant any full-time employee who is a member of the organized reserves or any branch of the Armed Forces of the United States, including the National Guard and other positions specified in USERRA, who is called to active duty up to eighty (80) hours of paid military leave (106 hours for 24-hour shift firefighters) in a calendar year. Such leave will not count against accrued vacation or sick leave.

## EDUCATION REIMBURSEMENT PROGRAM

The city encourages employees to pursue educational opportunities that benefit both the city and the employees. Any full-time employee who has completed their introductory period is eligible to receive up to \$3,500 on a reimbursement basis per calendar year towards undergraduate and graduate educational coursework. To receive reimbursement, the employee must submit for pre-approval before coursework begins and complete the course with a 2.0 grade on a 4.0 scale (undergraduate) or a 3.0 grade on a 4.0 scale (post-graduate). The city's reimbursement will only apply to those amounts not covered by other sources, such as grants, scholarships, or waivers.

## EMPLOYEE ASSISTANCE PROGRAM

The city partners with ComPsych to provide an Employee Assistance Program to help employees and their families resolve personal or behavioral problems they may encounter. Services include up to six (6) visits per incident for psychological, financial, and legal issues. Participation in the services offered is kept confidential, except as necessary to protect the safety of the employee, others, or city property.

## HEALTH ADVOCATE

Through a single toll-free number and online experience, you can be connected to experts who can answer benefit questions, guide you to the right benefit, and help you navigate the complicated healthcare system through Health Advocate. Access to this benefit is 100% paid for by the city. It will help explain coverage and treatment options, locate the right in-network providers, coordinate second opinions, research and resolve medical claims and billing issues, and so much more!

# Retirement

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## **KANSAS PUBLIC EMPLOYEE RETIREMENT SYSTEM (KPERS and KP&F)**

The city is affiliated with the Kansas Public Employee Retirement System (KPERS) for all benefit-eligible positions. Each covered position will be under KPERS I, II, III, or KP&F (Kansas Police & Firemen). Employees in these positions must contribute a defined percentage of their compensation each pay period. The city must also contribute a defined percentage to KPERS/KP&F.

As a participant in KPERS, employees receive long-term disability, accidental death & dismemberment, and life insurance at no cost. KP&F participants receive long-term disability and a death benefit at no cost. Participants may elect to add Optional Group Life Insurance (OGLI) for themselves, spouses, and/or child(ren) at their expense. OGLI is age-based and may increase as the years progress.

## **401a / 457 / Roth IRA / Roth 457 OPTIONS**

The city allows all benefits-eligible employees to contribute to a 457 plan on a pre-tax basis through payroll deduction. KPERS-covered employees may contribute to a 401a and/or a 457 and receive a matching contribution from the city, depending on the amount they contribute. All eligible employees may also elect to contribute to a Roth IRA or Roth 457 on a post-tax basis through payroll deductions.

Beginning in 2025, the city has one provider for 401a and 457 contributions, Voya, for all new hires; those hired prior to 2024 will have the option of two different providers, MissionSquare and Voya. Representatives from both providers are available throughout the year for questions regarding investment performance, changing your investment allocations, and planning for retirement.

# Important Contacts

If you have any questions, please feel free to contact anyone in Human Resources or any of our providers directly.

BENEFIT	PROVIDER	CONTACT INFORMATION
Medical / Mail Order Pharmacy	Blue Cross Blue Shield of Kansas City	bluekc.com 888-989-8842
Dental	Delta Dental of Kansas	deltadentalks.com/subscribers 913-381-4928
Vision	Superior Vision	superiorvision.com 800-507-3800
Employee Assistance Program	ComPsych	compsych.com 800-851-1714
Life, Long-Term Disability, Voluntary Short-Term Disability	The Hartford	account.thehartford.com 888-277-4767
Long-Term Care	Unum	unum.com 866-679-3054
Voluntary Critical Illness, Accident Insurance, Hospital Indemnity	The Hartford	account.thehartford.com 888-277-4767
KPERS / KP&F	KPERS	kpers.org 888-275-5737
Flexible Spending Accounts	Navia Benefit Solutions	www.naviabenefits.com 800-669-3539 service@naviabenefits.com
401a / 457 / Roth IRA / Roth 457	Voya Financial	voya.com 855-ONE-VOYA
	MissionSquare	icmarc.org 800-669-7400
Health & Benefits Navigation	HealthAdvocate	healthadvocate.com/members 866-695-8622 answers@healthadvocate.com

# Required Notices & Disclosures

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from employer, 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, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1-877-KIDS NOW**, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2024 or for more information on special enrollment rights, contact either:

**U.S. Department of Labor  
Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, ext. 61565**

State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a>	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> E-mail: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhisp.com/">http://myarhisp.com/</a>	1-855-692-7447
California (Medicaid)	<a href="http://dhcs.ca.gov/hisp">http://dhcs.ca.gov/hisp</a> Email: <a href="mailto:hisp@dhcs.ca.gov">hisp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://hrpl.colorado.gov/child-health-plan-plus">https://hrpl.colorado.gov/child-health-plan-plus</a> HIB: <a href="https://www.mycobibi.com/">https://www.mycobibi.com/</a>	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	<a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hisp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hisp/index.html</a>	1-877-357-3268

State	Website/E-mail	Phone
Georgia (Medicaid)	HIPP: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/hssa/dht/">http://www.in.gov/hssa/dht/</a> All other Medicaid: <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>	1-800-403-0864 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid">https://hhs.iowa.gov/programs/welcome-iowa-medicaid</a> CHIP: <a href="https://dhs.iowa.gov/Hawki">https://dhs.iowa.gov/Hawki</a> HIPP: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a>	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> KI-HIPP E-mail: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP: <a href="https://kymect.ky.gov">https://kymect.ky.gov</a>	1-855-459-6328  1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.lah.la.gov/lahipp">www.lah.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="https://www.mymaineconnection.gov/benefits/v/Language-e.n.US">https://www.mymaineconnection.gov/benefits/v/Language-e.n.US</a> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a>	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	<a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>	1-800-657-3672
Missouri (Medicaid)	<a href="http://www.dss.mo.gov/nhd/participants/pages/hipp.htm">http://www.dss.mo.gov/nhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid and CHIP)	Medicaid: <a href="https://www.state.nj.us/humanservices/dmahs/clients/medicaid/">https://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> CHIP: <a href="https://www.pa.gov/en/agencies/dhs/resources/chip.html">https://www.pa.gov/en/agencies/dhs/resources/chip.html</a>	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.i.gov/">http://www.eohhs.i.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct Rite)
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>	1-888-222-2542
Vermont (Medicaid)	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select">https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select</a>	1-800-432-5924
	<a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs</a>	
Washington (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia (Medicaid)	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/budgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/budgercareplus/p-10095.htm</a>	1-800-362-3002
Wyoming (Medicaid)	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

# HEALTH COVERAGE NOTICES

## FOR YOUR FILES

*This guide contains legal notices for participants in group health plan(s) sponsored by CITY OF LEAWOOD, KANSAS Group Health Care Plan. The notices included in this guide are:*

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women’s Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

**IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 25 and 26 for more details.**

# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

### ***What is the Health Insurance Marketplace?***

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 tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

### ***Can I Save Money on my Health Insurance Premiums in the Marketplace?***

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### ***Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?***

Yes. 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. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than [9.02%] of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### ***How Can I Get More Information?***

For more information about your coverage offered by your employer, please check your summary plan description or contact Nic Sanders, nics@leawood.org, (913)-663-9105.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer name City of Leawood, Kansas		Employer Identification Number (EIN) 48-6075890	
Employer address 4800 Town Center Drive		Employer phone number 913-339-6700	
City Leawood	State KS	ZIP code 66211	
Who can we contact about employee health coverage at this job? Nic Sanders			
Phone number (if different from above) 913-663-9105		E-mail address nics@leawood.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to some employees.

Eligible employees are:

- All full-time employees actively working 27 hours per week
- Retirees and their dependents who are eligible in accordance with the City of Leawood Employee Benefits Program
- With respect to dependents, we do offer coverage.

Eligible dependents are:

The employee's legal spouse & children of the employee or the employee's legal spouse (up to the end of 26)

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

# CITY OF LEAWOOD, KANSAS GROUP HEALTH CARE PLAN NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

## OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the *CITY OF LEAWOOD, KANSAS Group Health Care Plan* (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 1/1/25.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. *City of Leawood, Kansas* requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

### **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or Required by Law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health

information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

***Pursuant to Your Authorization.*** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

***To Business Associates.*** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

***To the Plan Sponsor.*** We may disclose protected health information to certain employees of *City of Leawood, Kansas* for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## **Your Rights**

***Right to Inspect and Copy.*** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

***Right to Amend.*** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

***Right to an Accounting of Disclosures.*** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

***Right to Request Restrictions.*** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

***Right to Request Confidential Communications.*** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed

below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

### **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

*Nicholas Sanders*  
*Director of Human Resources*  
*4800 Town Center Drive*  
*Leawood, Kansas 66211*  
*(913) 663-9105*  
*nics@leawood.org*

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

# IMPORTANT NOTICE FROM CITY OF LEAWOOD, KANSAS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Leawood, Kansas and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

**Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

**City of Leawood, Kansas has determined that the prescription drug coverage offered by City of Leawood, Kansas plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

## **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current City of Leawood, Kansas coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current City of Leawood, Kansas coverage, be aware that you and your dependents may not be able to get this coverage back.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with City of Leawood, Kansas and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Leawood, Kansas changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2025  
*Nicholas Sanders*  
*Director of Human Resources*  
*4800 Town Center Drive*  
*Leawood, Kansas 66211*  
*(913) 663-9105*  
*nics@leawood.org*

# COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation 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.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to CITY OF LEAWOOD, KANSAS Group Health Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee

will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### ***When Is COBRA Coverage Available?***

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Nic Sanders at 913-663-9105 or email [nics@leawood.org](mailto:nics@leawood.org).**

## **How Is COBRA CONTINUATION COVERAGE PROVIDED?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability Extension of 18-Month Period of Continuation Coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to Nic Sanders at 913-663-9105 or email [nics@leawood.org](mailto:nics@leawood.org).

### ***Second Qualifying Event Extension of 18-Month Period of Continuation Coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

<sup>1</sup><https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

## IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## PLAN CONTACT INFORMATION

Date: January 1, 2025  
Nicholas Sanders  
Director of Human Resources  
4800 Town Center Drive  
Leawood, Kansas 66211  
(913) 663-9105  
[nics@leawood.org](mailto:nics@leawood.org)

# OTHER NOTICES

## NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the City of Leawood, Kansas or your medical plan administrator.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in *CITY OF LEAWOOD, KANSAS Group Health Care Pla* medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Leawood, Kansas coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Leawood, Kansas, Nic Sanders at (913) 663-9105 or [nics@leawood.org](mailto:nics@leawood.org).

## 60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.





# CITY of Leawood

## Governing Body-Regular Session Packet Memo

**Meeting:** Governing Body - Regular Meeting - Oct 21 2024

**Staff Contact:** Nic Sanders, Human Resources, 913-663-9105, nics@leawood.org

### AGENDA ITEM

Resolution approving and authorizing the Mayor to execute the 2025 Employee Benefit Plan documents (HR)

### SUMMARY

The City of Leawood provides a culture that encourages the development and growth of all employees, not only in their careers but in all aspects of life. Part of that approach is offering a generous and competitive benefits package focusing on the whole employee. We pledge to establish work-life balance for employees and facilitate personal and professional growth and well-being.

The cost of healthcare has seen noticeable increases over the past few years. With medical costs skyrocketing, it was inevitable that this would affect the price of premiums for the city and employees. We understand that this is not ideal, but it reflects the actual claim expenses of our plans. There will be an increase in total premiums paid for health insurance in 2025 – 9.90% overall – as well as a 5.00% increase in dental insurance premiums. We have worked with our benefits broker/consultant, Holmes Murphy and Associates, and BlueKC for several months to work towards a more innovative, strategically aligned plan beginning in 2025.

The recent compensation survey noted that the Governing Body wanted to ensure market competitiveness with other municipalities. Staff noted a discrepancy in the Employee + Spouse coverage cost-sharing compared to other agencies. Historically, the City's premium rates were based on a weighting established by BlueKC many years ago. When this weighting was established, it reflected the cost disparities between employees, spouses, and dependents for that moment in time. As a general practice, insurers do not adjust this weighting even though cost disparities amongst these tiers have changed over time. As a result, employer subsidies and resulting employee payroll costs are typically based on a rate tiering structure that doesn't reflect present-day cost realities.

Staff recommends modifying legacy weighting towards an actual weighting that reflects present-day costs of employees, spouses, and children, allowing employers to adopt a more transparent and equitable subsidy approach. The table below displays the current weighting and reality/target weighting. The target weighting is based on an extensive database of members and has been consistent over the last several years (e.g., a given spouse will cost 35% more than the covered employee over time).

Beginning in 2025, Phase 1 of our premium cost modernization strategy will start with premium weighting shifting over the next few years (5 years / 20 % for Employee, Employee & Child(ren), and Family and two years / 50% for Employee & Spouse) to be more in line with actual costs.

The City will continue to pay 98% of the premium for a Base Employee Only plan (currently Plan C - Blue Select); the amount the City pays toward the Base plan will be applied to the total premium of the other plan options and coverages, with the remaining difference being shared between the Employee and the City at a 30%/70% rate, respectively.

Prescription drug claims represent a large portion of our total claims costs, over \$1,000,000 over twelve months. Beginning in 2025, the City plans to implement the *Generics First* program and move to Premium Formulary for prescription drugs. These programs should have minimal impact on individuals (~15 covered individuals) while allowing for more economical prescription drug pricing for employees and the City's plans.

Prescription drug manufacturers commonly provide 'coupons' to help with the high-cost, brand-name, specialty prescription drugs. These coupons eliminate the economic barrier and help offset the considerable expense the individual must pay for these medications. When used, the coupon amount is applied toward the individual's annual out-of-pocket maximum. In this scenario, individuals use the coupon towards the cost of the prescription drug, paying little to nothing out of their pocket; so, an individual could use a coupon for three to four months, reach their annual out-of-pocket max for the year, incur minimal expense, and then be 100% paid for all services, medical and prescription drugs, for the remainder of the plan year. This leads to added claim expenditures and inequities of those covered under the plans.

Staff proposes implementing the Copay Card Accumulator Adjustment (Plans C & D) and Variable Copay Solution (Plans A & B) programs in 2025. This move provides more significant equity amongst covered individuals, each working toward the same out-of-pocket maximum with actual funds expensed while safeguarding the plans from the potential of incurring necessary claims expenses. There will be an impact of nine individuals and 27 prescription drugs on all plans.

By thinking strategically, ensuring market competitiveness, and monitoring internal equity, Staff believes that moving in this direction will benefit the City and the employees in the near and long term.

**Summary of Changes and Included Documentation:**

- Health Insurance
  - Phase 1 of a strategy for premium cost modernization to better reflect premiums.
  - Prescription drug plan design changes with the implementation of Generics First and move to Premium
  - Formulary program for more economical prescription drug pricing.
  - Implementation of the CCAA/VCS Programs
  - Lower employee costs for 'Employee + Spouse' coverages to be more competitive with other municipalities.
  - Overall increase of 9.90% in total premium paid to Blue KC.
  - Commission Disclosure with BlueKC and Holmes Murphy and Associates.
- Dental Insurance
  - Renewal of Base and Buy-Up dental plans with Delta Dental of Kansas.
  - Premium increase of 5.00% on Base and Buy-Up plans; continuation of City/Employee cost-sharing model as in prior years.
- 2025 Health and Dental Premium Cost Sharing for City and Employee

**BUDGET INFORMATION**

The 2025 budget estimated a 12.00% increase in premiums for health, a 5.00% increase for dental insurance; a 9.90% increase for health, and 5.00% for dental will provide sufficient funding.

### STAFF RECOMMENDATION

Staff recommends approval of the requested items.

### ATTACHMENTS

- [Resolution](#)
- [Delta Dental 2025 Base Plan Contract](#)
- [Delta Dental 2025 Buy-Up Plan Contract](#)
- [2025 Health and Dental Cost Sharing](#)

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION APPROVING AND AUTHORIZING THE MAYOR TO EXECUTE 2025 EMPLOYEE BENEFIT PLAN DOCUMENTS**

WHEREAS, the City of Leawood desires to continue providing benefits to its employees by approving employee benefit plan documents for 2025.

NOW THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF LEAWOOD, KANSAS:

SECTION ONE: That the Governing Body hereby authorizes the Mayor to execute renewal of certain employee benefit documents listed below:

- Health Insurance
  - Overall increase of 9.90% in total premium paid to Blue KC.
  - Phase 1 of a strategy for premium cost modernization to better reflect premiums.
  - Prescription drug plan design changes with the implementation of *Generics First* and move to *Premium Formulary* program for more economical prescription drug pricing.
  - Implementation of the CCAA/VCS Programs
  - Lower employee costs for 'Employee + Spouse' coverages to be more competitive with other municipalities.
  - Commission Disclosure with BlueKC and Holmes Murphy and Associates.
- Dental Insurance
  - Renewal of Base and Buy-Up dental plans with Delta Dental of Kansas.
  - Premium increase of 5.00% on Base and Buy-Up plans; continuation of City/Employee cost-sharing model as in prior years.
- 2025 Health and Dental Premium Cost Sharing for City and Employee

SECTION TWO: This resolution shall become effective upon passage.

PASSED by the Governing Body this 21<sup>st</sup> day of October, 2024.

APPROVED by the Mayor this 21<sup>st</sup> day of October, 2024.

\_\_\_\_\_  
 Marc E. Elkins, Mayor

[SEAL]

ATTEST:

\_\_\_\_\_  
 Stephen Powell, City Clerk

APPROVED AS TO FORM:

\_\_\_\_\_  
Patricia A. Bennett, City Attorney



DeltaDentalKS.com

August 20, 2024

NIC SANDERS  
 CITY OF LEAWOOD-BASE  
 4800 TOWN CENTER DR  
 LEAWOOD, KS 662110000

RE: **Renewal of Group Dental Contract**  
 Group #699-0

Dear Nic Sanders:

Your contract with Delta Dental of Kansas will renew on **January 1, 2025**. It is our pleasure to serve you and your employees again and we are committed to our continued partnership.

Even though Delta Dental makes every effort to hold increasing dental costs to a minimum, your dental premium renewal rates for **January 1, 2025**, experienced an increase. Effective **January 1, 2025**, the premium for your dental coverage will be as follows:

	<u>Current Rates</u>	<u>New Rates</u>	
Employee:	\$29.28	\$30.74	Rate Increase
Employee + 1:	\$61.50	\$64.58	Rate Increase
Family:	\$109.39	\$114.86	Rate Increase

**NOTE: 3<sup>rd</sup> year of a 3 year agreement:  
 2025 - as noted above**

Enclosed is a policy endorsement to indicate your acceptance of this renewal. If options are provided, please initial the box next to your preferred option, then sign and return the endorsement via fax to (913) 381-8312, or email to [marketing@deltadentalks.com](mailto:marketing@deltadentalks.com). **This endorsement must be returned by December 1, 2024, to ensure timely submission of your group's renewal.** Please attach a copy of the endorsement to your current contract for your records. *If the signed endorsement is not returned prior to your renewal date shown above, your group will be re-enrolled at current benefit levels with the new rates noted above.*

We look forward to the continued opportunity to be of service to you and your employees. If you have any questions regarding your renewal, please feel free to contact me.

Sincerely,

Erin Baker  
 Senior Manager, Marketing Services

EB:ae  
 Enclosure  
 cc: HOLMES MURPHY & ASSOCIATES LLC

Delta Dental of Kansas - Wichita  
 1619 N. Waterfront Parkway  
 P.O. Box 789769  
 Wichita, KS 67278-9769  
 316.264.8413

Delta Dental of Kansas - Leawood  
 11300 Tomahawk Creek Parkway  
 Pinnacle Corporate Centre, Suite 350  
 Leawood, KS 66211  
 913.381.4928

**RENEWAL ADDENDUM  
FOR GROUP #699-0**

Attached to and forming a part of the Agreement To Provide Dental Care Benefits between **CITY OF LEAWOOD-BASE** (plan #699-0) and Delta Dental of Kansas, Inc.

It is agreed and understood that effective with the **January 1, 2025**, renewal, Section I, Number 8 shall read:

<b>TO RENEW WITH CURRENT BENEFITS:</b>			
RATES:	Employee:	\$30.74	Rate Increase
	Employee + 1:	\$64.58	Rate Increase
	Family:	\$114.86	Rate Increase

**NOTE: 3<sup>rd</sup> year of a 3 year agreement:  
2025 - as noted above**

Please acknowledge acceptance of this renewal by signing below and returning the renewal confirmation by fax to (913) 381-8312 or by email to marketing@deltadentalks.com by **December 1, 2024**.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent's Name

*Sara K. Madlock*

\_\_\_\_\_  
Delta Dental of Kansas, Inc.

Please assist us in updating our records by providing the name & email address of your group administrator.

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**WELLNESS CONNECTION** - As the dental benefits experts, we're here to help educate your employees on the importance of good oral health. Visit the **Wellness Connection** on our website, [www.deltadentalks.com](http://www.deltadentalks.com), to download easy-to-use wellness materials.

EB:ae



DeltaDentalKS.com

August 20, 2024

NIC SANDERS  
 CITY OF LEAWOOD-BUYUP  
 4800 TOWN CENTER DR  
 LEAWOOD, KS 662110000

RE: **Renewal of Group Dental Contract**  
 Group #4699-0

Dear Nic Sanders:

Your contract with Delta Dental of Kansas will renew on **January 1, 2025**. It is our pleasure to serve you and your employees again and we are committed to our continued partnership.

Even though Delta Dental makes every effort to hold increasing dental costs to a minimum, your dental premium renewal rates for **January 1, 2025**, experienced an increase. Effective **January 1, 2025**, the premium for your dental coverage will be as follows:

	<u>Current Rates</u>	<u>New Rates</u>	
Employee:	\$35.25	\$37.01	Rate Increase
Employee + 1:	\$74.04	\$77.74	Rate Increase
Family:	\$131.68	\$138.26	Rate Increase

**NOTE: 3<sup>rd</sup> year of a 3 year agreement:  
 2025 - as noted above**

Enclosed is a policy endorsement to indicate your acceptance of this renewal. If options are provided, please initial the box next to your preferred option, then sign and return the endorsement via fax to (913) 381-8312, or email to [marketing@deltadentalks.com](mailto:marketing@deltadentalks.com). **This endorsement must be returned by December 1, 2024, to ensure timely submission of your group's renewal.** Please attach a copy of the endorsement to your current contract for your records. *If the signed endorsement is not returned prior to your renewal date shown above, your group will be re-enrolled at current benefit levels with the new rates noted above.*

We look forward to the continued opportunity to be of service to you and your employees. If you have any questions regarding your renewal, please feel free to contact me.

Sincerely,

Erin Baker  
 Senior Manager, Marketing Services

EB:ae  
 Enclosure  
 cc: HOLMES MURPHY & ASSOCIATES LLC

Delta Dental of Kansas - Wichita  
 1619 N. Waterfront Parkway  
 P.O. Box 789769  
 Wichita, KS 67278-9769  
 316.264.8413

Delta Dental of Kansas - Leawood  
 11300 Tomahawk Creek Parkway  
 Pinnacle Corporate Centre, Suite 350  
 Leawood, KS 66211  
 913.381.4928

**RENEWAL ADDENDUM  
FOR GROUP #4699-0**

Attached to and forming a part of the Agreement To Provide Dental Care Benefits between **CITY OF LEAWOOD-BUYUP** (plan #4699-0) and Delta Dental of Kansas, Inc.

It is agreed and understood that effective with the **January 1, 2025**, renewal, Section I, Number 8 shall read:

<b>TO RENEW WITH CURRENT BENEFITS:</b>			
RATES:	Employee:	\$37.01	Rate Increase
	Employee + 1:	\$77.74	Rate Increase
	Family:	\$138.26	Rate Increase

**NOTE: 3<sup>rd</sup> year of a 3 year agreement:  
2025 - as noted above**

Please acknowledge acceptance of this renewal by signing below and returning the renewal confirmation by fax to (913) 381-8312 or by email to [marketing@deltadentalks.com](mailto:marketing@deltadentalks.com) by **December 1, 2024**.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent's Name

*Sara K. Madlock*

\_\_\_\_\_  
Delta Dental of Kansas, Inc.

Please assist us in updating our records by providing the name & email address of your group administrator.

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**WELLNESS CONNECTION** - As the dental benefits experts, we're here to help educate your employees on the importance of good oral health. Visit the **Wellness Connection** on our website, [www.deltadentalks.com](http://www.deltadentalks.com), to download easy-to-use wellness materials.

EB:ae

**City of Leawood - 2025 Health Insurance Monthly Premium Cost Sharing**

*QHDHP / Blue Select w/ Spira*

Plan A		Total	Employee		City	
			%	\$	%	\$
	EE Only	750.22	0%	0.00 <sup>1</sup>	100%	880.30
	EE + Spouse	1,612.98	12%	190.34	88%	1,422.64
	EE + Child(ren)	1,380.42	0%	0.00 <sup>2</sup>	113%	1,563.49
	Family	2,236.45	5%	110.49	95%	2,125.96

1, 2 - Those electing this plan and tier will receive a contribution by the City to their individual UMB HSA on the first pay date in January and July 2025 (1 - \$780.48 / 2 - \$1,098.42).

*QHDHP / Preferred Care Blue*

Plan B		Total	Employee		City	
			%	\$	%	\$
	EE Only	871.26	0%	0.00 <sup>3</sup>	100%	880.30
	EE + Spouse	1,873.21	24%	450.57	76%	1,422.64
	EE + Child(ren)	1,603.12	2%	39.63	98%	1,563.49
	Family	2,597.25	18%	471.29	82%	2,125.96

3 - Those electing this plan and tier will receive a \$54.24 contribution from the City to their individual UMB HSA on the first pay date in January and July 2025.

*PPO / Blue Select (Base)*

Plan C		Total	Employee		City	
			%	\$	%	\$
	EE Only	898.27	2%	17.97	98%	880.30
	EE + Spouse	1,931.28	26%	508.64	74%	1,422.64
	EE + Child(ren)	1,652.82	5%	89.33	95%	1,563.49
	Family	2,677.77	21%	551.81	79%	2,125.96

*PPO / Preferred Care Blue*

Plan D		Total	Employee		City	
			%	\$	%	\$
	EE Only	1,005.46	12%	125.16	88%	880.30
	EE + Spouse	2,161.75	34%	739.11	66%	1,422.64
	EE + Child(ren)	1,850.06	15%	286.57	85%	1,563.49
	Family	2,997.32	29%	871.36	71%	2,125.96

**City of Leawood - 2025 Dental Insurance Monthly Premium Cost Sharing**

Base		Total	Employee		City	
			%	\$	%	\$
	EE Only	30.74	15%	4.60	85%	26.14
	EE + 1	64.58	55%	35.52	45%	29.06
	Family	114.86	70%	80.40	30%	34.46

Buy-Up		Total	Employee		City	
			%	\$	%	\$
	EE Only	37.02	27%	10.88	71%	26.14
	EE + 1	77.74	61%	48.68	37%	29.06
	Family	138.26	74%	103.80	25%	34.46



City of Topeka

2025

Open Enrollment

# BENEFITS GUIDE

Benefit Period: Jan. 1, 2025—Dec. 31, 2025



**IMPORTANT:**

Open Enrollment 10/1/24—10/31/24

Use the checklist on page 3  
so you don't miss anything.

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# New for 2025

- The City continues offering a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) along more traditional Base and Buy Up PPO plans. The City will make a contribution to the HSA for anyone enrolled in the HDHP.  
*See page 8 for more details.*
- The deductible for the HDHP increased due to an IRS mandated change. The new deductibles are \$3,300/\$6,600
- Medical rates have increased according to recommendations from the City’s benefit consultants. Dental rates remain the same.
- Friends of the Topeka Zoo memberships have changed from payroll deduction to a discount for City employees that is provided when you purchase your membership directly through the Zoo. See page 33

**DISCLAIMER**

This benefit summary provides selected highlights of the City of Topeka benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. City of Topeka reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

**IMPORTANT ENROLLMENT DETAILS**

**Open Enrollment Period**  
October 1—31, 2024

**New Coverage Effective Dates**  
January 1, 2025—December 31, 2025

**New Payroll Deductions Begin**  
January 10, 2025  
Check Pay Stub to Verify Accuracy of Enrollment

**Enrollment Details**

This is an active open enrollment, so each employee must complete enrollment to elect or decline 2025 benefits. Watch your email for further details on how to enroll in-person, by phone, or online during October. After October 31, employees will not be able to change their elections, except with a qualifying event. Failure to complete the enrollment process will result in the loss of benefits.

**Required Notices**

Required notices are included in this Benefit Guide and also posted on the City of Topeka Intranet: [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits



# Open Enrollment Checklist

## 2025 Benefits

\*All benefit-eligible employees must complete open enrollment, even if declining 2025 benefits, or keeping the same.

## Open Enrollment Dates: October 1—October 31, 2024

### 1.

#### Self-Enroll Online:

*Self-enrollment instructions will be emailed to all employees & posted online 10/1/2024*

### 2.

#### Enroll In-Person with a Benefits Counselor:

*Schedule your appt. now.  
(Link available 10/1/24)*  
[https://outlook.office365.com/book/  
CityofTopeka@pwsal.com/](https://outlook.office365.com/book/CityofTopeka@pwsal.com/)

### 3.

#### Enroll by Phone:

*Phone appointments must be scheduled at least 24 hours in advance.  
(Link available 10/1/24)*  
[https://outlook.office365.com/book/  
CityofTopeka@pwsal.com/](https://outlook.office365.com/book/CityofTopeka@pwsal.com/)

**Complete 1 of the 3 options above to enroll or decline the following benefits:**

- Medical/Rx    • Dental    • Vision    • FSA & HSA    • Friendship Fund
- Cancer    • Accident    • Critical Illness    • Short Term Disability

**After enrollment, be sure to review your Benefits Confirmation Form:**

Make sure the confirmation form matches the benefits you want.

**Dependent Documentation:** If adding family members to medical or dental for the first time, **submit verification documents AND social security cards to HR by Nov. 1.**

**Pet Insurance:** Contact Nationwide to enroll/change coverage (Phone: 877-738-7874; Website: [benefits.petinsurance.com/topeka](https://benefits.petinsurance.com/topeka)). *Your current coverage will remain the same if you do nothing.*

**Friends of the Topeka Zoo:** Friends of the Topeka Zoo membership has changed from a payroll deduction to a discount when the employee enrolls direct with the Zoo. Either enroll in person with your COT badge, or online at [topekazoo.org/membership](https://topekazoo.org/membership) with the discount code and COT email address. (Code COTMembership)

**KPERS Optional Group Life Insurance:** To enroll/change coverage, login to your KPERS account online ([kpers.org](https://kpers.org)) or submit paper form to HR by Oct 31. *Forms available at: [topeka.org/hr/employee-benefits/open-enrollment/](https://topeka.org/hr/employee-benefits/open-enrollment/) OGLI coverage will remain the same if you do nothing.*

**KPERS 457:** Instructions for enrollment/changing contributions available at: [topeka.org/hr/employee-benefits/open-enrollment/](https://topeka.org/hr/employee-benefits/open-enrollment/) *Your 457 contribution will remain the same if you do nothing.*

**Review 2025 Paychecks:** Review your paystub when new benefit deductions begin Jan. 10, 2025. Contact HR as soon as possible with any errors.



If you have questions, contact Tim Carson in Human Resources at [tecarson@topeka.org](mailto:tecarson@topeka.org) or 785-368-3774

**2025 Wellness Incentive:** The activities needed in order to earn the 2025 wellness incentive were to be completed by 8/31/24. Please log in to the wellness portal to see if you earned the incentive.

**2026 Wellness Incentive:** Activities for the 2026 wellness incentive need to be completed and entered into the wellness portal from 9/1/24 — 8/31/25.

Wellness portal link: [COTwellness.wellright.com](https://COTwellness.wellright.com)



# 2025 Rates Summary

Employee Semi-Monthly Rates



<b>MEDICAL</b>	<b>High Deductible Health Plan</b>	<b>Silver (Non-Wellness)</b>	<b>Platinum (Employee Wellness)</b>	<b>Platinum Plus (Employee &amp; Spouse Wellness)</b>
	Employee Single	69.81	19.39	N/A
	Employee + Spouse	206.33	99.04	90.78
	Employee + Child(ren)	187.20	89.86	N/A
	Employee + Family	294.50	141.36	129.58
	<b>Base PPO Plan</b>	<b>Silver (Non-Wellness)</b>	<b>Platinum (Employee Wellness)</b>	<b>Platinum Plus (Employee &amp; Spouse Wellness)</b>
	Employee Single	88.80	38.38	N/A
	Employee + Spouse	246.74	139.45	131.20
	Employee + Child(ren)	223.86	126.52	N/A
	Employee + Family	352.18	199.04	187.26
	<b>Buy Up Plan</b>	<b>Silver (Non-Wellness)</b>	<b>Platinum (Employee Wellness)</b>	<b>Platinum Plus (Employee &amp; Spouse Wellness)</b>
	Employee Single	169.81	119.39	N/A
	Employee + Spouse	419.92	312.63	304.37
Employee + Child(ren)	380.88	283.54	N/A	
Employee + Family	599.32	446.18	434.39	

<b>DENTAL</b>	<b>Dental Base</b>	<b>Silver (Non-Wellness)</b>	<b>Platinum (Employee Wellness)</b>	<b>Platinum Plus (Employee &amp; Spouse Wellness)</b>
	Employee Single	3.21	1.07	N/A
	Employee + Spouse	8.47	4.17	3.84
	Employee + Child(ren)	9.08	4.47	N/A
	Employee + Family	15.15	7.46	6.87
	<b>Dental Buy Up</b>	<b>Silver (Non-Wellness)</b>	<b>Platinum (Employee Wellness)</b>	<b>Platinum Plus (Employee &amp; Spouse Wellness)</b>
	Employee Single	6.99	4.85	N/A
	Employee + Spouse	16.07	11.77	11.44
	Employee + Child(ren)	17.24	12.63	N/A
	Employee + Family	28.75	21.06	20.47

<b>TOBACCO SURCHARGE</b> (applies to medical and dental)	<b>Tobacco Surcharge Semi-monthly</b> <i>(in addition to medical &amp; dental rates)</i>	<b>Medical</b>	<b>Dental</b>	<b>Medical Plus Dental</b>
	ONE tobacco user	\$45.00	\$5.00	\$50.00
	Two tobacco users	\$90.00	\$10.00	\$100.00

<b>VISION</b>	<b>Vision</b>	<b>Insight Network</b>
	Employee Single	\$3.98
	Employee + Spouse	\$8.64
	Employee + Child(ren)	\$7.41
	Employee + Family	\$14.40

<b>ACCIDENT</b>	<b>Accident</b>	<b>Low Plan</b>	<b>High Plan</b>
	Employee Single	\$4.84	\$7.47
	Employee + Spouse	\$7.95	\$12.32
	Employee + Child(ren)	\$9.01	\$14.28
	Employee + Family	\$12.13	\$19.14

<b>ZOO</b>	<b>Friends of the Topeka Zoo</b>
	Friends of the Topeka Zoo Membership discount is available online at <a href="http://topekazoo.org/membership">topekazoo.org/membership</a> . See page 30.

<b>STD</b>	<b>Short Term Disability</b>
	Premiums are based on amount of coverage, employee age, and salary. See page 17 for details.

<b>CRITICAL CARE</b>	<b>Critical Care</b>
	Premiums are based on amount of coverage, employee age, and tobacco use. See page 22 for details.

<b>CANCER</b>	<b>Cancer</b>	<b>Low Plan</b>	<b>High Plan</b>
	Employee Single	\$11.83	\$15.13
	Employee + Family	\$19.70	\$25.18

<b>LIFE</b>	<b>Optional Group Life Insurance</b>
	Employee & spouse premiums are based on amount of coverage and age. Child monthly premiums are \$1.20 for \$10,000 coverage; and

<b>PET</b>	<b>Pet Insurance</b>
	Pet insurance is available with a variety of coverage levels. See page 23 for more details.



# 2025 Benefit Summary

<p><b>MEDICAL/RX COVERAGE</b></p> <p>See pages 8-11 for details.</p> <p>See pages 12-13 for details.</p>	<p><b>Medical Carrier:</b> Blue Cross Blue Shield of Kansas—Three options are available for medical plans.</p>		
	<p><b>OPTION 1: <u>High Deductible Plan</u></b></p> <ul style="list-style-type: none"> <li>• Deductible \$3,300 / 6,600</li> <li>• Coinsurance \$3,000 / 6,000</li> <li>• OOP Max \$6,000 / 12,000</li> </ul>	<p><b>OPTION 2: <u>Base PPO Plan</u></b></p> <ul style="list-style-type: none"> <li>• Deductible \$1,600 / 3,200</li> <li>• Coinsurance \$2,000 / 4,000</li> <li>• OOP Max \$5,000 / 10,000</li> </ul>	<p><b>OPTION 3: <u>Buy-Up PPO Plan</u></b></p> <ul style="list-style-type: none"> <li>• Deductible \$1,000 / 2,000</li> <li>• Coinsurance \$2,000 / 4,000</li> <li>• OOP Max \$3,500 / 7,000</li> </ul>
	<p>Rx coverage is included with medical enrollment. Rx Carrier: Prime Therapeutics. Copay tiers: 30-day Retail 1) Generic \$10 2) Preferred Brand: \$40 3) Non-Pref Brand \$80 copay * Specialty: 20% of cost</p>	<p>Rx coverage is included with medical enrollment. Prescription Drug Carrier: Elixir You will have 2 ID Cards Four copay tiers: 30-day Retail Copays (with Pharmacy Advocate program discounted copay) 1) Generic &lt;=\$100: \$10 (FREE) 3) Preferred Brand: \$40 (\$20) 2) Generic &gt; \$100: \$35 (\$10) 4) Non-Pref. Brand: \$80 (\$40) * Specialty: 20% of cost</p>	
	<p>Medical/Rx Enrollment includes access to the Everside onsite health &amp; wellness center, and Tria Health's Pharmacy Advocate program.</p>		
<p><b>DENTAL COVERAGE</b></p> <p>See pages 14-15 for details.</p>	<p><b>Dental Carrier:</b> Delta Dental of Kansas—Two options are available for dental plans.</p>		
	<p><b>OPTION 1: <u>Base</u></b> (orthodontics NOT included)</p> <ul style="list-style-type: none"> <li>• Deductible—\$50 per person</li> <li>• Maximum Calendar Year Benefit \$2,000 per person</li> </ul>	<p><b>OPTION 2: <u>Buy Up</u></b> (orthodontics included)</p> <ul style="list-style-type: none"> <li>• Deductible—\$50 per person</li> <li>• Maximum Calendar Year Benefit \$2,500 per person</li> </ul>	
<p><b>SUPPLEMENTAL BENEFITS</b></p> <p>See pages 16-23 for details.</p>	<ul style="list-style-type: none"> <li>• <b>Vision Insurance:</b> Surency Vision</li> <li>• <b>Health Savings Account and Medical Flexible Spending Account :</b> ASI Flex</li> <li>• <b>Dependent Care Flexible Spending Account :</b> ASI Flex</li> <li>• <b>Cancer Insurance:</b> Colonial Life</li> <li>• <b>Accident Insurance:</b> Colonial Life</li> <li>• <b>Critical Care Insurance:</b> Colonial Life</li> <li>• <b>Short Term Disability Insurance :</b> Colonial Life</li> <li>• <b>Pet Insurance :</b> Nationwide</li> </ul>		
<p><b>LIFE INSURANCE</b></p> <p>See pages 26-29 for details.</p>	<ul style="list-style-type: none"> <li>• <b>KPERS Basic Life:</b> This life insurance benefit through KPERS is paid for by the City of Topeka and equal to 150% of the employee's average annual salary.</li> <li>• <b>KP&amp;F Death Benefit (Non Service Connected):</b> Your spouse receives a lump-sum payment of 100% of your final average salary, plus an annual benefit of your final average salary x 2.5% x years of service in on-going monthly benefits (not to exceed 50% of final average salary) for the rest of his/her life.</li> <li>• <b>Optional Group Life:</b> Members can purchase additional life insurance through KPERS for self, spouse and children).</li> </ul>		
<p><b>RETIREMENT</b></p> <p>See pages 24-25 for details.</p>	<ul style="list-style-type: none"> <li>• <b>KPERS/KP&amp;F:</b> All full-time, benefit eligible employees in a KPERS or KP&amp;F eligible position will contribute a designated percentage to a retirement account with Kansas Public Employees Retirement System (KPERS) or Kansas Police &amp; Firemen's (KP&amp;F) Retirement System. Once vested, retired members are guaranteed a monthly benefit for the rest of their lives.</li> <li>• <b>KPERS 457:</b> KPERS/KP&amp;F members can voluntarily contribute to a 457 account to increase retirement savings.</li> </ul>		
<p><b>ADDITIONAL BENEFITS</b></p> <p>See pages 30-33 for details.</p>	<ul style="list-style-type: none"> <li>• <b>Telemedicine &amp; Virtual Counseling:</b> First Stop Health Free telemedicine &amp; virtual counseling for all City employees and family members.</li> <li>• <b>Employee Assistance Program:</b> Alternatives EAP Receive up to six counseling session for FREE (annually) for each employee and family member. Other programs, referrals and service discounts are also available.</li> <li>• <b>Friendship Fund:</b> City of Topeka Confidential financial assistance available to both employees and retirees.</li> <li>• <b>Zoo Membership Discount:</b> Friends of the Topeka Zoo Receive a discount on an annual Friends of the Topeka Zoo membership.</li> </ul>		
	<p><i>In accordance with Internal Revenue Service ("IRS") Section 125 regulations, City of Topeka employees may elect to have eligible benefits payroll deducted on a pre-tax or after-tax basis.</i></p>		

# Benefit Contacts

Coverage	Carrier	Phone
Benefits Information	City of Topeka, Human Resources	<b>Website:</b> <a href="https://intranet.topeka.org/HR">https://intranet.topeka.org/HR</a> > Benefits <b>Phone:</b> (785) 368-3774
Medical	Blue Cross Blue Shield of Kansas <b>Group Number: 96039</b>	<b>Website:</b> <a href="http://www.bcbsks.com">http://www.bcbsks.com</a> <b>Phone:</b> (800) 432-3990
Pharmacy (Base & Buy Up PPO plans)	Elixir / MedImpact <b>Group Number: 10000391</b>	<b>Website:</b> <a href="https://www.medtrakrx.com/">https://www.medtrakrx.com/</a> <b>Phone:</b> (800) 771-4648
Pharmacy (HDHP)	Prime Therapeutics with Blue Cross Blue Shield of Kansas <b>Group Number: 96039</b>	<b>Website:</b> <a href="http://www.bcbsks.com">http://www.bcbsks.com</a> <b>Phone:</b> (800) 432-3990
Health & Wellness Center And Tobacco Cessation Program	Everside Health	<b>Wellness Portal:</b> <a href="https://cotwellness.wellright.com/">https://cotwellness.wellright.com/</a> <b>Patient Portal:</b> <a href="https://tinyurl.com/EHPatientPortal">https://tinyurl.com/EHPatientPortal</a> <b>Appointment Scheduling Line:</b> (866) 959-9355 <b>Telephonic Appointment Line:</b> (785) 368-2437
Pharmacy Advocate Program	Tria Health	<b>Website:</b> <a href="http://www.triahealth.com">http://www.triahealth.com</a> <b>Phone:</b> (888) 799-8742
Fitness Center	City of Topeka	<b>Website:</b> <a href="https://intranet.topeka.org/HR">https://intranet.topeka.org/HR</a> > Wellness / Fitness <b>Phone:</b> (785) 368-3602
Dental	Delta Dental of Kansas <b>Group Number: 50920</b>	<b>Website:</b> <a href="http://www.deltadentalks.com">http://www.deltadentalks.com</a> <b>Phone:</b> (800) 234-3375
Vision	Surency <b>Group Number: 50920</b>	<b>Website:</b> <a href="https://www.surency.com">https://www.surency.com</a> <b>Phone:</b> (866) 818-8805
Flexible Spending Accounts	ASI Flex	<b>Website:</b> <a href="http://www.asiflex.com">http://www.asiflex.com</a> <b>Phone:</b> (800) 659-3035
Supplemental Insurance <ul style="list-style-type: none"> <li>• Short Term Disability</li> <li>• Critical Care</li> <li>• Accident</li> <li>• Cancer</li> </ul>	Colonial Life	<b>Website:</b> <a href="http://www.coloniallife.com">http://www.coloniallife.com</a> <b>Phone:</b> (800) 325-4368
Members age 65+ Insurance info	Premier Worksite Solutions	<b>Members 65+ Contact:</b> Jeri Gloe, Account Executive Direct Phone: 913-706-8614 Email: <a href="mailto:jeri.gloe@pwskc.com">jeri.gloe@pwskc.com</a>
Pet Insurance	Nationwide	<b>Website:</b> <a href="https://benefits.petinsurance.com/topeka">https://benefits.petinsurance.com/topeka</a> <b>Phone:</b> (877) 738-7874
Kansas Public Employees Retirement and Kansas Police & Firemen's Retirement	KPERS/KP&F	<b>Website:</b> <a href="http://www.kpers.org">http://www.kpers.org</a> <b>Phone:</b> (888) 275-5737
Optional Group Life Insurance Sponsored by KPERS	The Standard	<b>Website:</b> <a href="https://www.kpers.org/optionallife/">https://www.kpers.org/optionallife/</a> <b>Phone:</b> (844) 289-2306
457 Deferred Compensation Sponsored by KPERS	Empower Retirement <b>Group Number: 130201-01</b>	<b>Website:</b> <a href="http://www.kpers457.org">www.kpers457.org</a> <b>Customer Service Phone:</b> (800) 232-0024 Scott Kober, Retirement Plan Counselor Direct Phone: (816) 853-4210
Telemedicine and Virtual Counseling	First Stop Health	<b>Website:</b> <a href="https://www.fshealth.com/">https://www.fshealth.com/</a> <b>Phone:</b> (888) 691-7867
Employee Assistance Program	Alternatives EAP	<b>Website:</b> <a href="http://www.alternativeseap.com">http://www.alternativeseap.com</a> <b>Phone:</b> (800) 466-8282
Continued health coverage after employment	ASI COBRA	<b>Website:</b> <a href="http://www.asicobra.com">http://www.asicobra.com</a> <b>Phone:</b> (877) 388-8331
Friends of the Topeka Zoo membership	Friends of the Zoo	<b>Website:</b> <a href="https://topekazoo.org/membership">https://topekazoo.org/membership</a> <b>Phone:</b> (785) 368-9180

# Dependent Verification & Qualifying Events

**DEPENDENT VERIFICATION:** If you add family members to your health and/or dental plan(s), verification of eligibility must be submitted to Human Resources. **Verification can be completed by**

**submitting the appropriate documents listed in the table below.**

If you do not have a required document, it is your responsibility to obtain a duplicate copy from the issuing agency. The City of Topeka will not reimburse for any cost associated with obtaining documents.

## **Birth and Marriage Certificates**

Office of Vital Statistics (Kansas records only)

Phone: 877-305-8315

Website: <https://www.kdheks.gov/vital/>

## **Social Security Cards**

Social Security Administration

Phone: 888-327-1271

Website: <https://www.ssa.gov/ssnumber/>

Legal Spouse/ Domestic Partner	Natural Child	Adopted Child	Step Child	Legal Guardianship Status
Social Security Card <b>AND</b> Marriage Certificate <b>OR</b> Marriage License <i>Certification seal must be included on document</i> <b>OR</b> Domestic Partnership agreement <b>OR</b> Federal Tax Form 1040 <i>Only if filing jointly</i>	Social Security Card <b>AND</b> Birth Certificate <b>OR</b> Hospital Birth Confirmation Letter  <i>Birth Certificate and Birth Confirmation must show your name as the parent of the child, and be signed by a hospital administrator or physician on staff.</i>	Social Security Card <b>AND</b> Signed court document  <i>Court document must show child's name and identify the court, county or state, date of the action and filing record.</i>	Social Security Card <b>AND</b> Birth Certificate <b>AND</b> Document under "Legal Spouse/Domestic Partner" to verify your relationship to the child's parent.  <i>Birth Certificate must show your name or your enrolled spouse or domestic partner as the parent of the child, and be signed by a hospital administrator or physician on staff.</i>	Social Security Card <b>AND</b> Court assignment of guardianship  <i>Guardianship assignment must be signed and/or stamped by a member of the court.</i>

**QUALIFYING EVENTS:** Significant life events may create a need to change your benefits during the year. It is your responsibility to notify Human Resources **within 30 days** of any life changing qualifying events.

QUALIFYING EVENT:	QUALIFYING CHANGE:	REQUIRED SUPPORTING DOCUMENTATION:	POSSIBLE CHANGES:
Birth or Adoption of Child	Add child on date of birth or adoption date	Birth Certification or Adoption Court Papers	<ul style="list-style-type: none"> <li>Medical/Rx, Dental, Vision, Colonial, Flex Spending</li> <li>Beneficiary (KPERs, 457 &amp; Colonial)</li> <li>Optional Group Life Insurance Coverage</li> </ul>
Spouse job change (loss of coverage)	Add spouse/children first of the month following loss of coverage	Document on company letterhead stating termination date of health coverage or copy of COBRA notice	<ul style="list-style-type: none"> <li>Medical/Rx, Dental, Vision, Colonial, Flex Spending</li> </ul>
Spouse job change (enrollment in new coverage)	Remove spouse/children end of the month prior to start of new coverage	Document on company letterhead stating new coverage effective date or photocopy of new cards	<ul style="list-style-type: none"> <li>Medical/Rx, Dental, Vision, Colonial, Flex Spending</li> </ul>
Marriage	Add spouse/children first of the month following date of marriage	Marriage Certificate <b><u>Marriage licenses cannot be accepted unless marked with an official state seal.</u></b>	<ul style="list-style-type: none"> <li>Medical/Rx, Dental, Vision, Colonial, Flex Spending</li> <li>Beneficiary (KPERs, 457 &amp; Colonial)</li> <li>Optional Group Life Insurance Coverage</li> <li>Payroll Direct Deposit &amp; Tax Changes</li> <li>Name &amp; Address</li> </ul>
Divorce or Legal Separation	Required to remove spouse end of the month following divorce / legal separation. Children may also be removed.	Divorce Decree or legal separation court order	<ul style="list-style-type: none"> <li>Medical/Rx, Dental, Vision, Colonial, Flex Spending</li> <li>Beneficiary (KPERs, 457 &amp; Colonial)</li> <li>Optional Group Life Insurance Coverage</li> <li>Payroll Direct Deposit &amp; Tax Changes</li> <li>Name &amp; Address</li> </ul>
Spouse/Child enroll through Federal Marketplace	Remove spouse/children end of the month prior to start of new coverage	Final approval letter stating the plan is through the Federal Marketplace and the effective date	<ul style="list-style-type: none"> <li>Medical/Rx, Dental, Vision, Colonial, Flex Spending</li> </ul>

# Medical/Rx Plans



The City offers a High Deductible Health Plan (HDHP) with Health Savings Account (HSA), and Base PPO and Buy Up PPO plans. All medical plans will be managed by Blue Cross Blue Shield of Kansas. The City will make a contribution to the HSA account and you will have an opportunity to contribute as well. Employees should review the information on each plan to consider which option might be best for them.

Generally, an HDHP has lower monthly premiums, but you will pay more out-of-pocket for medical expenses before insurance begins to pay. The HSA lets you save for medical care, and carry that money into the next year if it is not needed in the current year. A preferred provider organization (PPO) generally has copays and lower deductibles but higher monthly premiums.

## HDHP — High Deductible Health Plan

There are very few first dollar benefits allowed under a HDHP. You will pay all medical expenses until you meet your deductible, then you will pay 20%, and the plan will pay 80% of qualified medical expenses, until the out-of-pocket max is met, and then the plan will pay 100% of remaining covered expenses.

If you are enrolled in the HDHP, you can also enroll in the HSA. See page 9 for more details on the HSA.

Here are a few things to note about a HDHP:

- Lower monthly premiums than the PPO plans.
- Higher deductible and out-of-pocket max than the PPO plans.
- Allows you to open a Health Savings Account (HSA).
- No copays or benefits payable (except ACA preventive care) until deductible is met. This means you will pay the full cost of medical and prescriptions until you meet your deductible. ACA preventive health care will still be covered 100%; for example annual physicals and vaccinations. But additional treatments at the same time as the annual physical are not included.
- Visits to the City of Topeka Health & Wellness Clinic will cost \$35 for those on the HDHP, (except ACA preventive care and HRA & Follow ups for wellness incentive.)



- Employees on the HDHP will use Prime Therapeutics for Rx drugs, which can be accessed by presenting their BCBS medical card to their pharmacy. The prescription deductible and out-of-pocket max will be combined with the medical deductible and out-of-pocket max. This means members on the HDHP will pay all medical and Rx expenses until they meet their deductible of \$3,300/\$6,600 before the plan pays anything, except for ACA preventive medical and Rx. The Preventive Rx list will be posted on the intranet Open Enrollment page at <https://intranet.topeka.org>. (Select HR, then Benefits, then Open Enrollment.) Once the deductible is met, members will pay a copay or coinsurance for their Rx, and coinsurance for their medical. Once the out-of-pocket max of \$6,000/\$12,000 is met, the plan will pay all remaining eligible expenses for the plan year. See page 10 for coverage details.

## Base PPO & Buy Up PPO — Preferred Provider Organization Plans

The Base and Buy Up plans are PPO plans. You will have some coverage before you meet your deductible, such as office visit copays, and annual lab coverage. You will pay 100% of additional expenses until you meet your deductible, then you will pay 20% until you meet your coinsurance max. Once you meet your out-of-pocket max the plan will pay 100% of remaining covered expenses.

If you are enrolled in the Base or Buy Up PPO plan, you can also enroll in a Flex Spending Account (FSA) —medical. See page 9 for more details on the FSA.



- Employees on the Base or Buy up PPO plans will use Elixir for Rx drugs, and will have a separate Rx card from the BCBS medical card. See page 10 for coverage details.

# FSA—Medical Flex Spending Account, HSA—Health Savings Account, and Flex Dependent Care Account



This page describes the details of the FSA, HSA, and Flex Dependent Care plans; and which ones can be used with each medical plan. These programs let you pay for health care and/or dependent care (daycare) expenses using tax free dollars.

		BASE or BUY UP PPO	HDHP	NO MEDICAL
<b>FSA - FLEX MEDICAL</b>	<p>The FSA-medical is the same plan that the City has had for several years. Employees can contribute money pre-tax, and spend the money on qualified medical expenses. The FSA-medical is available if you enroll in the Base or Buy Up PPO plans, or if you don't enroll in a medical plan. It is not available if you enroll in the HDHP.</p> <ul style="list-style-type: none"> <li>• Only employees make contributions to the FSA-medical account; there are no employer contributions.</li> <li>• Changes are only allowed mid-year with a qualifying event.</li> <li>• Claims for reimbursement must be incurred by March 15 of the following year, and submitted to ASI Flex by June 15. Any unused money after June 15 is forfeited. This is the IRS 'use it or lose it' rule.</li> <li>• The annual max contribution for 2024 is \$3,050, and the anticipated max for 2025 is \$3,300. If you elect the max amount and the final max announced by the IRS is less</li> </ul>	YES, Available with a PPO plan	No	YES, Available with no medical plan
<b>HSA.</b>	<p>The HSA is only available if you enroll in the HDHP. Employees can contribute money pre-tax, and spend the money on qualified medical expenses.</p> <ul style="list-style-type: none"> <li>• You will not be eligible to open an HSA account if you are covered under another health plan that does not qualify as a High Deductible Health Plan (HDHP), including a Flexible Spending Account (FSA). Note— You will need to spend any FSA dollars, and have a \$0 account, by 12/31/24 in order to be eligible to open an HSA on 1/1/2025.</li> <li>• The City will make a contribution to the employee's HSA account as well.</li> <li>• <b>The City will contribute \$500 for single plans/\$1,000 for dependent plans annually, OR if the employee contributes a minimum of \$6.25 per pay period for a single plan, or \$12.50 per pay period for any dependent plan the City will contribute \$850 for single plans/\$1,750 for dependent plans annually.</b></li> <li>• City contributions will be made quarterly (January/April/July/October) and you must be employed and enrolled in the plan at the time of the contribution. The first quarterly contribution will be based on the amount the employee enrolls to contribute. Subsequent City contributions will be based on the actual amount the employee contributed in the previous quarter.</li> <li>• Employees can change their HSA contributions mid-year without a qualifying event.</li> <li>• A Health Savings Account is set up in your name. You must work with HR to provide documentation necessary to establish your HSA bank account. You own the account and can take it with you if you move or retire. You can invest your funds on a pre-tax basis and it can possibly grow over time tax-free. There's no annual "Use it or Lose it" rule, so if you have money left over at the end of the plan year, you can keep it in your account and let it grow over many years. The money in your account can be used to pay for Qualified Medical Expenses until you reach age 65 on a tax-free basis. After age 65, you can use it for non-medical expenses as well. While no penalty will apply, the non-medical expenses will be subject to regular income tax (much like any other retirement account.)</li> <li>• HSA 2025 annual max contributions (employee + employer) are \$4,300/\$8,550. Employees over age 55 can contribute an additional \$1,000.</li> </ul>	No	YES, Available with a HDHP plan	No
<b>FLEX DEPENDENT CARE</b>	<p>You can enroll in Flex dependent care regardless of which medical plan you choose, or if you do not enroll in medical. Employees can contribute money pre-tax, and spend the money on qualified childcare or adult dependent care expenses while you work.</p> <ul style="list-style-type: none"> <li>• The annual max contribution is \$5,000. (\$2,500 if married and filing separate tax returns.)</li> </ul>	YES, Available with a PPO plan	YES, Available with a HDHP plan	YES, Available with no medical plan

# Medical/Rx Plans



## Medical (Blue Cross Blue Shield of Kansas)

Plan Provision	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
<b>Annual deductible</b> (Individual/family)	\$3,300/\$6,600	\$1,600/\$3,200	\$1,000/\$2,000
<b>Coinsurance</b> (after deductible, 80% plan, 20% employee)	Member pays 20% to \$3,000 per person, \$6,000 max	Member pays 20% to \$2,000 per person, \$4,000 max	Member pays 20% to \$2,000 per person, \$4,000 max
<b>Out-of-pocket maximum</b> (Includes deductible, coinsurance and copays)	\$6,000/\$12,000	\$5,000/\$10,000	\$3,500/\$7,000
<b>Lifetime maximum</b>	Unlimited	Unlimited	Unlimited
<b>ACA Preventive care</b>	Paid at 100%	Paid at 100%	Paid at 100%
<b>Primary physician office visit</b>	Subject to Deductible and Co-Insurance  (Member pays 100% of cost until deductible is reached, then pays 20% coinsurance until out-of-pocket max is reached, then the plan pays all remaining eligible expenses for the plan year.)	\$25 copay	\$25 copay
<b>Specialist office visit</b>		\$25 copay	\$25 copay
<b>Chiropractic visit</b> (Includes spinal manipulations and modalities)		\$25 copay	\$25 copay
<b>Urgent care</b>		\$45 copay	\$45 copay
<b>Emergency room care</b>		\$100 copay, deductible then 20%	\$100 copay, deductible then 20%
<b>X-ray and lab</b>		Paid 100% up to \$500, then deductible and coinsurance	Paid 100% up to \$500, then deductible and coinsurance
<b>Inpatient hospital services</b>		Deductible and coinsurance	Deductible and coinsurance
<b>Outpatient hospital services</b>		Deductible and coinsurance	Deductible and coinsurance
<b>Dependent Children</b>	Dependent children* can be covered up to age 26, even if they have their own employer-sponsored coverage. *Dependent maternity is excluded.		
<b>Prescription Drug</b>	(Prime Therapeutics, will use BCBS i.d. card)	(Elixir Rx, will use separate i.d. card from BCBS medical)	(Elixir Rx, will use separate i.d. card from BCBS medical)
Plan Provision	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
<b>Prescription drug deductible &amp; out-of-pocket maximum</b>	Included as a part of the Medical Deductible and Out-of-pocket max.	\$2,350 / \$4,700	\$2,350 / \$4,700
<b>Retail prescription drugs</b> (30-day supply)	<b>After Medical Deductible</b>		
• Generic <= \$100	\$10 copay	\$10 copay	\$10 copay
• Generic > \$100	\$10 copay	\$35 copay	\$35 copay
• Preferred Brand	\$40 copay	\$40 copay	\$40 copay
• Non-Preferred Brand	\$80 copay	\$80 copay	\$80 copay
<b>Retail prescription drugs</b> (90-day supply)	<b>After Medical Deductible</b>		
• Generic <= \$300	\$30 copay	\$30 copay	\$30 copay
• Generic > \$300	\$30 copay	\$105 copay	\$105 copay
• Preferred Brand	\$120 copay	\$120 copay	\$120 copay
• Non-Preferred Brand	\$240 copay	\$240 copay	\$240 copay
<b>Specialty Drugs</b>	20% of cost	20% of cost	20% of cost
Certain ACA preventive drugs will be covered at 100% (no deductibles or copays) under the HDHP.			

# 2025 Medical/Rx Rates

## Employee's Semi-monthly Premium *This is the employee's twice per month share of the premium.*

Employee Semi- monthly Cost	High Deductible Health Plan	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	69.81	19.39	NA
	Employee + Spouse	206.33	99.04	90.78
	Employee + Child(ren)	187.20	89.86	NA
	Employee + Family	294.50	141.36	129.58
	Medical Base	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	88.80	38.38	NA
	Employee + Spouse	246.74	139.45	131.20
	Employee + Child(ren)	223.86	126.52	NA
	Employee + Family	352.18	199.04	187.26
	Medical Buy Up	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	169.81	119.39	NA
	Employee + Spouse	419.92	312.63	304.37
Employee + Child(ren)	380.88	283.54	NA	
Employee + Family	599.32	446.18	434.39	

### Medical Plan Tobacco Surcharge

Employees and spouses who use tobacco or who do not take and pass a nicotine test for the 2025 Wellness Program, will each be charged \$45.00 per pay period, in addition to the rates listed above. If employee & / or spouse are enrolled in both medical and dental, then both tobacco surcharges will apply.

### Reasonable Alternative: Tobacco Cessation

Tobacco users who completed the Everside tobacco cessation program by 8/31/24 will NOT be assessed the tobacco surcharge for 2025. There is no charge to the employee or spouse to participate in the Everside Tobacco Cessation program.

### 2025 Tobacco Surcharge

Benefit	One Person Cost Per Pay Period	Two Persons Cost Per Pay Period
Medical/Rx	\$45	\$90
Dental	\$5	\$10
Medical/Rx	\$50	\$100

## City of Topeka's Semi-monthly Premium

*This is the City's twice per month share of the premium.*

City of Topeka Semi- monthly Cost	Medical HDHP or Buy Up	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	318.02	368.44	NA
	Employee + Spouse	618.99	726.28	734.53
	Employee + Child(ren)	561.59	658.94	NA
	Employee + Family	883.51	1,036.65	1,048.43
	Medical Base	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	362.33	412.75	NA
	Employee + Spouse	713.28	820.57	828.82
	Employee + Child(ren)	647.14	744.49	NA
	Employee + Family	1,018.10	1,171.24	1,183.02

# Health & Wellness Clinic

The Health & Wellness Clinic is a part of the City of Topeka medical plan. Employees, retirees, and their dependents who are enrolled in the medical plan have access to the clinic.



- ACA preventive visits, and City wellness visits, are free with any City health plan enrollment.
- Members on the Base and Buy Up PPO plans will have no charge for clinic visits.
- Members enrolled in the HDHP will be charged \$35 per visit for medical care and lab services that are not covered as ACA Preventive or wellness incentive.



### Onsite mental health counselor available:

You can visit with an Alternatives EAP counselor in-person at the Health & Wellness Center. Appointments will be scheduled through Alternatives, not Everside Health. Call 800-466-8282 to schedule your appointment!

See page 31 for additional details regarding the EAP program.

### Sample of Services Provided:

- |                           |                                |
|---------------------------|--------------------------------|
| • Disease management      | • Lab work/tests/prescriptions |
| • Sore/Strep throat       | • Referral to specialist       |
| • Flu and minor illnesses | • Bladder infection            |
| • Allergy care            | • Well Man/Woman Exams         |
| • Muscle and joint pain   | • Preventive care              |

**To schedule an appointment, call the Clinic direct at 785-368-2437 during Clinic hours.**

### Clinic Hours of Operation:

Monday	7am— 4:30pm
Tuesday	<b>CLOSED</b>
Wednesday	7am— 4:30pm
Thursday	7am— 4:30pm
Friday	7am— 12:30pm

### Telephone Appointment Line: 785-368-2437

*If your appointment will be completed over the phone, call this number at the start of your appointment time.*

### Or call the Scheduling Line after hours:

**866-959-9355**

Scheduling Line Available:

- Monday: 6am - 4pm
- Tuesday - Friday: 6am - 7pm
- Saturday: 8am - 1pm

### Patient Portal:

[tinyurl.com/EHPatientPortal](https://tinyurl.com/EHPatientPortal)

### Clinic Address:

Holliday Building  
620 SE Madison Street, Suite A  
Topeka, KS 66607

### CLINIC ACCESS ONLY PASS:

Employees who are not enrolled in the City's medical plan can purchase a pass for \$50 per month to have access to care at the Health & Wellness Center. This Clinic Access Pass is only available during benefits open enrollment.

# Pharmacy Advocate Program



smarter. medication. management.

## Expert Pharmacist Advice is a Phone Call Away!

Tria Health is a free and confidential benefit available for employees and/or dependents on City of Topeka's health insurance.

Tria Health's pharmacists can help:

- Make sure your medications are working as intended.
- Help you save money - Tria saves patients an average \$250 per year!<sup>1</sup>
- Answer any questions you have about your health.
- Coordinate care with your doctor(s) - Over 95% of recommendations made by Tria Health were accepted by an individual's physician.<sup>1</sup>



## Who Should Participate?

Tria Health is recommended for members who have any of the following conditions:

- Asthma/COPD
- Heart Disease
- High Cholesterol
- Migraines
- Diabetes
- High Blood Pressure
- Mental Health
- Osteoporosis

## Savings for Your Health and Your Wallet!

### Save Money on Your Medications

By participating, active members will receive:

- Free generics on qualifying medications
- Reduced costs on select brand medications

\*HDHP members receive a discount equal to the PPO.

### Free Diabetes Meter & Testing Supplies

Active participants with diabetes will have access to a FREE blood glucose meter and testing supplies.

You also have access to a digital dashboard to help you better understand your diabetes & share readings with your care team.

### Tria's Help Desk is Ready to Assist You

The help desk is available for employees and/or dependents on the health insurance. Pharmacists are available on-call to help ensure your medications are safe, effective, and affordable.

Monday - Thursday | 8am - 9pm CST  
Friday | 8am - 7pm CST  
Saturday | 9am - 5pm CST



## Ready to Get Started?

Call 913.322.8456 or Visit [www.triahealth.com](http://www.triahealth.com)



<sup>1</sup>. Tria Health BOB & Patient Satisfaction Survey

# Dental Plans

Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below.



Provision	Base Plan	Buy Up Plan
<b>Annual deductible</b> (Individual/family) <i>Children ages 12 and under</i>	\$50/\$150 <i>No Deductible</i>	\$50/\$150 <i>No Deductible</i>
<b>Annual maximum per person</b>	\$2,000	\$2,500
<b>Diagnostic and Preventive Services</b>	Covered at 100%	Covered at 100%
<b>Basic services</b> <i>Children ages 12 and under</i>	Employee pays 40% <b>Incentive Rate*</b> : Employee pays 20% <i>Covered at 100%</i>	Employee pays 40% <b>Incentive Rate*</b> : Employee pays 20% <i>Covered at 100%</i>
<b>Major services</b> <i>Children ages 12 and under</i>	Employee pays 60% <b>Incentive Rate*</b> : Employee pays 50% <i>Covered at 100%</i>	Employee pays 60% <b>Incentive Rate*</b> : Employee pays 50% <i>Covered at 100%</i>
<b>Orthodontics</b>	Not Covered	Plan pays 50% up to \$2,000 lifetime maximum

**\*Incentive Rate:** with at least one exam and/or cleaning in the prior year, you will receive the "incentive rate" benefit level.

Diagnostic & Preventive Services	Basic Services	Major Services
<b>Oral Examinations:</b> Twice per calendar year	<b>Emergency exam:</b> One per calendar year by dentist to relieve pain	<b>Special restorative:</b> When teeth cannot be restored with a filling material
<b>Diagnostic X-rays:</b> Bitewings two times per calendar year for dependents under age 18 and once each 12 months for adults age 18 and over	<b>Oral surgery:</b> Extractions or oral surgery including pre and post operative care	<b>Prosthodontics:</b> Includes bridges, partial and complete dentures, including repairs and adjustments
<b>Full mouth or panoramic x-rays:</b> Once every five years	<b>Fillings-Amalgam:</b> (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.	<b>Periodontics:</b> Surgical periodontal procedures
<b>Prophylaxis (cleanings):</b> Unlimited	<b>Endodontics:</b> Includes procedures for root canal treatments and root canal fillings	<b>Implants:</b> Covered on a limited basis. <i>A predetermination of benefits prior to treatment is recommended.</i>
<b>Topical Fluoride:</b> Two per calendar year for dependent children through the end of the month in which child reaches age 21.	<b>Periodontics:</b> Treatment of gum diseases of the tissues supporting the teeth	
<b>Space Maintainers &amp; Sealants:</b> Covered with frequency limitations		

# 2025 Dental Rates

## Employee's Semi-monthly Premium

This is the amount you pay twice per month to share in the cost of your premium.

<b>Dental Base</b> <i>Employee Share</i>	<b>Silver</b> <i>(Non-Wellness)</i>	<b>Platinum</b> <i>(Employee Wellness)</i>	<b>Platinum Plus</b> <i>(Employee &amp; Spouse Wellness)</i>
Employee Single	3.21	1.07	N/A
Employee + Spouse	8.47	4.17	3.84
Employee + Child(ren)	9.08	4.47	N/A
Employee + Family	15.15	7.46	6.87

<b>Dental Buy Up</b> <i>Employee Share</i>	<b>Silver</b> <i>(Non-Wellness)</i>	<b>Platinum</b> <i>(Employee Wellness)</i>	<b>Platinum Plus</b> <i>(Employee &amp; Spouse Wellness)</i>
Employee Single	6.99	4.85	N/A
Employee + Spouse	16.07	11.77	11.44
Employee + Child(ren)	17.24	12.63	N/A
Employee + Family	28.75	21.06	20.47

### Dental Plan Tobacco Surcharge

Employees and spouses who use tobacco or who do not take and pass a nicotine test for the 2025 Wellness Program, will each be charged \$5.00 per pay period, in addition to the rates listed above. If employee & / or spouse are enrolled in both medical and dental, then both tobacco surcharges will apply.

### Reasonable Alternative: Tobacco Cessation

Tobacco users who completed the Everside tobacco cessation program by 8/31/24 will NOT be assessed the tobacco surcharge for 2025. There is no charge to the employee or spouse to participate in the Everside Tobacco Cessation program.

### 2025 Tobacco Surcharge

<b>Benefit</b>	<b>One Person Cost Per Pay Period</b>	<b>Two Persons Cost Per Pay Period</b>
Medical/Rx	\$45	\$90
Dental	\$5	\$10
Medical/Rx	\$50	\$100

## City of Topeka's Semi-monthly Premium

This is the amount the City pays twice per month to share in the cost of your premium.

<b>Dental Base or Buy Up</b> <i>Employer Share</i>	<b>Silver</b> <i>(Non-Wellness)</i>	<b>Platinum</b> <i>(Employee Wellness)</i>	<b>Platinum Plus</b> <i>(Employee &amp; Spouse Wellness)</i>
Employee Single	13.26	15.40	N/A
Employee + Spouse	24.59	28.89	29.22
Employee + Child(ren)	26.35	30.96	N/A
Employee + Family	43.99	51.68	52.27

# Vision Plan



Your vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses.

Provision	In-Network Cost	Out-of-Network Allowances	Coverage Level	Semi-monthly Cost
<b>Exam with Dilation as Necessary</b>				
Retinal Imaging	\$10 Up to \$39	\$35 N/A		
<b>Contact Lenses Fit and Follow-up</b>				
<b>Standard</b> – spherical clear contact lenses in conventional wear and planned replacement.	\$0	\$40	Employee Only	\$3.98
<b>Premium</b> – all lens designs, materials and specialty fittings other than Standard Contact Lenses	10% off retail, <i>then apply \$55 allowance</i>	\$40	Employee + Spouse	\$8.64
<b>Frames</b>	\$150 allowance	\$75	Employee + Child(ren)	\$7.41
<b>Standard Plastic Lenses</b>			Family	\$14.40
Single vision	\$15 Copay	\$25		
Bifocal	\$15 Copay	\$40		
Trifocal	\$15 Copay	\$55		
Lenticular	\$15 Copay	\$55		
<b>Lenses Options</b>				
Standard Polycarbonate	Adults: \$40 Dependents under 19: \$0	Not Covered \$25		
UV Coating	\$15	Not Covered		
Tint (Solid and Gradient)	\$15	Not Covered		
Standard Scratch-Resistance	\$15	Not Covered		
Standard Anti-Reflective Coating	\$45	Not Covered		
Standard Progressive (Includes Copay)	\$80	\$40		
Premium Progressive (Includes Copay)	Tier 1—\$100	\$40		
Custom Progressive (Includes Copay)	Tier 2—\$110	Premium Progressive-\$40		
Other Add-ons and Services	Tier 3—\$125 \$80 + 80% of Retail less \$120 20% off Retail Price	Not Covered		
<b>Contact Lenses</b>				
Conventional	\$150 allowance, <i>15% off balance over \$150</i>	\$100		
Disposable	\$150 allowance	\$100		
Medically Necessary	\$0	\$200		
<b>Additional Pairs Benefits</b>	40% discount off complete pair of eyeglass purchase and 15% off conventional contact lenses	N/A		
<b>Laser Vision Correction</b>				
For Lasik providers call 1.877.5LASER6	15% off retail price or 5% off promotional price	N/A		

The City of Topeka is in Surency's "Insight" Network.

# Short Term Disability



This plan provides you with a source of income if you are unable to work due to a covered sickness or non-work-related injury.

## How does it work?

Once you've met the waiting period requirements and submitted your claim, you begin receiving a weekly payment from Colonial Life.

## How long will Colonial Life pay me?

You will receive weekly payments until you've recovered from your disability, or until you've met the full 26 weeks of this benefit.

## What is a pre-existing condition?

Any condition the employee has received medical treatment, consultation, care or services, or took prescribed medications for in the 12 months prior to the effective date of coverage.

**Coverage Type:** Non-occupational (*not work-related*)

**Weekly Benefit Maximum:** \$1,000

**Maximum Period of Payment:** 26 weeks

**Pre-existing Conditions Exclusion:** 12/12

## Plan Highlights

- Maternity leave is covered on this plan! It is not considered a pre-existing condition, unless the pregnancy is confirmed by a health care provider prior to the effective date of coverage.
- Short Term Disability premiums are waived while you receive weekly payments from Colonial Life.

Options	Waiting Period	Benefit
<b>Option 1</b>	14 calendar days	60% of compensation
<b>Option 2</b>	30 calendar days	60% of compensation
<b>Option 3</b>	30 calendar days	40% of compensation

**Rate Table for Option 1 (14 day waiting period)**

Age Bands	16-39	40-44	45-49	50-54	55-59	60-64	65+
<b>Rate per \$10 Weekly Benefit</b>	\$0.64	\$0.70	\$0.72	\$0.82	\$1.10	\$1.20	\$1.43

**Rate Table for Options 2 and 3 (30 day waiting period)**

Age Bands	16-39	40-44	45-49	50-54	55-59	60-64	65+
<b>Rate per \$10 Weekly Benefit</b>	\$0.28	\$0.40	\$0.52	\$0.67	\$0.86	\$1.00	\$1.06

## Estimate your weekly benefit and semi-monthly premium:

hourly wage x 160 = monthly salary

monthly salary x [60% or 40%] = monthly benefit

[monthly benefit x 12] / 52 = **weekly benefit**

[weekly benefit / \$10] x *Rate listed in table above in corresponding waiting period and age band* = monthly premium

monthly premium / 2 = **semi-monthly premium**

**EXAMPLE:** 35 year old, 14 day waiting period with an hourly wage of \$18.00

\$18.00 x 160 = \$2880 monthly salary

\$2880 x .60 = \$1728 monthly benefit

[\$1728 x 12] / 52 = \$398.76 **weekly benefit**

[\$398.76 / \$10] x .64 = \$25.52

\$25.52 / 2 = \$12.76 **semi-monthly premium**

# Cancer Insurance



This plan provides a lump-sum benefit for qualifying claims related to cancer.

Colonial Life's Cancer Insurance Plans help offset the out-of-pocket medical and non-medical expenses related to cancer that most medical plans don't cover, such as:

- Loss of income
- Child care
- Lodging and meals
- Deductible and copays
- Care at out-of-network specialty centers
- Home health care
- Experimental treatments
- Breast Cancer

Coverage Level	Low Plan Semi-monthly Cost	High Plan Semi-monthly Cost
Single	\$11.83	\$15.13
Family	\$19.70	\$25.18

### Screenings eligible for Cancer Screening/Wellness Benefit:

- Biopsy of skin lesion
- Bone marrow aspiration/biopsy
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- Colonoscopy
- CEA (blood test for colon cancer)
- Virtual Colonoscopy
- CA125 (blood test for ovarian cancer)
- Chest X-ray
- PSA (blood test for prostate cancer)
- Flexible sigmoidoscopy
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- Hemoccult stool analysis

Provision	Low Plan	High Plan
<b>Cancer Screening/Wellness Benefit</b>	\$75	\$100
<b>Mammography</b>	\$70	\$70
<b>Pap Smear</b>	\$70	\$70
<b>Initial Diagnosis</b> <i>Paid for first diagnosis of internal cancer. Pays 1.5 times for children on family coverage.</i>	\$5,000	\$5,000
<b>Hospital Confinement/Hospital Intensive Care Unit Confinement</b> <ul style="list-style-type: none"> <li>• Per day for first 30 days of hospital confinement in a calendar year</li> <li>• Per day after first 30 days of hospital confinement in a calendar year</li> <li>• Per day for hospital intensive care unit confinement</li> </ul> <i>Maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined</i>	\$200 \$400 \$400	\$300 \$600 \$600
<b>Hospital Confinement/Hospital Intensive Care Unit Confinement in US Government Hospital</b> <ul style="list-style-type: none"> <li>• Per day for first 30 days of hospital confinement in a calendar year</li> <li>• Per day after first 30 days of hospital confinement in a calendar year</li> <li>• Per day for hospital intensive care unit confinement</li> </ul> <i>Maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined</i>	\$200 \$400 \$400	\$300 \$600 \$600

# Cancer Insurance

Provision	Low Plan	High Plan
<b>Private Full-Time Nursing, per day</b>	\$200	\$300
<b>Radiation/Chemotherapy, per day</b> <i>Calendar year maximum</i>	\$225 \$7,500	\$300 \$10,000
<b>Anti-nausea Medication, per day</b> <i>Calendar year maximum</i>	\$50 \$200	\$50 \$200
<b>Blood/Plasma/Platelets/Immunoglobulins, per day</b> <i>Calendar year maximum</i>	\$225 \$7,500	\$300 \$10,000
<b>Supportive or Protective Care Drugs &amp; Colony Stimulating Factors, per day</b> <i>Calendar year maximum</i>	\$150 \$1,200	\$200 \$1,600
<b>Bone Marrow Stem Cell Transplant, per lifetime</b>	\$10,000	\$10,000
<b>Peripheral Stem Cell Transplant, per lifetime</b>	\$5,000	\$5,000
<b>Transportation (per mile) up to 700 miles per round trip</b>	\$0.40	\$0.40
<b>Transportation for Companion (per mile)</b> Up to 700 miles per round trip	\$0.40	\$0.40
<b>Lodging, per day, up to 70 days per calendar year</b>	\$50	\$50
<b>Surgical Procedures—Unit Value</b> <i>Maximum per procedure</i>	\$60 \$3,000	\$90 \$4,500
<b>Second Medical Opinion, per malignant condition</b>	\$300	\$300
<b>Reconstructive Surgery—Unit Value</b> <i>Maximum per procedure including anesthesia, limit 2 per day</i>	\$60 \$3,000	\$90 \$4,500
<b>Outpatient Surgical Center, per day</b> <i>Calendar year maximum</i>	\$500 \$1,500	\$750 \$2,250
<b>Waiver of Premium</b>	YES	YES
<b>Ambulance, per trip, limit 2 trips per confinement</b>	\$100	\$100
<b>Attending Physician, per day, max 180 days per calendar year</b>	\$50	\$50
<b>Experimental Treatment, per treatment</b> <i>Lifetime maximum</i>	\$300 \$10,000	\$300 \$10,000
<b>Hair, External Breast, Voice Box Prostheses, per calendar year</b>	\$200	\$200
<b>Prosthesis, Artificial Limb per device, limit 1 per site</b> <i>Lifetime maximum</i>	\$2,000 \$4,000	\$2,000 \$4,000
<b>Skilled Nursing Care Facility, per day up to days confined</b>	\$300	\$300
<b>Hospice, per day, no lifetime limit</b>	\$300	\$300
<b>Home Health Care Services, per day,</b> Up to greater of 30 days/calendar year or 2x days confined	\$300	\$300

# Accident Insurance



This is an indemnity plan that provides employees with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident.

Coverage Level	Low Plan Semi-monthly Cost	High Plan Semi-monthly Cost
Employee Only	\$4.84	\$7.47
Employee + Spouse	\$7.95	\$12.32
Employee + Child(ren)	\$9.01	\$14.28
Family	\$12.13	\$19.14

Provision:	Low Plan	High Plan
<b>Accident Emergency Treatment</b> —4 visits per person, per calendar year (Doctor's office, urgent care facility or emergency room)	\$75 per visit	\$125 per visit
<b>Accident Follow-Up Doctor Visit</b> (Doctor's office, urgent care facility or emergency room)	\$50/visit, 2 visits per covered accident; 8 visits per calendar year	\$50/visit, 3 visits per covered accident; 12 visits per calendar year
<b>Accidental Death</b>	\$20,000 EE/SP; \$4,000 Child	\$25,000 EE/SP; \$20,000 Child
<b>Accidental Death: Common Carrier</b>	\$80,000 EE/SP; \$16,000 Child	\$100,000 EE/SP; \$20,000 Child
<b>Accidental Dismemberment:</b>		
Loss of Finger/Toe	(1)\$450; (2+)\$900	(1)\$750; (2+)\$1,500
Loss of Hand/Foot/Sight	(1)\$4,500; (2+)\$9,000	(1)\$7,500; (2+)\$15,000
<b>Ambulance — Air</b>	\$1,000	\$1,500
<b>Ambulance — Ground</b>	\$100	\$200
<b>Appliances</b> (Such as wheelchair, crutches)	\$50	\$100
<b>Blood/Plasma/Platelets</b>	\$300	\$300
<b>Burns</b> (Based on size and degree)		
2nd Degree, 36% of Body	\$750	\$1,000
3rd Degree, 9 to 18 square inches	\$1,500	\$2,000
3rd Degree, greater than 18 to 35 square inches	\$3,000	\$4,000
3rd Degree, greater than 35 square inches	\$9,000	\$12,000
<b>Burns — Skin Graft</b>	50% of burn benefit	50% of burn benefit
<b>Catastrophic Accident</b> —365-day elimination period For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss or loss of use of one arm and one leg; loss or loss of use of both arms or both legs; loss of sight of both eyes; loss of hearing of both ears; loss of the ability to speak.	\$25,000 EE/SP; \$12,500 Child	\$50,000 EE/SP; \$25,000 Child

# Accident Insurance

Provision	Low Plan	High Plan
<b>Coma</b> —duration of at least 14 consecutive days	\$5,000	\$10,000
<b>Concussion</b>	\$100	\$150
<b>Dislocation</b> —based on joint and if repaired by open or closed reduction	\$90 — \$3,600	\$150 — \$6,000
<b>Emergency Dental Work</b>		
Crown, Implant or Denture	\$150	\$300
Extraction	\$50	\$100
<b>Eye Injury</b>	\$200	\$300
<b>Fracture</b> —based on bone and if repaired by open or closed reduction	\$90—\$4,500	\$150 — \$7,500
<b>Hospital Admission</b>	\$500	\$1,000
<b>Hospital Confinement, per day</b> —up to 365 days	\$100	\$200
<b>Hospital ICU Admission</b>	\$750	\$1,500
<b>Hospital ICU Confinement, per day</b> —up to 15 days	\$200	\$400
<b>Rehabilitation Unit Confinement, per day</b> <i>Up to 15 days per covered accident, and up to 30 days per calendar year.</i>	\$50	\$100
<b>Knee Cartilage—Torn</b>	\$500	\$500
<b>Laceration</b> —based on size and repair		
No Stitches	\$25	\$25
With Stitches, less than 2 inches	\$75	\$75
With Stitches, 2 to 6 inches	\$300	\$300
With Stitches, greater than 6 inches	\$600	\$600
<b>Lodging (Companion)</b> —per day, up to 30 days	\$100	\$150
<b>Medical Imaging Study</b> —limit one per covered person per calendar year	\$100	\$150
<b>Pain Management (Epidural Anesthesia)</b>	\$50	\$100
<b>Prosthetic Device/Artificial Limb</b>		
One	\$500	\$500
Two or more	\$1,000	\$1,000
<b>Ruptured Disc with Surgical Repair</b>	\$500	\$500
<b>Surgery—Cranial, Open Abdominal, Thoracic</b>	\$1,000	\$1,500
<b>Surgery—Hernia</b>	\$100	\$200
<b>Surgery—Exploratory and Arthroscopic</b>	\$100	\$150
<b>Tendon/Ligament/Rotator Cuff</b>		
One	\$500	\$500
Two or more	\$750	\$750
<b>Therapy—Occupational &amp; Physical Therapy</b> —per day, up to 10 days	\$15	\$25
<b>Transportation</b> —per trip, up to 3 trips per accident	\$400	\$500
<b>X-Ray Benefit</b>	\$20	\$30

# Critical Care Insurance



This plan provides a lump-sum benefit for qualifying claims related to critical illnesses such as a heart attack or stroke.

## Coverage is available to:

- Employee
- Employee and spouse
- One-parent family
- Two-parent Family

## Purchase face amounts:

- Employee: coverage up to \$50,000
  - \* **Purchase up to \$25,000 of coverage without providing proof of good health.**
- Spouse and/or child(ren): coverage will be 50% of the employee's coverage amount.

Premiums are based on face amount, age of the employee and whether or not the covered members are tobacco users.

## Claim Forms:

Forms are available on the City intranet at [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > Critical Illness

Provision	Percentage of Face Amount
<b>Health Screening Benefit</b> — <i>per covered person, per calendar year.</i>	\$50
<b>Heart Attack</b> ( <i>Myocardial Infarction</i> )	100%
<b>Stroke</b>	100%
<b>End Stage Renal</b> ( <i>Kidney</i> ) <b>Failure</b>	100%
<b>Major Organ Failure</b>	100%
<b>Permanent Paralysis</b> <i>due to a Covered Accident</i>	100%
<b>Coma</b>	100%
<b>Blindness</b>	100%
<b>Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D</b>	100%
<b>Coronary Artery Disease</b>	25%

## Screenings eligible for Health Screening Benefit:

- |                                |  |
|--------------------------------|--|
| • Skin cancer biopsy           | • Stress test on a bicycle or treadmill                    |
| • Breast ultrasound            | • Fasting blood glucose test                               |
| • Chest x-ray                  | • Blood test for triglycerides                             |
| • Colonoscopy                  | • Hemocult stool analysis                                  |
| • Mammography                  | • Virtual colonoscopy                                      |
| • Pap Smear                    | • PSA (blood test for prostate cancer)                     |
| • Electrocardiogram (EKG, ECG) | • Serum Cholesterol test to determine level of HDL and LDL |
| • Echocardiogram (ECHO)        | • CA 15-3 (blood test for breast cancer)                   |
| • Flexible sigmoidoscopy       | • CA 125 (blood test for ovarian cancer)                   |
| • Carotid Doppler              | • CEA (blood test for colon cancer)                        |
| • ThinPrep pap test            | • Serum protein electrophoresis (blood test for myeloma)   |
| • Thermography                 | • Bone marrow testing                                      |

The City of Topeka Health Risk Assessments (“HRAs”) qualify for the Health Screening Benefit! Human Resources will submit a claim for any employee who completes the HRA and follow-up while enrolled in the Critical Illness plan.

# Pet Insurance

This plan provides a deductible and claims reimbursement for veterinary bills.



## My Pet Protection plan highlights for dogs and cats

- Cash back on eligible vet bills after deductible is met
- Choice of reimbursement: 50% or 70% options
- Preferred pricing. Discounts for multiple pets.
- Use any vet, anywhere. No networks, no pre-approvals.

## How does it work?

1. Visit the vet and pay for treatment.
2. Submit a claim and invoice from the vet.
3. Get reimbursed after meeting the deductible.

**Contact Nationwide to get a quote, enroll or change coverage.**

Phone: 877-738-7874

Website: [benefits.petinsurance.com/topeka](https://benefits.petinsurance.com/topeka)

You can enroll any time, plans are issued as individual policies.

## My Pet Protection

*Premiums are based upon the age and breed of your pet. Contact Nationwide to get a quote.*

Provision	My Pet Protection
Accidents, including allergic reactions and poisonings	✓
Injuries, including cuts, sprains and broken bones	✓
Common illnesses, including ear infections, vomiting & diarrhea	✓
Serious/chronic illnesses, including cancer and diabetes	✓
Hereditary and congenital conditions	✓
Surgeries and hospitalization	✓
X-Rays, MRIs and CT scans	✓
Prescription medications and therapeutic diets	✓

*\$250 annual deductible and maximum annual benefit of \$7,500.*

*Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.*

## Resources available to all pet insurance members

Unlimited 24/7 access to a veterinary professional

Easy, online account management

Claims can be submitted online at: <https://my.petinsurance.com/login>

Fast, convenient electronic claims payment

Multiple-pet discounts applied when enrolling more than one pet

Plans also available for birds, rabbits, reptiles and other exotic pets

## Additional benefits included with every policy:

- Up to \$500 for kennel fees if the employee is hospitalized
- Up to \$500 for advertising or reward for lost or stolen pets
- Up to \$500 if a lost or stolen pet is not found within 60 days
- Up to \$1,000 if a pet passes due to an injury or illness

# KPERS / KP&F



KPERS provides disability and death benefits to protect employees while they are still working, and guarantees them a lifetime benefit when they retire.

## KPERS Retirement

Membership	Membership Date	Retirement Eligibility
Tier 1	Before July 1, 2009	<ol style="list-style-type: none"> <li>Age 65 with 1 year of service</li> <li>Age 62 with 10 years of service</li> <li>Age + years of service = 85</li> <li>Reduced benefit at age 55 with 10 years of service.</li> </ol>
Tier 2	July 1, 2009 — Dec. 31, 2014	<ol style="list-style-type: none"> <li>Age 65 with 5 years of service</li> <li>Age 60 with 30 years of service</li> <li>Reduced benefit at age 55 with 10 years of service.</li> </ol>
Tier 3	Jan. 1, 2015 to present	<ol style="list-style-type: none"> <li>Age 65 with 5 years of service</li> <li>Age 60 with 30 years of service</li> <li>Reduced benefit at age 55 with 10 years of service.</li> </ol>

## 2025 Contribution Rates:

- KPERS
  - Employee: 6.00%
  - City of Topeka: 9.71%
- KP&F
  - Employee: 7.15%
  - City of Topeka: 24.67%

## Interest Rate

Interest rate on your contributions based on your KPERS/KP&F membership date:

- Before July 1, 1993: 7.75% interest
- On or after July 1, 1993: 4.00% interest

## Online Account Access

Create an online account at [kpers.org](https://kpers.org). View your Member Annual Statement, and update your beneficiaries from this account.

## Questions? Contact KPERS.

Email: [kpers@kpers.org](mailto:kpers@kpers.org)

Phone: 888-275-5737

## KP&F Retirement

Membership	Membership Date	Retirement Eligibility
Tier 1	Before July 1, 1989 <i>and did not choose Tier 2 coverage.</i>	<ol style="list-style-type: none"> <li>Age 55 with 20 years of service</li> <li>Any age with 32 years of service</li> <li>Reduced benefit at age 50 with 20 years of service</li> </ol>
Tier 2	After July 1, 1989	<ol style="list-style-type: none"> <li>Age 50 with 25 years of service</li> <li>Age 55 with 20 years of service</li> <li>Age 60 with 15 years of service</li> <li>Reduced benefit at age 50 with 20 years of service</li> </ol>

## Long-Term Disability

Membership	Waiting Period	Benefits
KPERS	180 days (6 months)	<ul style="list-style-type: none"> <li>• Must apply for Social Security benefits and complete any appeal process.</li> <li>• 60% of your current compensation, up to \$5,000 per month.</li> </ul>
KP&F: Tier 1	Service-connected disability — No waiting period	<ul style="list-style-type: none"> <li>• Annual benefit, in on-going monthly payments of 50% of final average salary.</li> <li>• Eligible children receive annual benefit up to 10% of final average salary.</li> </ul>
	Non-service-connected disability — 180 days (6 months)	<ul style="list-style-type: none"> <li>• Annual benefit, in on-going monthly payments of <math>[final\ average\ salary] \times [2.5\%] \times [years\ of\ service]</math>.</li> </ul>
KP&F: Tier 2	No waiting period	<ul style="list-style-type: none"> <li>• 50% of your final average salary, in on-going monthly payments.</li> </ul>

## Life Insurance and Death Benefits

Membership	On-the-Job vs. Off-the-Job	Spousal Benefits	Child(ren) Benefits	If no spouse/child...
KPERS	On-the-Job	<ul style="list-style-type: none"> <li>• \$50,000 lump-sum</li> <li>• 50% of your final average salary in a monthly benefit</li> <li>• KPERS contributions and interest</li> <li>• 150% of average annual salary</li> </ul>	Eligible for spousal benefits, if no spouse and age 18 or younger.	Dependent parents are eligible, if no spouse or child(ren).
	Off-the-Job	Your beneficiary receives: <ul style="list-style-type: none"> <li>• 150% of annual salary</li> <li>• Contributions and interest</li> </ul>		
KP&F	On-the-Job	<ul style="list-style-type: none"> <li>• 50% of your final average salary in a monthly benefit</li> </ul>	Annual benefit of 10% of your final average salary, in on-going monthly payments.	If no spouse or child, beneficiary receives lump-sum of 100% of your current annual salary, less any refundable contributions and interest.
	Off-the-Job	<ul style="list-style-type: none"> <li>• 100% of final average salary in a lump-sum</li> <li>• Annual benefit, in on-going monthly benefits (<i>not to exceed 50%</i>) of <math>[final\ average\ salary] \times [2.5\%] \times [years\ of\ service]</math>.</li> </ul>	Eligible for spousal benefits, if no spouse and age 18 or younger.	

# KPERS 457



Combined with your KPERS/KP&F account, the KPERS 457 provides an important complement to help you save toward your financial goals in retirement.



## What is KPERS 457?

KPERS 457 is the Kansas Public Employees 457(b) Deferred Compensation Plan. It is a retirement savings plan to help Kansas public employees complement their KPERS/KP&F pension for a more sound retirement income strategy.

**\*KPERS 457 is not included in the open enrollment process.**

## How it works:

- Your elected contributions are deducted from your pay
- You can start with as little as \$12 per paycheck, and as much as the annual IRS max allows.
- Start and stop your contributions during any month of the year
- Contribute pre-tax, Roth (*after-tax*), or both
- Investing made easy!

## Questions? Contact Scott Kober.

Phone: 816-853-4210

Email: [scott.kober@empower-retirement.com](mailto:scott.kober@empower-retirement.com)

## Try out the Retirement Planner calculator!

[empower.wealthmsi.com/retirement\\_planner/](http://empower.wealthmsi.com/retirement_planner/)

## How do I enroll?

Go to [kpers457.org](http://kpers457.org), click the green Register button under Participant Login, then choose “I have a plan enrollment code.” *Plan enrollment codes expire every three months. Visit the 457 page on the City intranet for the most updated code: [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > 457 Deferred Compensation > Online Enrollment Instructions.* Or, call the Empower Retirement local office at 785-414-3583.

## How can I change my contribution?

Go to [kpers457.org](http://kpers457.org), login to your online account, and change your contribution amount. Or, call Empower Retirement customer service at 800-232-0024.

## What's the difference between pre-tax and Roth contributions?

Pre-tax	Roth
<ul style="list-style-type: none"> <li>• You <b>do not</b> pay taxes on the money you contribute</li> <li>• When you retire, you <b>will</b> pay taxes on the money you withdraw from this account.</li> <li>• Generally, this option works best for individuals who <b>do not</b> anticipate a significant increase in pay before they retire (<i>employees who are closer to retirement or mid-career</i>).</li> </ul>	<ul style="list-style-type: none"> <li>• You <b>do</b> pay taxes on the money you contribute</li> <li>• When you retire, you <b>will not</b> pay taxes on the money you withdraw from this account, if you follow the Roth rules.</li> <li>• Generally, this option works best for individuals who <b>do</b> anticipate a significant increase in pay before they retire (<i>employees who are new to the workforce up to mid-career</i>).</li> </ul>

Ask your financial advisor which option is best for you.

## What's the difference between KPERS/KP&F and the KPERS 457?

KPERS/KP&F	KPERS 457
<ul style="list-style-type: none"> <li>• Mandatory enrollment</li> <li>• You contribute pre-tax money to your account</li> <li>• KPERS invests the money for you</li> <li>• If you are vested when you retire, you can receive a monthly benefit for the rest of your life</li> <li>• <b>Purpose:</b> Provide a steady income in retirement.</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary enrollment</li> <li>• You can contribute pre-tax and/or after-tax money</li> <li>• You can choose how to invest your money</li> <li>• When you retire, you can withdraw at your own pace. <i>IRS guidelines may dictate how much you withdraw each year.</i></li> <li>• <b>Purpose:</b> Supplement your KPERS/KP&amp;F retirement and social security (if applicable).</li> </ul>

# Optional Group Life Insurance



## Help Protect Your Family's Future

As part of your KPERs benefits, your employer offers Optional Life Insurance. Additional coverage beyond KPERs basic life insurance, which is paid for by your employer. This extra coverage can help take care of your family's needs if a death or serious accident keeps you from providing for them. With Optional Life insurance, you decide how much you need and pay the premiums through payroll deduction.

## Get Guaranteed Coverage During Open Enrollment

In 2024, members can get up to \$250,000 in guaranteed coverage, with no health questions, during fall open enrollment. If you want more than the guaranteed amount, apply for coverage and answer a few health questions. You do not need to do anything if you are happy with your current coverage.

Who's Covered	Plan Coverage Options	Guaranteed Coverage No Health Questions
Member	In \$5,000 increments, up to plan max \$400,000	Up to \$250,000* (to \$250,000 guaranteed max)
Spouse	In \$5,000 increments, up to plan max \$100,000	Up to \$25,000* (to \$25,000 guaranteed max)
Child**	\$10,000 or \$20,000	\$10,000 or \$20,000

\*Members/spouses are eligible for the full guaranteed coverage amounts even if previously declined.  
\*\*One premium covers all eligible children in your family up to age 26. No age limit with disabled dependents.

## What To Do Next

You can start new or increase current coverage, by logging in to your KPERs online account and enrolling during your open enrollment dates.

Go to [kpers.org](https://kpers.org) > click the green Member Login button > login to your account. First-time users can enroll for KPERs online account access in three steps. Click the New User link. It will take about three minutes.

Please keep in mind, if you would like to reduce or cancel current coverage, you will need to complete this form: [kpers.org/forms/k79.pdf](https://kpers.org/forms/k79.pdf).

## If You Need a Paper Application

We encourage members to use the online process. But we understand that may not work for everyone. You can download the paper application at [kpers.org/optionallife](https://kpers.org/optionallife) or ask your employer.

## Monthly Premiums by Payroll Deduction

Premium rates are based on age as of January 1, 2025. Your rates will increase with age. The Standard will also add a \$0.20 per month administrative fee to your premium.

**\*Optional Group Life Insurance has Open Enrollment dates 10/1/24—10/31/24 for coverage that starts 1/1/25.**

Review 'What To Do Next' on this page for enrollment instructions.

See Rate Charts on pages 27-29

## Who is and isn't eligible for coverage?

- Optional insurance is only available to active members.
- Retirement System retirees are not eligible for member coverage. They are eligible for spouse coverage.
- KP&F members must have member coverage when adding spouse or child coverage.
- KPERs members don't need member coverage to add spouse or child coverage.
- You can't cover your spouse if he/she is an active member of KPERs, KP&F, Judges or Board of Regents.
- Only a lawful spouse is eligible for spouse coverage.
- With child coverage, one premium will cover all the eligible children in your family. Children are eligible until age 26. *Be sure to notify KPERs when your last child reaches age 26 to cancel your coverage.*
- Only one parent may have child coverage if both parents are KPERs members.
- For a coverage booklet, visit [stand-ard.com/eforms/20564\\_753781.pdf](https://stand-ard.com/eforms/20564_753781.pdf)
- **Check out the Decision Support Tool to learn more.**  
[www.standard.com/edu/kpers/15851](https://www.standard.com/edu/kpers/15851)

Questions? Contact The Standard toll-free at 1-844-289-2306 or [kpersadmin@standard.com](mailto:kpersadmin@standard.com).

# Optional Group Life Insurance

## Child: Optional Group Life Insurance



### CHILD OPTIONAL LIFE INSURANCE RATES

Questions? - Please contact The Standard toll-free at 1-844-289-2306.

Monthly Rates Effective January 1, 2025 (Rates include the \$0.20 administration fee)	
Coverage	
\$10,000	\$1.20
\$20,000	\$2.20

All rates subject to change.

## Spouse: Optional Group Life Insurance



### SPOUSE OPTIONAL LIFE INSURANCE RATES

Questions? - Please contact The Standard toll-free at 1-844-289-2306.

Monthly Rates Effective January 1, 2025 (Rates include the \$0.20 administration fee)												
Coverage	\$0.097 Under 25	\$0.097 25-29	\$0.140 30-34	\$0.151 35-39	\$0.172 40-44	\$0.247 45-49	\$0.366 50-54	\$0.699 55-59	\$1.064 60-64	\$2.053 65-69	\$3.311 70-74	\$3.580 75 and over
\$5,000	\$0.69	\$0.69	\$0.90	\$0.96	\$1.06	\$1.44	\$2.03	\$3.70	\$5.52	\$10.47	\$16.76	\$18.10
\$10,000	\$1.17	\$1.17	\$1.60	\$1.71	\$1.92	\$2.67	\$3.86	\$7.19	\$10.84	\$20.73	\$33.31	\$36.00
\$15,000	\$1.66	\$1.66	\$2.30	\$2.47	\$2.78	\$3.91	\$5.69	\$10.69	\$16.16	\$31.00	\$49.87	\$53.90
\$20,000	\$2.14	\$2.14	\$3.00	\$3.22	\$3.64	\$5.14	\$7.52	\$14.18	\$21.48	\$41.26	\$66.42	\$71.80
\$25,000	\$2.63	\$2.63	\$3.70	\$3.98	\$4.50	\$6.38	\$9.35	\$17.68	\$26.80	\$51.53	\$82.98	\$89.70
\$30,000	\$3.11	\$3.11	\$4.40	\$4.73	\$5.36	\$7.61	\$11.18	\$21.17	\$32.12	\$61.79	\$99.53	\$107.60
\$35,000	\$3.60	\$3.60	\$5.10	\$5.49	\$6.22	\$8.85	\$13.01	\$24.67	\$37.44	\$72.06	\$116.09	\$125.50
\$40,000	\$4.08	\$4.08	\$5.80	\$6.24	\$7.08	\$10.08	\$14.84	\$28.16	\$42.76	\$82.32	\$132.64	\$143.40
\$45,000	\$4.57	\$4.57	\$6.50	\$7.00	\$7.94	\$11.32	\$16.67	\$31.66	\$48.08	\$92.59	\$149.20	\$161.30
\$50,000	\$5.05	\$5.05	\$7.20	\$7.75	\$8.80	\$12.55	\$18.50	\$35.15	\$53.40	\$102.85	\$165.75	\$179.20
\$55,000	\$5.54	\$5.54	\$8.00	\$8.51	\$9.66	\$13.79	\$20.33	\$38.65	\$58.72	\$113.12	\$182.31	\$197.10
\$60,000	\$6.02	\$6.02	\$8.60	\$9.26	\$10.52	\$15.02	\$22.16	\$42.14	\$64.04	\$123.38	\$198.86	\$215.00
\$65,000	\$6.51	\$6.51	\$9.30	\$10.02	\$11.38	\$16.26	\$23.99	\$45.64	\$69.36	\$133.65	\$215.42	\$232.90
\$70,000	\$6.99	\$6.99	\$10.00	\$10.77	\$12.24	\$17.49	\$25.82	\$49.13	\$74.68	\$143.91	\$231.97	\$250.80
\$75,000	\$7.48	\$7.48	\$10.70	\$11.53	\$13.10	\$18.73	\$27.65	\$52.63	\$80.00	\$154.18	\$248.53	\$268.70
\$80,000	\$7.96	\$7.96	\$11.40	\$12.28	\$13.96	\$19.96	\$29.48	\$56.12	\$85.32	\$164.44	\$265.08	\$286.60
\$85,000	\$8.45	\$8.45	\$12.10	\$13.04	\$14.82	\$21.20	\$31.31	\$59.62	\$90.64	\$174.71	\$281.64	\$304.50
\$90,000	\$8.93	\$8.93	\$12.80	\$13.79	\$15.68	\$22.43	\$33.14	\$63.11	\$95.96	\$184.97	\$298.19	\$322.40
\$95,000	\$9.42	\$9.42	\$13.50	\$14.55	\$16.54	\$23.67	\$34.97	\$66.61	\$101.28	\$195.24	\$314.75	\$340.30
\$100,000	\$9.90	\$9.90	\$14.20	\$15.30	\$17.40	\$24.90	\$36.80	\$70.10	\$106.60	\$205.50	\$331.30	\$358.20

All rates subject to change.

# Optional Group Life Insurance



## MEMBER OPTIONAL LIFE INSURANCE RATES

Questions? - Please contact The Standard toll-free at 1-844-289-2306

Monthly Rates Effective January 1, 2025 (Rates include the \$0.20 administration fee)												
Coverage	\$0.040 Under 25	\$0.040 25-29	\$0.059 30-34	\$0.069 35-39	\$0.078 40-44	\$0.118 45-49	\$0.168 50-54	\$0.315 55-59	\$0.502 60-64	\$0.934 65-69	\$1.515 70-74	\$1.643 75 and over
\$5,000	\$0.40	\$0.40	\$0.50	\$0.55	\$0.59	\$0.79	\$1.04	\$1.78	\$2.71	\$4.87	\$7.78	\$8.42
\$10,000	\$0.60	\$0.60	\$0.79	\$0.89	\$0.98	\$1.38	\$1.88	\$3.35	\$5.22	\$9.54	\$15.35	\$16.63
\$15,000	\$0.80	\$0.80	\$1.09	\$1.24	\$1.37	\$1.97	\$2.72	\$4.93	\$7.73	\$14.21	\$22.93	\$24.85
\$20,000	\$1.00	\$1.00	\$1.38	\$1.58	\$1.76	\$2.56	\$3.56	\$6.50	\$10.24	\$18.88	\$30.50	\$33.06
\$25,000	\$1.20	\$1.20	\$1.68	\$1.93	\$2.15	\$3.15	\$4.40	\$8.08	\$12.75	\$23.55	\$38.08	\$41.28
\$30,000	\$1.40	\$1.40	\$1.97	\$2.27	\$2.54	\$3.74	\$5.24	\$9.65	\$15.26	\$28.22	\$45.65	\$49.49
\$35,000	\$1.60	\$1.60	\$2.27	\$2.62	\$2.93	\$4.33	\$6.08	\$11.23	\$17.77	\$32.89	\$53.23	\$57.71
\$40,000	\$1.80	\$1.80	\$2.56	\$2.96	\$3.32	\$4.92	\$6.92	\$12.80	\$20.28	\$37.56	\$60.80	\$65.92
\$45,000	\$2.00	\$2.00	\$2.86	\$3.31	\$3.71	\$5.51	\$7.76	\$14.38	\$22.79	\$42.23	\$68.38	\$74.14
\$50,000	\$2.20	\$2.20	\$3.15	\$3.65	\$4.10	\$6.10	\$8.60	\$15.95	\$25.30	\$46.90	\$75.95	\$82.35
\$55,000	\$2.40	\$2.40	\$3.45	\$4.00	\$4.49	\$6.69	\$9.44	\$17.53	\$27.81	\$51.57	\$83.53	\$90.57
\$60,000	\$2.60	\$2.60	\$3.74	\$4.34	\$4.88	\$7.28	\$10.28	\$19.10	\$30.32	\$56.24	\$91.10	\$98.78
\$65,000	\$2.80	\$2.80	\$4.04	\$4.69	\$5.27	\$7.87	\$11.12	\$20.68	\$32.83	\$60.91	\$98.68	\$107.00
\$70,000	\$3.00	\$3.00	\$4.33	\$5.03	\$5.66	\$8.46	\$11.96	\$22.25	\$35.34	\$65.58	\$106.25	\$115.21
\$75,000	\$3.20	\$3.20	\$4.63	\$5.38	\$6.05	\$9.05	\$12.80	\$23.83	\$37.85	\$70.25	\$113.83	\$123.43
\$80,000	\$3.40	\$3.40	\$4.92	\$5.72	\$6.44	\$9.64	\$13.64	\$25.40	\$40.36	\$74.92	\$121.40	\$131.64
\$85,000	\$3.60	\$3.60	\$5.22	\$6.07	\$6.83	\$10.23	\$14.48	\$26.98	\$42.87	\$79.59	\$128.98	\$139.86
\$90,000	\$3.80	\$3.80	\$5.51	\$6.41	\$7.22	\$10.82	\$15.32	\$28.55	\$45.38	\$84.26	\$136.55	\$148.07
\$95,000	\$4.00	\$4.00	\$5.81	\$6.76	\$7.61	\$11.41	\$16.16	\$30.13	\$47.89	\$88.93	\$144.13	\$156.29
\$100,000	\$4.20	\$4.20	\$6.10	\$7.10	\$8.00	\$12.00	\$17.00	\$31.70	\$50.40	\$93.60	\$151.70	\$164.50
\$105,000	\$4.40	\$4.40	\$6.40	\$7.45	\$8.39	\$12.59	\$17.84	\$33.28	\$52.91	\$98.27	\$159.28	\$172.72
\$110,000	\$4.60	\$4.60	\$6.69	\$7.79	\$8.78	\$13.18	\$18.68	\$34.85	\$55.42	\$102.94	\$166.85	\$180.93
\$115,000	\$4.80	\$4.80	\$6.99	\$8.14	\$9.17	\$13.77	\$19.52	\$36.43	\$57.93	\$107.61	\$174.43	\$189.15
\$120,000	\$5.00	\$5.00	\$7.28	\$8.48	\$9.56	\$14.36	\$20.36	\$38.00	\$60.44	\$112.28	\$182.00	\$197.36
\$125,000	\$5.20	\$5.20	\$7.58	\$8.83	\$9.95	\$14.95	\$21.20	\$39.58	\$62.95	\$116.95	\$189.58	\$205.58
\$130,000	\$5.40	\$5.40	\$7.87	\$9.17	\$10.34	\$15.54	\$22.04	\$41.15	\$65.46	\$121.62	\$197.15	\$213.79
\$135,000	\$5.60	\$5.60	\$8.17	\$9.52	\$10.73	\$16.13	\$22.88	\$42.73	\$67.97	\$126.29	\$204.73	\$222.01
\$140,000	\$5.80	\$5.80	\$8.46	\$9.86	\$11.12	\$16.72	\$23.72	\$44.30	\$70.48	\$130.96	\$212.30	\$230.22
\$145,000	\$6.00	\$6.00	\$8.76	\$10.21	\$11.51	\$17.31	\$24.56	\$45.88	\$72.99	\$135.63	\$219.88	\$238.44
\$150,000	\$6.20	\$6.20	\$9.05	\$10.55	\$11.90	\$17.90	\$25.40	\$47.45	\$75.50	\$140.30	\$227.45	\$246.65
\$155,000	\$6.40	\$6.40	\$9.35	\$10.90	\$12.29	\$18.49	\$26.24	\$49.03	\$78.01	\$144.97	\$235.03	\$254.87
\$160,000	\$6.60	\$6.60	\$9.64	\$11.24	\$12.68	\$19.08	\$27.08	\$50.60	\$80.52	\$149.64	\$242.60	\$263.08
\$165,000	\$6.80	\$6.80	\$9.94	\$11.59	\$13.07	\$19.67	\$27.92	\$52.18	\$83.03	\$154.31	\$250.18	\$271.30
\$170,000	\$7.00	\$7.00	\$10.23	\$11.93	\$13.46	\$20.26	\$28.76	\$53.75	\$85.54	\$158.98	\$257.75	\$279.51
\$175,000	\$7.20	\$7.20	\$10.53	\$12.28	\$13.85	\$20.85	\$29.60	\$55.33	\$88.05	\$163.65	\$265.33	\$287.73
\$180,000	\$7.40	\$7.40	\$10.82	\$12.62	\$14.24	\$21.44	\$30.44	\$56.90	\$90.56	\$168.32	\$272.90	\$295.94
\$185,000	\$7.60	\$7.60	\$11.12	\$12.97	\$14.63	\$22.03	\$31.28	\$58.48	\$93.07	\$172.99	\$280.48	\$304.16
\$190,000	\$7.80	\$7.80	\$11.41	\$13.31	\$15.02	\$22.62	\$32.12	\$60.05	\$95.58	\$177.66	\$288.05	\$312.37
\$195,000	\$8.00	\$8.00	\$11.71	\$13.66	\$15.41	\$23.21	\$32.96	\$61.63	\$98.09	\$182.33	\$295.63	\$320.59
\$200,000	\$8.20	\$8.20	\$12.00	\$14.00	\$15.80	\$23.80	\$33.80	\$63.20	\$100.60	\$187.00	\$303.20	\$328.80

# Optional Group Life Insurance

Monthly Rates Effective January 1, 2025 (Rates include the \$0.20 administration fee)												
	\$0.040	\$0.040	\$0.059	\$0.069	\$0.078	\$0.118	\$0.168	\$0.315	\$0.502	\$0.934	\$1.515	\$1.643
Coverage	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 and over
\$205,000	\$8.40	\$8.40	\$12.30	\$14.35	\$16.19	\$24.39	\$34.64	\$64.78	\$103.11	\$191.67	\$310.78	\$337.02
\$210,000	\$8.60	\$8.60	\$12.59	\$14.69	\$16.58	\$24.98	\$35.48	\$66.35	\$105.62	\$196.34	\$318.35	\$345.23
\$215,000	\$8.80	\$8.80	\$12.89	\$15.04	\$16.97	\$25.57	\$36.32	\$67.93	\$108.13	\$201.01	\$325.93	\$353.45
\$220,000	\$9.00	\$9.00	\$13.18	\$15.38	\$17.36	\$26.16	\$37.16	\$69.50	\$110.64	\$205.68	\$333.50	\$361.66
\$225,000	\$9.20	\$9.20	\$13.48	\$15.73	\$17.75	\$26.75	\$38.00	\$71.08	\$113.15	\$210.35	\$341.08	\$369.88
\$230,000	\$9.40	\$9.40	\$13.77	\$16.07	\$18.14	\$27.34	\$38.84	\$72.65	\$115.66	\$215.02	\$348.65	\$378.09
\$235,000	\$9.60	\$9.60	\$14.07	\$16.42	\$18.53	\$27.93	\$39.68	\$74.23	\$118.17	\$219.69	\$356.23	\$386.31
\$240,000	\$9.80	\$9.80	\$14.36	\$16.76	\$18.92	\$28.52	\$40.52	\$75.80	\$120.68	\$224.36	\$363.80	\$394.52
\$245,000	\$10.00	\$10.00	\$14.66	\$17.11	\$19.31	\$29.11	\$41.36	\$77.38	\$123.19	\$229.03	\$371.38	\$402.74
\$250,000	\$10.20	\$10.20	\$14.95	\$17.45	\$19.70	\$29.70	\$42.20	\$78.95	\$125.70	\$233.70	\$378.95	\$410.95
\$255,000	\$10.40	\$10.40	\$15.25	\$17.80	\$20.09	\$30.29	\$43.04	\$80.53	\$128.21	\$238.37	\$386.53	\$419.17
\$260,000	\$10.60	\$10.60	\$15.54	\$18.14	\$20.48	\$30.88	\$43.88	\$82.10	\$130.72	\$243.04	\$394.10	\$427.38
\$265,000	\$10.80	\$10.80	\$15.84	\$18.49	\$20.87	\$31.47	\$44.72	\$83.68	\$133.23	\$247.71	\$401.68	\$435.60
\$270,000	\$11.00	\$11.00	\$16.13	\$18.83	\$21.26	\$32.06	\$45.56	\$85.25	\$135.74	\$252.38	\$409.25	\$443.81
\$275,000	\$11.20	\$11.20	\$16.43	\$19.18	\$21.65	\$32.65	\$46.40	\$86.83	\$138.25	\$257.05	\$416.83	\$452.03
\$280,000	\$11.40	\$11.40	\$16.72	\$19.52	\$22.04	\$33.24	\$47.24	\$88.40	\$140.76	\$261.72	\$424.40	\$460.24
\$285,000	\$11.60	\$11.60	\$17.02	\$19.87	\$22.43	\$33.83	\$48.08	\$89.98	\$143.27	\$266.39	\$431.98	\$468.46
\$290,000	\$11.80	\$11.80	\$17.31	\$20.21	\$22.82	\$34.42	\$48.92	\$91.55	\$145.78	\$271.06	\$439.55	\$476.67
\$295,000	\$12.00	\$12.00	\$17.61	\$20.56	\$23.21	\$35.01	\$49.76	\$93.13	\$148.29	\$275.73	\$447.13	\$484.89
\$300,000	\$12.20	\$12.20	\$17.90	\$20.90	\$23.60	\$35.60	\$50.60	\$94.70	\$150.80	\$280.40	\$454.70	\$493.10
\$305,000	\$12.40	\$12.40	\$18.20	\$21.25	\$23.99	\$36.19	\$51.44	\$96.28	\$153.31	\$285.07	\$462.28	\$501.32
\$310,000	\$12.60	\$12.60	\$18.49	\$21.59	\$24.38	\$36.78	\$52.28	\$97.85	\$155.82	\$289.74	\$469.85	\$509.53
\$315,000	\$12.80	\$12.80	\$18.79	\$21.94	\$24.77	\$37.37	\$53.12	\$99.43	\$158.33	\$294.41	\$477.43	\$517.75
\$320,000	\$13.00	\$13.00	\$19.08	\$22.28	\$25.16	\$37.96	\$53.96	\$101.00	\$160.84	\$299.08	\$485.00	\$525.96
\$325,000	\$13.20	\$13.20	\$19.38	\$22.63	\$25.55	\$38.55	\$54.80	\$102.58	\$163.35	\$303.75	\$492.58	\$534.18
\$330,000	\$13.40	\$13.40	\$19.67	\$22.97	\$25.94	\$39.14	\$55.64	\$104.15	\$165.86	\$308.42	\$500.15	\$542.39
\$335,000	\$13.60	\$13.60	\$19.97	\$23.32	\$26.33	\$39.73	\$56.48	\$105.73	\$168.37	\$313.09	\$507.73	\$550.61
\$340,000	\$13.80	\$13.80	\$20.26	\$23.66	\$26.72	\$40.32	\$57.32	\$107.30	\$170.88	\$317.76	\$515.30	\$558.82
\$345,000	\$14.00	\$14.00	\$20.56	\$24.01	\$27.11	\$40.91	\$58.16	\$108.88	\$173.39	\$322.43	\$522.88	\$567.04
\$350,000	\$14.20	\$14.20	\$20.85	\$24.35	\$27.50	\$41.50	\$59.00	\$110.45	\$175.90	\$327.10	\$530.45	\$575.25
\$355,000	\$14.40	\$14.40	\$21.15	\$24.70	\$27.89	\$42.09	\$59.84	\$112.03	\$178.41	\$331.77	\$538.03	\$583.47
\$360,000	\$14.60	\$14.60	\$21.44	\$25.04	\$28.28	\$42.68	\$60.68	\$113.60	\$180.92	\$336.44	\$545.60	\$591.68
\$365,000	\$14.80	\$14.80	\$21.74	\$25.39	\$28.67	\$43.27	\$61.52	\$115.18	\$183.43	\$341.11	\$553.18	\$599.90
\$370,000	\$15.00	\$15.00	\$22.03	\$25.73	\$29.06	\$43.86	\$62.36	\$116.75	\$185.94	\$345.78	\$560.75	\$608.11
\$375,000	\$15.20	\$15.20	\$22.33	\$26.08	\$29.45	\$44.45	\$63.20	\$118.33	\$188.45	\$350.45	\$568.33	\$616.33
\$380,000	\$15.40	\$15.40	\$22.62	\$26.42	\$29.84	\$45.04	\$64.04	\$119.90	\$190.96	\$355.12	\$575.90	\$624.54
\$385,000	\$15.60	\$15.60	\$22.92	\$26.77	\$30.23	\$45.63	\$64.88	\$121.48	\$193.47	\$359.79	\$583.48	\$632.76
\$390,000	\$15.80	\$15.80	\$23.21	\$27.11	\$30.62	\$46.22	\$65.72	\$123.05	\$195.98	\$364.46	\$591.05	\$640.97
\$395,000	\$16.00	\$16.00	\$23.51	\$27.46	\$31.01	\$46.81	\$66.56	\$124.63	\$198.49	\$369.13	\$598.63	\$649.19
\$400,000	\$16.20	\$16.20	\$23.80	\$27.80	\$31.40	\$47.40	\$67.40	\$126.20	\$201.00	\$373.80	\$606.20	\$657.40

# Friends of the Topeka Zoo

## Zoo Membership—How to Enroll

The Friends of the Topeka Zoo membership has changed from a payroll deduction to a discount for City employees who enroll direct with the Zoo.

- Enroll in person at the Zoo with your City of Topeka employee badge, or online at [topekazoo.org/membership](http://topekazoo.org/membership) with the discount code and your COT email address.
- Code COTMembership
- Visit the Topeka Zoo online for more details on prices and benefits.



## Discount on Zoo Memberships!

City of Topeka Employees receive a 20% off discount on all FOTZ memberships!



[topekazoo.org/membership](http://topekazoo.org/membership)

**CODE: COTMembership**

\*MUST sign up in person with COT badge or online with code above & COT email address.

Friends of the  
**topeka zoo**  
& conservation center

635 SW Gage Blvd. Topeka, KS 66606  
785-368-9180 | [www.topekazoo.org](http://www.topekazoo.org)

**JOIN**

# Employee Assistance Program

The programs and services that Alternatives EAP offers are targeted towards helping you and your loved ones find a healthy, happy and balanced life.



## Contact Alternatives EAP

Phone: 800-466-8282

Website: [alternativeseap.com](http://alternativeseap.com)

Organization: City of Topeka

**Download the app!** "AlternativesEAP" > Mobile App Company Code: **CityofTop**

*Programs listed on this page are either free or discounted for you and your immediate family members.*

## **NEW!** Visit with an Alternatives EAP counselor in-person at the Health & Wellness Center!

Appointments will be scheduled through Alternatives, not Everside Health. Call 800-466-8282 to schedule your appointment!

*Health & Wellness Center: 602 SE Madison Ste A*

## Confidential Personal Counseling

Short-term counseling through licensed counselors in the area. Can include issues related to:

- Family, parenting and relationship concerns
- Improving communication and self-esteem
- Stress, anxiety and depression
- Work-related concerns
- Alcohol and substance abuse
- Grief and loss

## Personal Money Management Advice

Access to financial specialists with a broad range of experience in personal financial services.

Consultation can be provided on topics such as:

- Home budgeting
- Retirement and estate planning
- Debt consolidation
- Tax issues
- ID theft assistance

## Dependent Care Assistance & Other Family Resources

Experienced childcare and geriatric specialists offer direct, hands-on assistance, information and resources:

- Finding licensed, affordable day care
- Assisting aging loved ones
- Helping dependents with special needs

## Life and Health Coaching

The program offers personal coaching in these areas:

- Improving job performance
- Managing stress and building resiliency
- Building stronger relationships
- Smoking cessation
- Weight management
- Management coaching
- Executive coaching
- Chronic illness coaching
- General life coaching

## 24/7 Help Line

Master's level, licensed counselors are available 24 hours a day to provide employees and their dependents with immediate help.

## Talkspace

Alternatives EAP partners with Talkspace, an online therapy service that makes mental healthcare more convenient and accessible through text, audio and video messaging.

- Visit [talkspace.com/alternatives](http://talkspace.com/alternatives) for full details.
  - Company Code: City of Topeka
- Also visit [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Additional Benefits > Employee Assistance Program.

## Fraud Resolution & Identity Theft Assistance

A Fraud Resolution Specialist provides assistance through a free consultation at the inception of a fraud related emergency.

## Bi-Monthly Wellness Webinars

Alternatives offers a wide array of web-based employee wellness education opportunities every other month.

- View the schedule at [alternativeseap.com](http://alternativeseap.com) > Monthly Webinar
- Register: [alternativeseap.com](http://alternativeseap.com) > Monthly Webinar > LOG-IN to Register > Sign In.  
*No account? Click "REGISTER" and enter "City of Topeka" as the Company Name.*

## Grab-a-Ride (employees only)

Alternatives will reimburse for the cost of a cab, Uber or Lyft if a City employee has had too much to drink and chooses to take a cab home. With a legitimate receipt, Alternatives will pay up to \$40.00 per one way use of a cab up to twice a year.

## Interactive Website

Access informative videos and Harvard Medical School reviewed mental health articles. Members can also use problem-solving tools and interactive personal development programs, and take self-assessment tests and quizzes.

## Legal Advice and Discounts

Confidential legal consults provided at no charge. Legal representation can be provided with a 25% discount.

Topics include:

- Divorce and family law
- Consumer and bankruptcy issues
- Landlord and tenant disputes
- Wills and estate planning

# First Stop Health

First Stop Health offers virtual care services to address physical and mental health issues.



**Care At Your Fingertips, 24/7**

## Telemedicine and Virtual Counseling from City of Topeka

You now have 24/7 access to doctors and counselors via phone with telemedicine and virtual counseling. Both services are provided to all employees and their immediate family members for FREE!

Get the app ↓



Use your employee ID to log in.

**Website:** <https://www.fshealth.com/>

**Phone:** (888) 691-7867

### **Talk to a doctor 24/7**

Get treatment within minutes for minor injuries, illnesses, and prescriptions.

- Cough & Sore Throat
- Infection (Sinus, Ear, UTI, etc.)
- Skin Rash
- Muscle/Joint Pain
- Medication Refill\*

### **Talk to a counselor**

Sometimes, you just need someone to talk to. Talk to a licensed counselor to work through:

- Anxiety
- Depression
- Marital/Relationship
- Substance Misuse
- Workplace Issues

\*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

# Friendship Fund

This program provides financial assistance to employees and retirees who apply and are approved.



## How funds are allocated

1. Employee/Retiree submits an application to Human Resources.
2. Blind application is reviewed and voted on by the Board of Directors. (Employee's name is kept confidential.)
3. If approved, a check is provided to the creditor.

## How funds are generated

City employees are fully credited with providing this assistance to fellow coworkers. Employee donations are critical to ensuring success and continuation of the program.

The Board of Directors is made up of employees from various departments in the City, as well as Retiree representatives.

## Sign-up to Donate!

During Benefits Open Enrollment, you can choose to make contributions each paycheck to the Friendship Fund. As little as \$1.00 per paycheck makes a difference.

You can also make contributions outside of open enrollment by completing the form on the City Intranet: [intranet.topeka.org/HR](https://intranet.topeka.org/HR) > Benefits > Additional Benefits > Friendship Fund

## Submit an Application

If an employee needs to apply for assistance, they can find an application on the intranet at [intranet.topeka.org/HR](https://intranet.topeka.org/HR) > Benefits > Additional Benefits > Friendship Fund Assistance for approved applications is limited to \$1,000 in a 12-month timeframe.

# City of Topeka Fitness Center

The City of Topeka Fitness Center features a full complement of fitness equipment and services to encourage healthy lifestyles for employees, eligible family members and retirees.



## TEMPORARILY CLOSED DUE TO BUILDING CONSTRUCTION

- The City Hall Fitness Center is temporarily closed due to building construction.
- The closure is expected through Dec. 2024
- Watch your City emails for a reopening announcement and details.



## Location

Lower level of City Hall. Access cards are required for entry.

## Hours of Operation

Monday through Friday: 6:00am—10:00pm  
Saturday and Sunday: 7:00am—7:00pm

## Questions? Contact Emily Pham.

Phone: 785-368-3602

Email: [epham@topeka.org](mailto:epham@topeka.org)

## Membership and Usage

- Available for free to City of Topeka employees and retirees.
- Members sign in/out each time they use the Fitness Center.
- Participation must be authorized through HR.
- **Contact Emily Pham for more information 368-3602 or [epham@topeka.org](mailto:epham@topeka.org)**
- The City reserves the right to deny or refuse access to users based upon a failure to comply with guidelines, users who are abusive to staff or other members, for safety reasons, or for other reasonable and legal cause.



# Required Notices – 2025 Open Enrollment

## Index to Notices

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### 1. HIPAA Special Enrollment Rights Notice

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

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

Special enrollment rights also may exist in the following circumstances:  If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or  If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Shelby Harvel at 785-368-2580 or [sharvel@topeka.org](mailto:sharvel@topeka.org).

### 2. Women’s Health and Cancer Rights Act Annual Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of 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 of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: See medical info on page 10 of this guide.

If you would like more information on WHCRA benefits, call your plan administrator, Blue Cross Blue Shield of Kansas at 785-291-4180 (or 1-800-432-3990 toll free).

### 3. GINA Warning against Providing Genetic Information

The Genetic Information Nondiscrimination Act (GINA) prohibits collection of genetic information by both employers and health plans, and defines genetic information very broadly. Asking an individual to provide family medical history is considered collection of genetic information, even if there is no reward for responding (or penalty for failure to respond). In addition, a question about an individual’s current health status is considered to be a request for genetic information if it is made in a way likely to result in obtaining genetic information (e.g., family medical history). Wellness programs that require completion of health risk assessments or other forms that request health information may violate the collection prohibition unless they fit within an exception to the prohibition for inadvertent acquisition of such information. This exception applies if the request does not violate any laws, does not ask for genetic information and includes a warning against providing genetic information in any responses.

#### 4. Medicare Part D Creditable Coverage Notice

##### Important Notice from the City of Topeka About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Topeka has determined that the prescription drug coverage offered by the City of Topeka Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

##### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

##### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Topeka coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City of Topeka coverage, be aware that you and your dependents may or may not be able to get this coverage back.

##### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Topeka and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. **For More Information About This Notice Or Your Current Prescription Drug Coverage...** Contact the person listed below for further information or call Elixir Solutions at 800-361-4542. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Topeka changes. You also may request a copy of this notice at any time.

##### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 10/1/24  
Address: 215 SE 7th Street, Room 201, Topeka, KS 66603

Name of Sender: City of Topeka  
Contact--Position: Shelby Harvel, Human Resources Manager  
Phone Number: 785-368-2580

**Remember: Keep this Creditable Coverage notice.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**City of Topeka benefits effective January 1, 2025 — December 31, 2025**

## 5. EEOC Notice Regarding Wellness Program

The City of Topeka Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for routine physical standards. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of lower premiums. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the premium discount. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation by contacting Shelby Harvel at (785) 368-2580 or email at [sharvel@topeka.org](mailto:sharvel@topeka.org).

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Topeka may use aggregate information it collects to design a program based on identified health risks in the workplace, they will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the employees of Everside that run and maintain the Wellness Center in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Shelby Harvel at (785) 368-2580 or [sharvel@topeka.org](mailto:sharvel@topeka.org).

## 6. Annual General Notice of Continuation of Coverage Rights Under COBRA

Introduction: You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation 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.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the City of Topeka health plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: *Shelby Harvel, 785-368-2580, or [sharvel@topeka.org](mailto:sharvel@topeka.org)* Documentation of the qualifying event will be required.**

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. **You must provide this notice within 30 days to: *Shelby Harvel, 785-368-2580, or [sharvel@topeka.org](mailto:sharvel@topeka.org)*** **Documentation of the qualifying event will be required.**

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information:** The City of Topeka Employee Health Plan, HR Benefits Manager, 215 SE 7th St. Room 201, Topeka, KS 66603; 785-368-2580, or [sharvel@topeka.org](mailto:sharvel@topeka.org)

## 7. Notice of Availability of City of Topeka Health Plan Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.**

The City of Topeka Employee Health Plan (the "Plan") provides health benefits to eligible employees of City of Topeka (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact the Human Resources Benefits Manager, at 785-368-2580, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

## 8. Children's Health Insurance Program Information

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, 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, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322      Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Member Contact Center: Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>            Phone: 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.lhdh.la.gov/lahipp">www.lhdh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext. 5218            Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>

<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>OREGON – Medicaid and CHIP</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://www.pa.gov/en/services/dhs/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RIte Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://www.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542  Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>    <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>    <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## Open Enrollment Dates to Remember

- **10/1/24 Benefits Guide will be available.**  
*Employees should watch their work email. It will also be posted on the employee intranet and topeka.org (www.topeka.org/hr/employee-benefits/open-enrollment).*
- **10/1/24-10/31/24 All employees complete Open Enrollment process**  
*After Oct 31, employees will only be able to change benefit elections with a qualifying event.*
- **11/1/24 Submit documentation for new family members on the plan**
- **1/1/25 New benefit elections begin**
- **1/10/25 First pay date with new benefit deductions**

**2025**  
Benefits

**2026**  
Benefits

- **Nov. 2024—HRA's for 2026 Wellness Incentive** *Watch email for more details.*

## Spouses can sign up to receive Benefit Newsletters

Click on the link or scan the QR code to register for your spouse to receive the monthly newsletters: <https://arcg.is/1KK15W1>



## Mobile Wallet Card

Quickly access benefit contacts and plan numbers by saving Mobile Wallet to your smart phone, tablet or computer! To open the link, scan the QR code to the right or go to [tinyurl.com/CityWallet](https://tinyurl.com/CityWallet).

*Or, use the instructions below to save Mobile Wallet to your smart phone home screen.*

**iOS instructions**

- Apple

- 1 Open the browser on your device and go to: [tinyurl.com/CityWallet](https://tinyurl.com/CityWallet)
- 2 Click on the export button
- 3 Click "Add to Home Screen"
- 4 Edit the name and click "Add."

**Android instructions**

- Samsung
- LC
- Google
- HTC

- 1 Open the browser on your device and go to: [tinyurl.com/CityWallet](https://tinyurl.com/CityWallet)
- 2 Click on the options button
- 3 Click "Add to Home Screen"
- 4 Edit the name and click "Add."



**Benefit Questions? Contact Tim Carson.**  
Phone: (785) 368-3774  
Email: [tecarson@topeka.org](mailto:tecarson@topeka.org)  
HR Office Phone: (785) 368-3867



City of Topeka  
2025 Benefits Guide  
Updated 2025-09-30



**FY2026**

# Benefits Enrollment Guide



*This guide highlights the main features of many of the benefit plans sponsored by the City of Des Moines. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. The City of Des Moines reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.*



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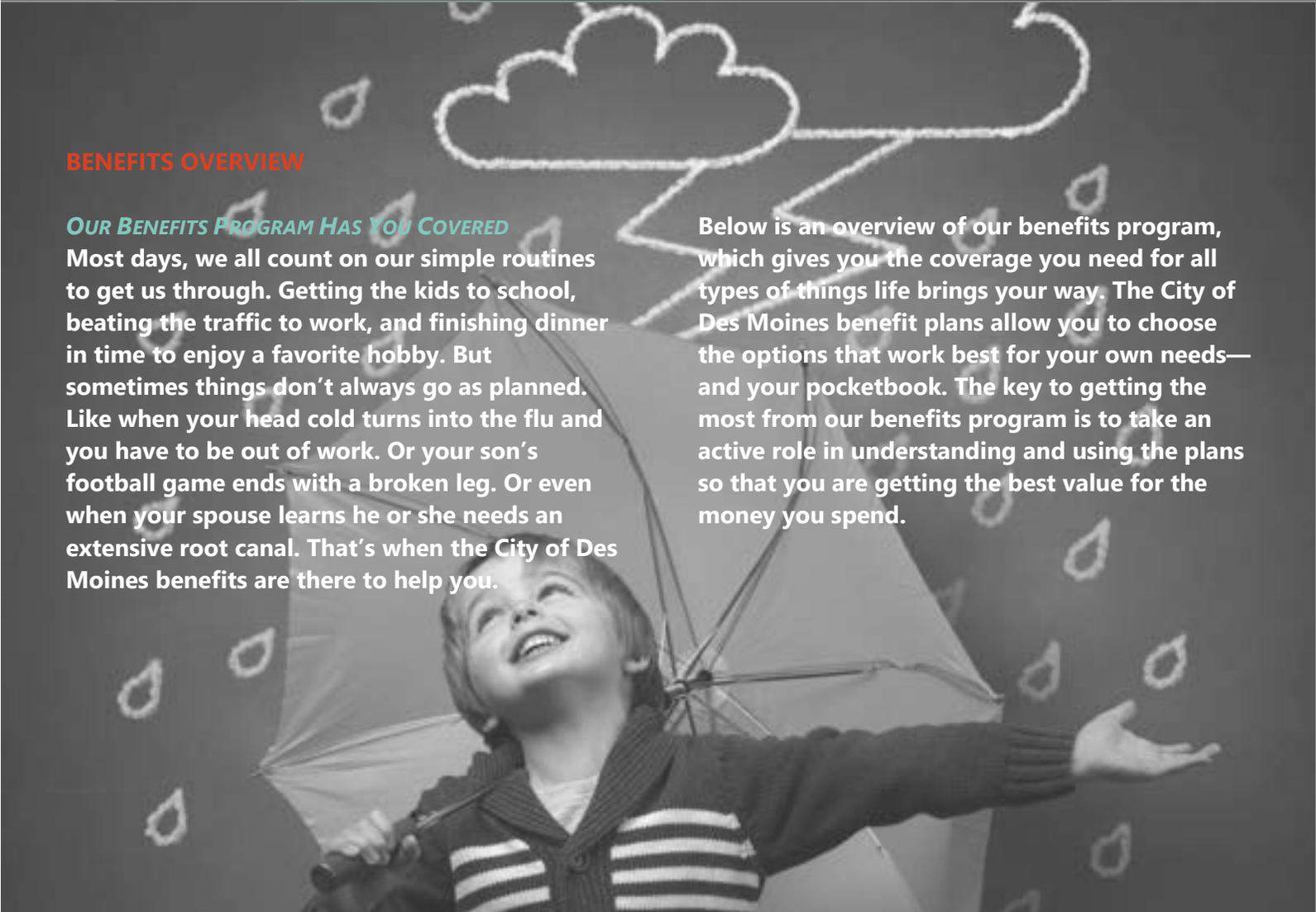
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**BENEFITS OVERVIEW**

**OUR BENEFITS PROGRAM HAS YOU COVERED**

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he or she needs an extensive root canal. That's when the City of Des Moines benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. The City of Des Moines benefit plans allow you to choose the options that work best for your own needs—and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.



BENEFITS AVAILABLE:	
Medical and Prescription Drug	Basic Life Insurance
Dental Plan	Long Term Disability
Employee Assistance Program	Deferred Compensation
Voluntary Life Insurance	Vision Plan
Flexible Spending Accounts	Retirement
Parental Leave	Residency Incentive
Volunteer Time Off	Alternative Work Arrangement
Supplemental Health Insurance – Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance	

## WHO IS ELIGIBLE

You are eligible to enroll in the City of Des Moines benefit plans if you are a permanent, active full-time employee scheduled to work at least 40 hours per week, or  $\frac{3}{4}$  time employee (30-39 hours). You are eligible for benefits on the first day of employment.

### *DEPENDENT ELIGIBILITY*

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children up to age 26 for medical and vision coverage; eligible children up to age 25 for dental coverage.
- Your eligible child who is an unmarried full-time student regardless of age.
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

## WHEN COVERAGE BEGINS

### *INITIAL ENROLLMENT*

When you first join the City of Des Moines, you have 30 days to enroll yourself and your dependents for benefits. Coverage begins on your first day of employment. If you do not enroll within 30 days of becoming eligible, you will automatically be enrolled in City-sponsored benefits, such as Basic Life Insurance, Long Term Disability, IPERS, and the Employee Assistance Program (EAP), but you must wait until the next annual Open Enrollment to enroll in other benefits or make changes to coverage.

### *ANNUAL OPEN ENROLLMENT*

For most benefits, annual open enrollment takes place during the spring with coverage beginning on July 1. Flexible Spending Account (FSA) open enrollment occurs during the fall with coverage beginning January 1.

### *COVERAGE TERMINATION*

When you become unemployed, your coverage will end on the last day of employment.



## MAKING CHANGES TO COVERAGE

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by submitting the request through Employee Self-Service (ESS). If you do not complete the benefit change within 30 days, you will have to wait until the next Open Enrollment to make new elections.

For birth or adoption of a child, you have 60 days to make changes to your benefits.

Qualified status changes include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes you or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

For a more complete list of qualified status changes, refer to the [Summary Plan Description](#).

## SPECIAL ENROLLMENT RULES

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.



You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

## MEDICAL PLAN

The City’s medical plan provides coverage such as doctor’s office visits, preventive care, prescription drugs, and hospitalization.

### MEDICAL PLAN OPTION

When it comes to medical coverage the City offers the following plan through Wellmark Blue Cross & Blue Shield:

- Capital Health Plan - POS

### POINT OF SERVICE PLAN (POS)

The POS plan offers in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network or an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because network providers discount their fees. And, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Coverage Level	Employee Bi-weekly Contribution	City Bi-weekly Contribution
Single	\$41.25	\$253.40
Family	\$110.94	\$628.65

### DOCTORS ON DEMAND

Virtual visits are available through Doctors on Demand through your Wellmark health plan. Simply download the Doctors on Demand app on your camera enabled smart phone, tablet or computer and enter your health insurance card information and payment method (credit card, debit card or FSA debit card). When you’re ready to visit a doctor, pay your applicable co-pay (\$15) and enter the virtual waiting room through the app and a board-certified doctor will be with you in minutes. If necessary, the doctor will prescribe a medication and will send in the prescription to the pharmacy of your choice. Some examples of a virtual visit include cold, flu, strep throat, pink eye, allergies, mental health, etc.



**MEDICAL PLAN – WELLMARK BLUE CROSS AND BLUE SHIELD**

<b>Capital Plan</b>		
<b>Annual Deductible</b>		
Individual	\$500	
Family	\$1,000	
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$1,000	
Family	\$2,000	
<b>Lifetime Maximum</b>		
	Unlimited	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Preventive Care</b>	Covered at 100%	Not Covered
<b>Primary Care Physician</b>	\$25 Copayment	Deductible, 30% Coinsurance
<b>Specialist</b>	\$25 Copayment	Deductible, 30% Coinsurance
<b>Virtual Visits (Doctors on Demand)</b>	\$15 Copayment	Not Covered
<b>Mental Health/Substance Abuse Services</b>	\$25 Copayment	Deductible, 0% Coinsurance
<b>Urgent Care</b>	\$25 Copayment	Deductible, 30% Coinsurance
<b>Emergency Room</b>	\$50 Copayment, 10% Coinsurance	\$50 Copayment, 10% Coinsurance
<b>Facility Services</b>	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
<b>Outpatient Services</b>	Deductible, 10% Coinsurance	Deductible, 30% Coinsurance

\*For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.

Please see [Summary of Benefits and Coverage](#) and the [Coverage Manual](#) for additional plan details.

## PRESCRIPTION DRUG COVERAGE

If you enroll in the medical plan, you will automatically receive prescription drug coverage. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

### RETAIL PRESCRIPTION PROGRAM

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

### MAIL ORDER PROGRAM

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 3-month supply of medication for the cost of a 2-month supply. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available on the CVS/Caremark website at [www.caremark.com](http://www.caremark.com).

### SPECIALTY PRESCRIPTION PROGRAM

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy which provides the best available pricing and additional support. If you have a prescription that meets this requirement, Wellmark will contact you and provide you with the necessary information to fill your prescription.

## PRESCRIPTION DRUG PLAN HIGHLIGHTS

Prescription Out-of-Pocket Maximum	
<b>\$5,600 Single</b>	
<b>\$11,200 Family</b>	
<b>Retail Prescriptions (up to 30-day supply)</b>	
Tier 1	\$5.00
Tier 2	\$25.00
Tier 3 & Tier 4	\$50.00
<b>Mail Order Prescriptions (up to 90-day supply)</b>	
Tier 1	\$10.00
Tier 2	\$50.00
Tier 3 & Tier 4	\$100.00

\*When members purchase prescriptions from a non-participating pharmacy, they may be required to manually file the claim with the carrier; plus, may incur additional costs above the maximum allowed amount.

## SUPPLEMENTAL HEALTH INSURANCE

Supplemental Health Insurance products provide benefits for specific covered events and illnesses and are offered by Lincoln Financial. The benefits can help cover out-of-pocket medical expenses, mortgage/rent expenses, medical deductibles, home health care costs, childcare costs or any expense you wish to cover. They are designed to complement your medical coverage but not replace your medical coverage. Benefits you receive are payable directly to you, regardless of your medical coverage.

### ACCIDENT INSURANCE

When an injury happens, Accident Insurance can help. Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they *come in* – directly to you – to be used however you'd like.

Accident Insurance Rates	Semi-Monthly Contribution
Single	\$3.69
Employee + Spouse	\$7.37
Employee + Child(ren)	\$7.92
Family	\$11.61

If the accident happens while participating in an organized sporting activity mentioned in the certificate of coverage, the benefit payment will be increased by 25%.

**Accident Wellness Benefit** - Receive a cash benefit of \$50 every year you and any of your covered family members each complete a single covered assessment.

### CRITICAL ILLNESS INSURANCE

The Critical Illness Insurance pays a lump-sum benefit if you or your covered dependents are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose \$10,000, \$20,000 or \$30,000 in coverage for yourself and up to 50% of your election for spouse and/or child(ren) coverage.

Employee Coverage – Semi-Monthly Rates <i>Child Rate Embedded</i>			
Age	\$10,000	\$20,000	\$30,000
Under 30	\$1.55	\$3.10	\$4.65
30-39	\$2.45	\$4.90	\$7.35
40-49	\$4.95	\$9.90	\$14.85
50-59	\$9.10	\$18.20	\$27.30
60-69	\$12.80	\$25.60	\$38.40
70+	\$19.95	\$39.90	\$59.85

Spouse Coverage – Semi-Monthly Rates			
Age	\$5,000	\$10,000	\$15,000
Under 30	\$0.78	\$1.55	\$2.33
30-39	\$1.23	\$2.45	\$3.68
40-49	\$2.48	\$4.95	\$7.43
50-59	\$4.55	\$9.10	\$13.65
60-69	\$6.40	\$12.80	\$19.20
70+	\$9.98	\$19.95	\$29.93

**Critical Illness Wellness Benefit** - Receive a cash benefit of \$50 every year you and any of your covered family members each complete a single covered assessment.

### HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility on your after your coverage effective date. You and your covered dependents can receive \$1,000 for each hospital admission and \$100 per day (\$200 for critical care unit).

Hospital Indemnity Insurance Rates	Semi-Monthly Contribution
Single	\$7.38
Employee + Spouse	\$14.74
Employee + Child(ren)	\$15.84
Family	\$23.32

**Hospital Indemnity Wellness Benefit** - Receive a cash benefit of \$50 every year you and any of your covered family members each complete a single covered assessment.

## DENTAL PLAN

The City Dental Plan is administered through Delta Dental and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia.

### DENTAL PLAN OPTION

You can choose the plan below:

- Dental PPO

### DENTAL PPO PLAN

The Dental PPO allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of Delta’s participating dentists, you’ll pay less for your care. If you choose a non-participating dentist, your share of costs will generally be higher and you may need to file your own claims.

For a list of Delta’s participating dentists, go to <http://www.deltadentalia.com/>.

Please see your [Summary Plan Description](#) for additional plan details.

Coverage Level	Employee Bi-weekly Contribution	City Bi-weekly Contribution
Single	\$0.46	\$17.50
Family	\$0.46	\$46.06

### DENTAL PLAN HIGHLIGHTS

Plan Feature	
<b>Annual Deductible</b>	
Individual	\$25
Family	\$75
<b>Annual Benefit Maximum</b>	\$1,250
<b>Preventive Services</b> (Exams, routine cleanings, fluoride treatments, space maintainers)	100% Covered
<b>Basic Services</b> (X-rays, fillings, sealants, denture repairs)	Deductible, then 20% Coinsurance
<b>Major Services</b> (Crowns, inlays, onlays,)	
<b>Prosthetics</b> (Dentures, bridges)	Deductible, then 50% Coinsurance
<b>Orthodontia</b>	Deductible, then 50% Coinsurance

### VISION PLAN

The City’s Health Insurance Plan promotes preventive care through regular eye exams (applicable co-pay applies). Should you or your dependents need corrective materials, such as glasses and contact lenses, the City offers a “materials only” vision plan administered through [Avesis](#).

If you enroll in vision coverage, you can go to any Avesis participating provider. To find a network provider, go to [www.avesis.com](http://www.avesis.com).

Vision Rates	EE Bi-Weekly Contribution
Single	\$2.25
Employee + Spouse	\$3.93
Employee + Child(ren)	\$4.72
Family	\$5.84



## LIFE INSURANCE

The City offers life insurance coverage to provide financial protection in the event you or your dependents pass away while you are still working. This coverage is administered through [Lincoln Financial](#).

### BASIC LIFE INSURANCE

The City automatically provides Basic Life Insurance for all eligible employees at no cost. Basic Life Insurance is equal to 2 times your annual base salary, up to a maximum benefit of \$700,000. The benefit is paid to your beneficiaries in the event of your death.

### IRS RULES ABOUT BASIC LIFE COVERAGE

If your Basic Life Insurance coverage is more than \$50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over \$50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds \$50,000 will be reported to the IRS as imputed income on your W-2 form.

**"Annual base earnings" includes your base salary. It does not include overtime or bonuses.**

### VOLUNTARY LIFE INSURANCE

In addition to Basic Life Insurance, you may also purchase Voluntary Life Insurance for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Voluntary Life coverage for yourself. The amount of spouse and/or dependent life insurance cannot be more than your supplemental coverage. You pay for the cost of [Voluntary Life Insurance](#) on an after-tax basis through payroll deductions.

### BENEFICIARY DESIGNATION

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your Life coverage in the event of your death. You are always the beneficiary of any Dependent Life Insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, or if your beneficiary dies before you, your Life benefits will be paid to your estate.

### BENEFITS REDUCE AT AGE 65

When you or a covered dependent reaches age 65, Basic and Voluntary Life Insurance benefits are reduced. For more information, refer to your Group Life Insurance booklet.

## VOLUNTARY LIFE INSURANCE COVERAGE

Coverage For	Coverage Available
Employee	\$10,000 increments, up to \$500,000
Spouse	\$5,000 increments, up to \$100,000
Child(ren)	Option of \$5,000 or \$10,000

**Employee and Spouse Voluntary Life insurance rates**

Age	Monthly Rate per \$1,000
Under 25	\$0.09
25-29	\$0.09
30-34	\$0.11
35-39	\$0.11
40-44	\$0.19
45-49	\$0.24
50-54	\$0.40
55-59	\$0.63
60-64	\$0.92
65-69	\$1.82
70+	\$3.03

**Children Life Insurance Rates  
Monthly cost for ALL eligible children**

Coverage Levels	Monthly Cost
\$5,000	\$1.81
\$10,000	\$3.63

**DISABILITY COVERAGE**

The City offers you Long Term Disability to help keep part of your paycheck coming if you cannot work because of illness or injury. Disability benefits are administered through [Lincoln Financial](#).

**LONG-TERM DISABILITY**

If you remain totally disabled and unable to work for more than 90 days, you may be eligible for Long-Term Disability (LTD) benefits. The City automatically provides you LTD benefits that replace up to 66 2/3% of your monthly salary, up to a maximum of \$6,000 (\$15,000 for SPM employees). Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation). Employees receiving LTD benefits

will continue to receive health and dental insurance benefits at the same contribution rate and coverage as if fully employed during the first two years of LTD benefits.

**WHEN ARE YOU DISABLED?**

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do the material and substantial duties of your occupation at the City, and
- You must have lost 20% or more of your pre-disability income due to your illness or injury.

**“Base pay” means your annual base salary in effect at the time you become disabled.**



## FLEXIBLE SPENDING ACCOUNTS

The City allows you to contribute to one or both [Flexible Spending Accounts \(FSAs\)](#), which allow you to save taxes on certain out-of-pocket health care and dependent care expenses. The FSA plan is administered by iSolved Benefit Services.

### *HOW THE FSAs WORK*

The City offers two types of FSAs:

- Health Care FSA
- Dependent Care FSA

If you elect to contribute to one or both FSAs, you choose an annual amount to be taken from each biweekly paycheck and deposited into your account throughout the year. Your contributions are taken out of your paycheck before you pay taxes, so you save money. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself, up to the amount you have elected to contribute to your account for the year.

### *HEALTH CARE FSA*

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by another health plan. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays
- Coinsurance amounts
- Amounts you pay for prescription drugs
- Amounts you pay for certain over-the-counter items and menstrual products
- Eyeglasses, contacts, and other vision-related expenses not covered by the vision plan
- Orthodontia expenses not covered by the dental plan

A full list of eligible and ineligible expenses can be found [here](#).

### *ANNUAL CONTRIBUTION AMOUNT*

You can contribute \$3,300 per year to the Health Care FSA.

### *DEADLINE TO SUBMIT CLAIMS*

In most cases, claims need to be incurred prior to the end of the year. However, the City offers a 2 ½ month grace period to incur expenses for your medical FSA. Requests for reimbursement must be submitted to iSolved Business Services by April 30 for claims incurred in the prior year.

Claims can be submitted via a debit card, mobile app or by logging in to [your iSolved Benefit Services account](#).



### **DEPENDENT CARE FSA**

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be employed, a full-time student at least five months during the plan year, or mentally or physically disabled and unable to provide care for himself or herself.

### **ELIGIBLE DEPENDENT CARE EXPENSES**

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes.
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care

### **ANNUAL CONTRIBUTION AMOUNT**

You can contribute \$5,000 per year to the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

### **DEADLINE TO SUBMIT CLAIMS**

In most cases, claims need to be incurred prior to the end of the year. However, the City offers a 2 ½ month grace period to incur expenses for your dependent care FSA. Requests for reimbursement must be submitted to iSolved Business Services by May 14 for claims incurred in the prior year.

### **IMPORTANT FSA CONSIDERATIONS**

- Any money left in your FSAs at the end of the plan year may not be rolled over to pay for future expenses in another plan year. Any unused funds will be forfeited, per IRS rules.
- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit. (For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year — even if you have not yet contributed that much to your account.)
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.

**In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.**

## DEFERRED COMPENSATION

You are eligible to defer a portion of your income into a 457 and/or 401(a) Deferred Compensation Plan with Nationwide Retirement Solutions. Participation in the Deferred Compensation program is voluntary. Participation in this plan allows you to set income aside for retirement and shelters the deferred income from federal and state income tax. The Plan can help bridge the gap between what you have in your pension and Social Security, and how much you'll need in retirement.

**Employees are eligible for a matching contribution by the City of 100% of the employee's first 2.5% contribution from the employee's gross salary. Matching contributions are deferred to the 401(a) plan.**

Contributions into the 457 Plan cannot exceed an amount allowed by the IRS. The deferral reduces your amount of gross taxable income. Federal and state income tax on the contribution, and the interest earned on its investment, will be deferred until the time benefits are paid. The amount deferred is subject to IPERS, Social Security and Medicare tax at the time the deferred income is earned.



The City also offers a Roth 457 option so that you pay the taxes upfront when your money goes into the plan. You'll then enjoy tax-free withdrawals – as long as you are at least age 59 ½ and do not take withdrawals for at least five years after your first Roth contribution.

In addition to the 457 plan, the City also offers a 401(a) plan. The decision to participate and the contribution rate of the 401(a) plan are irrevocable and cannot be changed in the future.

457 and 401(a) Plan assets are typically only payable upon your retirement, termination of employment, or death. The only exception is for an unforeseeable, severe financial hardship or loan.

To enroll or for more information, please contact Human Resources at (515) 283-4213 or visit <http://www.desmoinesdcp.org>.

A summary of the 457 and 401(a) plans is included on the following page.



	457	401(a)
Participation	Participation in 401(a) plan does not restrict participation in the 457 plan.	
Annual Limit (determined annually by IRS)	\$23,500 – all employees \$31,000 – employees age 50 and over \$34,750 – employees between 60 - 63 \$47,000 – employees within 3 years of an unreduced retirement benefit	\$70,000
Election Period	Can enroll any time	90-day election period when first eligible
Employee Contribution Percentages	Any percentage up to 2 decimal places	2.5% 5.0% 7.5% 10.0% 15.0% 20.0%
Contribution Changes	Contribution changes can be made at any time at <a href="http://www.desmoinesdcp.org">www.desmoinesdcp.org</a> .	Decision to participate and contribution rate are irrevocable once elected
Roth and Pre-tax Options	Roth and Pre-tax options	Pre-tax only
Investment Options	City/Nationwide fund line-up	
City Match	Employees contributing to the 457 plan or 401(a) plan receive a City match (100% up to the first 2.5%) to the 401(a) plan	
Loan Options	1 total loan permitted between 457 and 401(a)	
Unforeseen Emergency Withdrawal	Yes	No
Age Requirement for Penalty Free Withdrawal Upon Separation	None	Age 59 1/2
In-service distribution age	59 ½	N/A

## RETIREMENT

Planning for the future is just as important as making certain that you have benefits that will serve your needs today. All permanent City employees are required to participate in plans which have been designed to provide you with the financial base for a comfortable retirement when you complete your career. The Iowa Public Employee Retirement System (IPERS) is a plan administered by the IPERS board (a State Agency).

Participation is mandatory for eligible employees. Through payroll deduction, employees are required to contribute 6.29% of covered wages to IPERS and the City contributes 9.44% of covered wages to the fund. Covered wages are the amount of your wages in each calendar year from which both employer and employee contributions to IPERS are made. You are vested in the plan after seven years of service. Upon separation, other than at retirement, you can apply to receive your contribution plus interest or you can leave your contribution in the system, earning additional interest and dividends until you apply for retirement benefits.

The IPERS plan is a defined benefit pension plan. The lifetime monthly benefit you receive is predictable and stable because it is calculated using a formula. Your benefits grow with you throughout your IPERS-covered employment. As your years of service and salary increase, your IPERS benefits grow too.

Retirement benefits will not begin until a completed benefit application has been reviewed and approved by IPERS. Applications should be submitted to IPERS at least 2-3 months in advance of retirement to allow sufficient processing time. Contact IPERS for more complete and detailed information, (515) 281-0020 or <https://www.ipers.org>.

## OTHER BENEFITS

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

You and your covered dependents have free access to the City's Employee Assistance Program (EAP) provided by Employee and Family Resources (EFR). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides a certain number of free face-to-face counseling sessions for both you and your covered dependents. Counselors can help with concerns about things like:

- Emotional well-being and mental health
- Relationships and parenting
- Addiction and recovery
- Marital and family problems
- Legal and financial issues

To contact EFR, call (515) 244-6090, 24 hours a day, seven days a week, to talk to a professional counselor. You can also get more information online at [www.efr.org](http://www.efr.org).

### RESIDENCY INCENTIVE

The purpose of this [program](#) is to incentivize City of Des Moines employees to live where they work – in the City of Des Moines – by providing financial assistance for down payment and related home purchase costs and/or rent related expenses for employees to reside in the City of Des Moines. This program applies to full-time employees.

The City will provide assistance in the form of a \$15,000 one-time forgivable loan to qualified employees who agree to purchase a home in the City of Des Moines and to maintain the home as their primary residence for at least five (5) years. For rental agreements, the City will provide two (2)

separate incentive payments of \$1,000 each, to qualified employees entering into, or currently under, a 12-month (or greater) lease agreement for a residence in the City of Des Moines.

### TIME OFF

The City of Des Moines recognizes that employees cannot be at their best on the job unless they have time away from work to relax, recover from illness, or tend to personal business. Accordingly, the City has developed several leave policies addressing these various needs. For more information regarding time away from work, please reference the [Employee Handbook or Bargaining Unit Agreement](#).

**The City's Paid Parental Leave Policy provides 100% of covered base pay for 8 weeks for the birthing parent and 6 weeks for the non-birthing parent. This applies to employees eligible to take leave under the City's Family and Medical Leave Policy or state law as applicable.**

### TRANSIT SUBSIDY

Active employees and retirees may ride the Des Moines Area Regional Transit Authority (DART) busses without charge using DART's mobile app. This includes essentially all DART services with the exception of carpools/vanpools and special event shuttles (State Fair, Arts Festival, etc.).

### TUITION REIMBURSEMENT

Refer to the Employee Handbook for more information regarding tuition reimbursement.

## ALTERNATIVE WORK ARRANGEMENT (AWA)

The City recognizes the value to promote work schedules and environments that are cohesive to employees' lives and promote flexibility that will benefit both the employee and the organization. This policy applies to all regular full-time and regular part-time employees who are approved to work an AWA by their supervisor and department director.

Listed below are the four (4) types of AWAs covered by this policy.

- Flex-Time: Arrangements that maintain the number of weekly work hours based on the employee's employment status but allows for a unique start and end time of a workday for an employee while maintaining required core hours of operation.
- Compressed Work Week: Arrangements in which an employee works the number of weekly work hours based on their employment status but may work fewer than five (5) days within a work week, or fewer than 10 days within a two-week work period. "Exempt" employees are ineligible to work a compressed schedule.
- Remote Work: Arrangements permitting employees to perform their duties at work sites other than the employee's City facility work site, generally at the employee's home or at approved satellite work sites. No more than 16 hours in a work week can be performed by working remotely, unless a shared work space arrangement has been made.
- Emergency Event and/or Inclement Weather: Arrangements that allow for the occasional variation of a schedule and/or change in the location where work is performed because of an emergency event and/or inclement weather that causes the employee's work site to close or in which schools or other care arrangements may be impacted by an emergency event and/or weather conditions and the City offices remain open.

## VOLUNTEER PAID TIME OFF

This policy encourages a culture of employee community involvement by supporting employee engagement in activities that serve the community in which employees live and work. This is accomplished by providing employee paid time to volunteer for non-profit organizations or causes within the City of Des Moines that enhance the community and enrich the lives of employees.

Up to eight (8) hours of paid leave per calendar year.



## IMPORTANT CONTACTS

Resource	Carrier	Phone Number	Website/E-mail
<b>Medical and Prescription</b>	Wellmark Blue Cross Blue Shield	(800) 524-9242	<a href="http://www.wellmark.com">http://www.wellmark.com</a>
<b>Dental</b>	Delta Dental	(800) 544-0718	<a href="http://www.deltadentalia.com">http://www.deltadentalia.com</a>
<b>Employee Assistance</b>	Employee and Family Resources	(515) 244-6090	<a href="http://www.efr.org">http://www.efr.org</a>
<b>Life Insurance/ Supplemental Health Insurance</b>	Lincoln Financial	(800) 423-2765	<a href="http://www.lincolnfinancial.com">http://www.lincolnfinancial.com</a> Registration code: CityDSM
<b>Disability Coverage</b>	Lincoln Financial	(800) 423-2765	<a href="http://www.lincolnfinancial.com">http://www.lincolnfinancial.com</a>
<b>Flexible Spending Accounts</b>	iSolved Benefit Services	(800) 300-9691	<a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a>
<b>Deferred Compensation</b>	Nationwide Retirement Services	(877) 677-3678	<a href="http://www.desmoinesdcp.org">www.desmoinesdcp.org</a>
<b>Bryan Jimmerson</b>	Nationwide Retirement Specialist	(712) 297-4511	<a href="mailto:jimmeb1@nationwide.com">jimmeb1@nationwide.com</a>
<b>Vision</b>	Avesis	(800) 828-9341	<a href="http://www.avesis.com">http://www.avesis.com</a>
<b>Pension</b>	Iowa Public Employee Retirement System (IPERS)	(515) 281-0020	<a href="https://www.ipers.org">https://www.ipers.org</a>

For more information regarding the above benefits, contact Human Resources at (515) 283-4213 or [humanresources@dmgov.org](mailto:humanresources@dmgov.org).

City of Des Moines  
Human Resources Department  
1551 E Martin Luther King Jr Pkwy  
Des Moines, IA 50317  
(515) 283-4213



CITY OF  
**FAYETTEVILLE**  
**ARKANSAS**

# Employee Benefits Guide

January 1, 2025 – December 31, 2025

IMPORTANT INFORMATION ENCLOSED

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This Benefit Guide summarizes the City of Fayetteville benefits program. Complete descriptions of each benefit are available in the actual plan documents. Every effort has been made to ensure this summary accurately describes these benefits. However, if there is a conflict between this information and the plan documents, the plan documents will govern. In addition, participation in the benefits program does not constitute a right to continued employment with the company. Nothing in this guide should be construed as a contract or offer to contract for employment for any specific time or under any particular terms and conditions. While it is the City's intent to continue these programs, we reserve the right to amend or terminate them at any time.

# Contact Information

**Nancy Riley**  
**City of Fayetteville**  
**Benefits Administrator**  
**479.575.8359**  
[insurance@fayetteville-ar.gov](mailto:insurance@fayetteville-ar.gov)

Benefit	Carrier	Phone #	Web
Medical	Arkansas Blue Cross Blue Shield	800-238-8379	<a href="http://www.arkansasbluecross.com">www.arkansasbluecross.com</a>
Dental	Arkansas Blue Cross Blue Shield	888-223-4999	<a href="http://www.arkansasbluecross.com">www.arkansasbluecross.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account (HSA)	First Security Bank	877-611-3118	<a href="http://www.fsbank.com">www.fsbank.com</a>
Flexible Spending Account (FSA)	American Fidelity	800-662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Life insurance	USABLE	800-370-5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Short Term Disability Insurance	American Fidelity	800-662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Long Term Disability Insurance	USABLE	800-370-5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
AD&D	ACE American Insurance Co.	215-640-1000	
Employee Assistance Program (EAP)	NextGen	800-327-2255	<a href="http://www.nexgeneap.com">www.nexgeneap.com</a>
Supplemental Insurance	American Fidelity Brandon Fuller	501-812-9076	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>



# Overview

**The City of Fayetteville** is proud to offer a comprehensive benefits package to eligible employees who are regular full-time employees. A complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which will provide detailed information about each benefit.

You will share the cost of medical, and the City will provide other benefits at no cost to you (life, accidental death & dismemberment, and long-term disability). In addition, there are employee paid (voluntary) benefits (dental, vision, and supplemental insurance) with reasonable group rates that you can purchase through your payroll deductions.

## Benefit Plans Offered

- ❖ Medical
- ❖ Dental
- ❖ Vision
- ❖ Flexible Spending Accounts (FSA): Healthcare and Dependent Care
- ❖ Health Savings Account (HSA)
- ❖ Life Insurance
- ❖ Accidental Death & Dismemberment (AD&D)
- ❖ Disability: Short-Term and Long-Term
- ❖ Supplemental Insurance: Cancer, Accident, Critical Illness and Hospital Indemnity

Elections made now will remain effective until the next open enrollment unless you or your family members experience a qualifying event. See page 6 for more information.



# What You Need to Know

## Eligibility

Full-Time Employees are eligible to enroll themselves and their qualified dependents in applicable employee benefits. Employees must work at least 30 hours per week to enroll in health insurance. Benefits for newly eligible employees are effective 1<sup>st</sup> of the month following 30 days of full-time employment.

Review this employee benefits booklet thoroughly. It will describe the many benefits available to the City of Fayetteville employees and their dependents.

## Enrollment Instructions

- 1) **Review your benefits-** Read this guide thoroughly. It will describe all the plan options for this plan year.
- 2) **Getting ready to enroll-** Items you will need:
  - **REQUIRED:** Names, birth certificate(s) (children)/marriage license (spouse), and social security cards for all dependents you wish to cover on insurance.
  - Information about other benefit coverage or insurance you or a family member may have.
  - Beneficiary designation information, so you can properly identify your beneficiaries for your various policies.
  - Your estimated out-of-pocket healthcare expenses to help you decide which benefit plans are best for you.
  - Expected dependent care expenses to help you plan your Flexible Spending Account.
- 3) **Follow Up-** Be sure to check your paystub to confirm that your payroll deductions are correct.



# Qualifying Events

## Qualified Life Events

Benefits are elected on an annual basis and can only be changed during Open Enrollment. However, certain life events qualify you for changes to your benefits during the year. All benefit changes require two conditions to be met before they can be approved. All changes must be requested, and appropriate documentation must be provided within 30 days of the event. If both conditions are not met within the 30 days, the life event will not be approved and the next opportunity to make changes will be at Open Enrollment.

The following are events that qualify you to make changes:

- You gain or lose a dependent (birth, marriage, divorce, death, adoption, common law marriage, etc.)
- Your dependent loses coverage due to employment change
- Your dependent becomes eligible for other coverage
- You become ineligible for benefits because you don't work the required number of hours
- You become eligible for benefits because your employment status changes

To make a benefit election, you must notify the City of Fayetteville within 30 days from the work/family qualifying event, with appropriate documentation of event.

LIFE EVENT	CHANGES ALLOWED	ACCEPTED DOCUMENTATION
Birth	Add New Child (allowed 30 days)	Birth Certificate, Vanity Birth Certificate (feet print), crib card, hospital discharge papers, letter from Doctor or midwife
Adoption	Add New Child	Final Adoption Papers or placement for adoption papers
Marriage / Domestic Partnership	Add Spouse / Domestic Partner	Marriage Certificate or Letter from the Officiate, Domestic Partnership Affidavit
Divorce, Annulment, Legal Separation, Dissolution of Domestic Partnership	Drop Ex-Spouse / Domestic Partner and drop any child dependents	Divorce Decree or Affidavit of Domestic Partnership Dissolution
Death	Drop deceased dependent	Death Certificate or Letter from Officiate
Gain Coverage Elsewhere	Drop coverage for yourself and any dependents also gaining other coverage	Letter from new carrier or enrollment documentation for each person
Loss of Coverage Elsewhere	Add coverage under health plan for yourself and any dependents that have also lost coverage	Creditable Coverage Certificate, Letter from prior carrier or letter from Sponsor or prior plan (employer) for each person

# Medical Insurance

## Medical Plan Offerings

The City of Fayetteville offers two medical plan options for employees and their families to choose from. All plans are administered by Arkansas Blue Cross Blue Shield. The plans vary by benefit and cost; please see the following pages for comparison of plans and costs.



access the Arkansas Blue Cross Blue Shield portal, scan the QR Code or click the following link:

[www.arkansasbluecross.com](http://www.arkansasbluecross.com)

From here you can create an account to find network providers, view claims, and manage your account or download the app in the app store.

### TERMS TO KNOW

**Deductible** - The amount you pay for covered services before the Plan will pay. Your deductible amount varies and is based on the Plan you enroll in.

**Co-insurance** - Your share of the cost for covered services, calculated as a percentage of the total eligible expenses.

**Out-of-Pocket (OOP) Maximum** - Protects you from major expenses with a maximum annual limit on the amount you pay for covered services. Your OOP max is calculated on your deductible and healthcare costs including co-insurance and co-payments, but not your employee contributions. Once you reach the OOP max, the Plan pays 100% of covered services for the remainder of the year.

**(PPO) Preferred Provider Plan** - Employees and their dependents can see any physician/specialist in the PPO network. The selection of a Primary Care Physician (PCP) is NOT required. Referrals to specialists are NOT required. A prescription benefit is included. Out-of-network benefits are available at lower benefit levels. A deductible and co-insurance may be applicable.

**(HDHP) High Deductible Health Plan** - A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) provides traditional medical coverage and a tax-free way to help you build savings for future medical expenses. Money in the savings account will help pay the deductible, earns interest, and is yours to keep. The HDHP gives employees greater flexibility and discretion over how they use their health care benefits.

# Medical Insurance

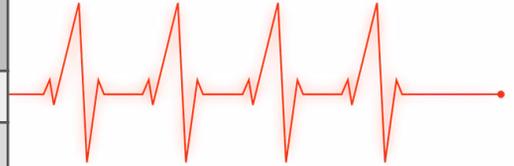
Benefits	ARBCBS Traditional PPO Plan \$1,000		ARBCBS High Deductible Health Plan (HDHP) \$3,300	
	PPO Network	Non-Network <sup>1</sup>	PPO Network	Non-Network <sup>1</sup>
<b>Annual Deductible</b>	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$3,300 Individual \$6,600 Family	\$6,600 Individual \$13,200 Family
<b>Out-of-Pocket Maximum</b> (Includes Deductible & Copays)	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family	\$3,300 Individual \$6,600 Family	\$13,200 Individual \$26,400 Family
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Preventive Services</b>	Plan pays 100%	Plan pays 80% AD	Plan pays 100%	Plan pays 80% AD
<b>Physician Office Visit</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Specialist Office Visit</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Outpatient Surgery</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Inpatient Hospitalization</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Emergency Room</b>	Plan pays 80% AD		Plan pays 100% AD	
<b>Urgent Care</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Lab</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Advanced Imaging</b>	Plan pays 80% AD	Plan pays 60% AD	Plan pays 100% AD	Plan pays 80% AD
<b>Prescription Drugs</b>				
Generic Brand Name Non-Formulary Preferred Specialty Non-Preferred Specialty	\$10 Copay \$40 Copay \$60 Copay \$150 Copay	Not Covered	Plan pays 100% AD	Not Covered

AD = After Deductible  
<sup>1</sup> You are responsible for any difference between the covered expense and the actual non-participating providers charge in addition to any applicable copayments, coinsurance and/or deductible.

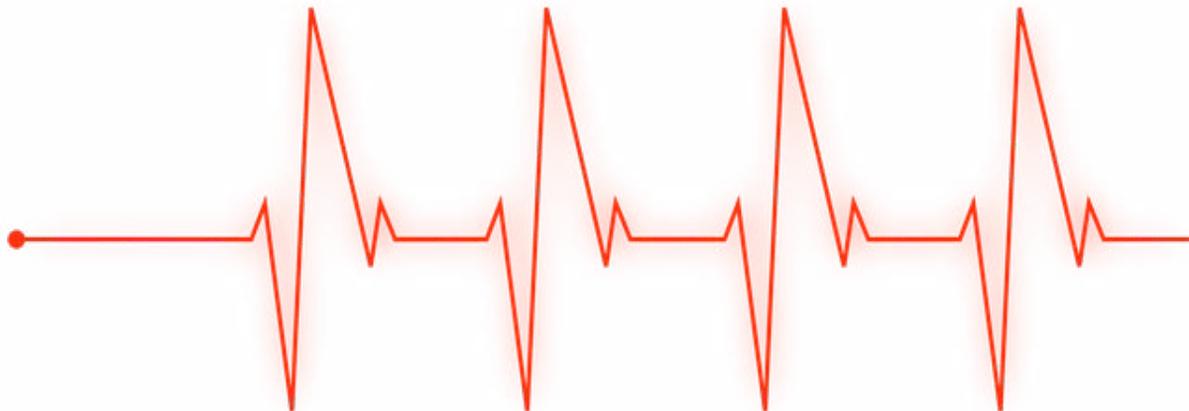
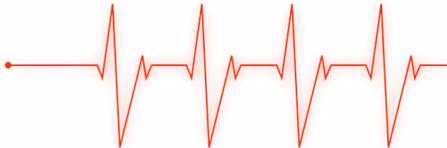
Please see the detailed Summary of Benefits & Coverage (SBC) on **COFI**

# Medical Insurance Premiums

<b>High Deductible Health Plan (HDHP) - \$3,300 Deductible</b>		
Coverage Tier	Employee Bi-Monthly Premium	City's Bi-Monthly Contribution
Employee Only	\$33.02	\$201.87
Employee + Spouse	\$75.38	\$431.22
Employee + Child(ren)	\$57.10	\$326.66
Family	\$105.85	\$605.55



<b>Traditional PPO Health Plan - \$1,000 Deductible</b>		
Coverage Tier	Employee Bi-Monthly Premium	City's Bi-Monthly Contribution
Employee Only	\$118.58	\$346.63
Employee + Spouse	\$382.93	\$631.45
Employee + Child(ren)	\$316.10	\$521.25
Family	\$521.18	\$859.43



# Health Savings Account

Employees who participate in a qualified High Deductible Health Plan (HDHP) may be eligible to set aside money in a Health Savings Account (HSA). The money you contribute to an HSA is exempt from taxes; you save FICA and Federal taxes when contributing through payroll, and you spend the money tax-free when you spend it on qualified expenses.

**Qualified expenses include unreimbursed medical, dental and vision expenses incurred by you and your eligible dependents** - even if you don't cover your dependents. An HSA is similar to a personal savings account. The money in your HSA remains in your HSA until you're ready to spend it; there's no time limit. If you change jobs or retire, you take the HSA with you. HSA funds can also be spent on Medicare, COBRA and Long-Term Care insurance premiums.

2025 Limits for Health Savings Accounts	
HSA Contribution Limits	\$4,300 Individual \$8,550 Family
HSA Catch-Up Contribution Age 55+	\$1,000
Please see page 11 for the City's HSA Contribution Schedule	
The City's contribution counts towards the annual limits.	

**How do I make contributions to my HSA?** You can contribute to your HSA through payroll deductions.

**Where can I find a list of qualified expenses?** Refer to the list found at [irs.gov](https://www.irs.gov) - search *Publication 502*.

**When can I start using the funds in my HSA?** You can use the funds in your HSA once they are available. If you incur expenses under the qualified HDHP prior to having enough funds in your HSA, you can reimburse yourself months or years later, once you do have the funds available - so long as you were enrolled in the qualified HDHP at the time of service and the HSA was established at the time of service.

**Can I use my HSA to pay for non-qualified expenses?** Money withdrawn from an HSA for non-qualified expenses is taxable and subject to a 20% penalty. Although the 20% penalty goes away at age 65, the non-qualified expenses are always subject to income tax.

**What happens to my HSA if I leave my employer?** The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses.

**Can I use the money in my HSA to pay for my dependents' health care expenses?** You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children - even if they are not covered as your dependents. Refer to *Internal Revenue Code Section 152* to determine if your spouse and/or child is an eligible dependent.

**Can couples establish a "joint" HSA and both make contributions, including "catch-up" Contributions?** "Joint" HSAs are not permitted. Each spouse should consider establishing an HSA in his or her own name. This allows you to both make catch-up contributions when you are age 55 or older.

**For more information on HSAs, visit:**  
[irs.gov](https://www.irs.gov) - search *Publication 502* and *Publication 969*  
[hsacenter.com](https://hsacenter.com) - view videos, presentations, and frequently asked questions

The HSA is not an automatic feature of enrolling in a HDHP; it is a separate account you must setup with our provider, **First Security Bank**. If you would like to set-up direct deposit into your HSA, you must provide payroll with your HSA account and routing numbers. Similar to other direct deposits you may already have, you can increase, decrease, start or stop your HSA contributions throughout the year.

**Who is eligible to open and fund an HSA?**

Anyone who is:

- covered by a qualified HDHP plan and
- not covered under another medical plan that is not a qualified HDHP - including Medicare, Medicaid, Tricare, VA and/or a Health Care Flexible Spending Account (FSA)

# Health Savings Account

HSA Contributions					
Coverage Tier	City's Contribution (Bi-monthly)	City's Contribution (Per month)	City's Contribution (Annual)	Employee's Maximum Annual Contribution	2025 IRS Maximum Annual Contribution
Employee Only	\$43.75	\$87.50	\$1,050.00	\$3,250.00	\$4,300.00
Employee + Spouse	\$61.67	\$123.34	\$1,480.08	\$7,069.92	\$8,550.00
Employee + Domestic Partner	\$43.75	\$87.50	\$1,050.00	\$3,250.00	\$4,300.00
Employee + Child(ren)	\$78.75	\$157.50	\$1,890.00	\$6,660.00	\$8,550.00
Family (Domestic Partner) – considered EC since DP is not elig to use HSA	\$78.75	\$157.50	\$1,890.00	\$6,660.00	\$8,550.00
Family	\$95.00	\$190.00	\$2,280.00	\$6,270.00	\$8,550.00



HSA is managed by First Security Bank.  
 To access your account, click the link below or scan the QR Code.

[www.fsbank.com](http://www.fsbank.com)



# Flexible Spending Account (FSA)



You can pay for out-of-pocket Medical, Dental, Vision, and/or Dependent Care expenses with pre-tax dollars through the Flexible Spending Account (FSA).

**Important Note: If you will be funding an HSA, you cannot participate in the Health Care FSA. However, you may choose to participate in a Limited Purpose Flexible Spending Account (LPFSA). Funds in a LPFSA may only be used for Dental and Vision expenses.**

2025 Limits for Flexible Spending Accounts	
Type of FSA	Annual Contribution Limit
Health Care	\$3,300 (per Household)
Dependent Care	\$5,000 (per Household)

A **Health Care FSA** is used to reimburse out-of-pocket health care expenses incurred by you, your spouse and/or your children; whether you cover them or not. Eligible expenses include deductibles, coinsurance, copays, etc. Your Health Care contribution is pre-loaded to a debit card; you have immediate access to the funds and will pay them back throughout the year via payroll deduction.

A **Dependent Care FSA** is used to reimburse eligible dependent care related expenses; while you or your spouse work, look for work or attend school full-time or are physically unable to care for your dependent. Eligible children are under age 13, or a dependent who is physically or mentally not able to care for himself. Eligible expenses include nanny, nursery school, before care/after care, late pick-up fees, day camp, or day care.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income or FICA taxes on the portion of your paycheck you contribute to your FSA.

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses incurred during the Plan Year. If you still have money in the account at the end of the plan year, you will have a 90 day grace period to submit eligible expenses. Any money remaining outside of that grace period will be forfeited; this is the “**use-it or lose-it**” rule.

**Do your homework and consider known expenses. Make an informed decision when you elect your contribution for the year. FSA elections can ONLY be changed during Open Enrollment or due to a Qualifying Event.**

FSA is managed by American Fidelity. To create an account, click the link below or scan the QR Code.

[www.americanfidelity.com](http://www.americanfidelity.com)



# HSA, FSA, & LPFSA Comparison

Provisions	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Limited Purpose Flexible Spending Account (LPFSA)	Limited Purpose Flexible Spending Account (LPFSA)
Plan Requirements	HDHP	N/A	HDHP	PPO
Other Requirements	Must be enrolled in an HDHP plan and not enrolled in an FSA	N/A	Cannot be enrolled in any other health insurance including an FSA	Can only elect if you are ineligible for an FSA due to a spouse having an HSA
Account Owner	You	Employer	Employer	Employer
Qualified Expenses	<ul style="list-style-type: none"> <li>Unreimbursed medical, dental and vision expenses</li> <li>Some insurance premiums: Medicare, long term care and COBRA</li> </ul>	Unreimbursed medical, dental and vision expenses	Unreimbursed dental and vision expenses only	Unreimbursed dental and vision expenses only
OTC Medicines	Only with a prescription	Only with a prescription	No	No
2025 Annual Contribution Limits	\$4,300 individual \$8,550 family Plus \$1,000 catch-up at age 55	\$3,300	\$3,300	\$3,300
Access to Funds	Available balance only	Up front availability	Up front availability	Up front availability
Ability to Use Funds for Non-Qualified Expenses	Yes, but taxable and subject to a 20% penalty (no penalty after age 65)	No	No	No
Ability to Change Contribution	Same as all direct deposit banking	Open Enrollment only unless qualified event	Open Enrollment only unless qualified event	Open Enrollment only unless qualified event
Rollover of Funds	Yes	No	No	No
Recordkeeping	Retain receipts in case of IRS audit	Submit receipts when requested by Plan Administrator	Submit receipts when requested by Plan Administrator	Submit receipts when requested by Plan Administrator
Eligible Dependents	Legal spouse and dependent children (IRC Section 152)	Legal spouse and dependent children (IRC Section 152)	Legal spouse and dependent children (IRC Section 152)	Legal spouse and dependent children (IRC Section 152)

# How to Stretch your Health Care \$\$\$

## AT THE DOCTOR'S OFFICE

- Ask your physician questions - you deserve information you understand completely.
- Ask your physician about home testing and monitoring devices
- Keep records of all appointments and outpatient visits which include the provider's name, procedures and tests performed and medications received or purchased.
- Keep track of any Explanation of Benefits (EOBs) you receive and compare them to your receipts and invoices.

## WITH YOUR HEALTH PLAN

- Get an itemized bill for any hospital stay and check it to ensure it reflects the care you received.
- Understand how your health plan works.
- Live a healthy lifestyle.
- Always use in-network providers.
- Use any additional programs or discounts provided by your employer or health plan.
- Keep a record of your interactions with any billing representatives and carefully check all your medical bills.

Look into freestanding surgical and diagnostic centers. If you need surgery, you might save money by having it performed at an ambulatory surgical center (a clinic that is not associated with a hospital) these sites usually charge less than hospitals for their outpatient surgical centers.

Freestanding diagnostic centers are also available and tend to charge less for certain tests like MRI's, CAT scans, X-rays and bone density scans. But before you go, make sure the facility is in your plan's network and that your plan's benefits cover the service.

## WAYS TO SAVE ON MEDICAL CARE

### Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, which you can pick up at your local pharmacy.

### Retail Health Clinics

While these clinics lack the personal nature of seeing a family physician who knows your complete medical history, their appeal is the temporary relief when your doctor is not available and at a lower cost.

### Urgent Care Center

Depending on the situation, consider going to an urgent care center rather than a hospital emergency room.

Two reasons to go to the urgent care center for non-emergencies are lower costs and shorter wait times.

**PREVENTATIVE CARE SERVICES:** Certain preventative services are covered without charging a deductible, copayment or coinsurance when these services are provided by a network provider. Services may vary based on age, gender and health status. There may be services you had in the past that will now be covered as preventative, at no additional cost to you. There may be services you received in the past that were considered preventive, that may no longer be covered as preventative under the new guidelines. **IT'S IMPORTANT TO REVIEW YOUR PLAN DOCUMENTS FOR THE PREVENTATIVE SERVICES INCLUDED IN YOUR SPECIFIC BENEFIT PLAN.**

**CODING TIP:** Keep in mind that your provider must code these items and services as **PREVENTATIVE** care for the Health Plan to cover them at 100%. During your office visit, be sure to remind your provider to code these services as preventative care.

**COLONOSCOPY COVERAGE TIP:** Eligibility age: Per federal government mandates, the Health Plan will cover colonoscopies for plan members based on member age. See plan summary for details. Diagnostic services are not covered under the preventative care benefit but are covered under another portion of the medical benefit plan. Services are considered diagnostic care when a person:

- Had abnormalities found on previous preventative or diagnostic services that require further diagnostic services;
- Had abnormalities found on previous preventative or diagnostic services that would recommend a repeat of the same service within a shortened time period from the recommended preventative screening time period based on age and gender.

# How to Stretch your Health Care \$\$\$

## Medications-Rx Discount Programs

To help control drug expenditure increases, you need to take an active part in understanding your prescription drug benefit. The following suggestions can help you save money:



- Ask if an over-the-counter medication would work as well as the prescription.
- If your doctor prescribes a new medication, ask if they have samples. This will allow you to make sure the prescribed medication is right for you and can save you a co-pay or two!
- If you take maintenance medications for ongoing medical conditions such as diabetes, high blood pressure or oral contraceptives, the carrier’s mail-order pharmacy offers a convenient, discreet way to obtain your medications without leaving the comfort of your home. Under your carrier’s medical plans, you can receive up to a 90-day supply for a discounted rate with no additional delivery fee. Simply ask your physician for a 90-day supply of your medication with refills, complete the necessary mail-order form and send in, your prescription will be filled and mailed to your home or location of choice.

Pharmacy	Antibiotics	Generic Rx Programs	Website
	\$4.00 *visit website for details	\$4 / 30- Day Supply \$10 / 90-Day Supply	Target.com/pharmacy
	\$4.00 *visit website for details	\$4 / 30- Day Supply \$10 / 90-Day Supply	Walmart.com/pharmacy
	*visit website or download free mobile app	\$4 generic medications	Goodrx.com

**Remember Do Not show your Insurance ID Card to receive the benefits, or you will be charged your Rx benefit co-pays. When using these programs, amounts paid will NOT apply to the deductible or Out of Pocket.**

### Generic VS Brand, What’s the difference?

Generic medications may look different, but they provide the same level of quality, safety, and effectiveness as the name brand medicine for a lower price. Often two brand-name drugs (non-generic) can be used for the same problem. One may be less expensive than the other. That drug becomes a preferred drug, and the other becomes non-preferred. Check your Preferred Drug List (PDL) periodically, as it is updated quarterly. Sometimes the drug moves from the preferred list to the non-preferred list. If this happens, ask your doctor if he or she can prescribe a preferred drug that would cost you less money and work just as well for you.

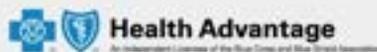
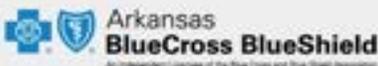
# My Blueprint



Connect to your health plan from anywhere

## The My Blueprint Mobile app lets you:

- View electronic member IDs and send via email or fax (where applicable)
- Access "Find Care & Cost" features with cost estimates for procedures, mapping and doctor reviews
- Access claims and policy information
- See your Personal Health Record to help fill out medical forms
- Easily reach customer service by phone or email
- View pharmacy information with prescription history and refill orders (where applicable)
- Pay your bill (where applicable)



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# Dental Insurance

City of Fayetteville offers a dental plan through Arkansas Blue Cross. The plan design is such that employees can use any dentist; however, greater benefits are recognized when services are received from preferred providers in the network.

To find a network provider, click the link below or scan the QR Code.  
[www.arkansasbluecross.com](http://www.arkansasbluecross.com)



Benefits	Dental Plan Name	
	In-Network	Out of Network*
<b>Annual Deductible</b> Deductible is waived for Preventive Services	\$50 In-Network / \$150 Out-of-Network	
<b>Annual Plan Maximum</b>	\$1,500 per individual	
<b>Type A: Diagnostic/Preventive Services</b>		
<b>Routine Exam</b>	Plan pays 100%	Plan pays 90%
<b>Teeth Cleaning</b>	Plan pays 100%	Plan pays 90%
<b>Panoramic X-rays</b>	Plan pays 100%	Plan pays 90%
<b>Type B: Basic Restorative</b>		
<b>Simple Extraction</b>	Plan pays 80% AD	Plan pays 70% AD
<b>Root Canal Endodontic</b>	Plan pays 80% AD	Plan pays 70% AD
<b>Periodontal Scaling</b>	Plan pays 80% AD	Plan pays 70% AD
<b>Type C: Major Restorative</b>		
<b>Implant</b>	Plan pays 50% AD	Plan pays 40% AD
<b>Crown</b>	Plan pays 50% AD	Plan pays 40% AD
<b>Type IV: Orthodontic Services</b>		
<b>Treatment—Child to age 19</b>	Plan pays 50%	Plan pays 40%
<b>Lifetime Orthodontic</b>	\$1,500	\$1,500
Carry Over Benefit: \$500 Claims Threshold: \$700 Carry Over Benefit Maximum: \$1,250		
*Out of Network – 90% of Maximum Plan Allowance (MPA)		

Dental Rates	Employee Bi-Monthly Cost	Employee Monthly Cost
<b>Employee Only</b>	\$15.11	\$30.22
<b>Employee + Spouse</b>	\$30.22	\$60.44
<b>Employee + Child(ren)</b>	\$34.76	\$69.52
<b>Employee + Family</b>	\$53.90	\$107.80



# BCBS Dental BYTE Program



blueprint

Your smile can get better  
and better with every Byte®

Get preferred rates on Byte Clear Aligners

Regular dental visits can identify cavities and gum disease. Studies also show that smiling can help you live better — and longer. To keep you smiling and healthy, we've arranged for all Arkansas Blue Cross and Blue Shield dental plan members to get preferred rates on Byte All-Day or At-Night Clear Aligners. You can now get the smile you've always wanted without breaking the bank.

This affordable at-home teeth straightening treatment uses discreet, FDA-cleared orthodontic aligners that can be worn all day or just at night — whichever works best for you.

## Why Byte?

**Affordability:** Byte Clear Aligners cost thousands less than braces on average. Plus, you can use FSA or HSA funds to purchase them.

**Faster results:** Byte's exclusive, science-backed HyperByte® helps seat your aligners to improve comfort and to provide better traction and more accurate teeth movement — it can cut treatment time in half.

**Convenience:** Everything you need is sent to you. Aligners are administered and managed at home — no in-office visits are necessary.

**Professional clinical expertise:** Licensed dentists and orthodontists will customize a treatment plan and track your progress with regular check-ins through remote monitoring.

## My Byte® app

Each treatment plan includes a free subscription to the My Byte app. You can complete check-ins, set up automatic reminders and conveniently track your progress from your phone.

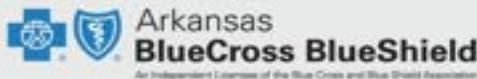


## Preferred savings

- \$200 off All-Day Aligners
- \$400 off At-Night Aligners
- \$80 off the impression kit
- 15% off Byte accessories, including BrightByte®, a professional-grade teeth whitening foam



To get started,  
scan the QR code.



Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association and is licensed to offer health plans in all 75 counties of Arkansas.  
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# Vision Insurance

The Vision Insurance Plans offered through **VSP** provide network and non-network benefits for eye exams, lenses, frames, and contact lenses. The plan charges copays and members pay extra for upgraded materials. Greater benefits are recognized when services are received from Network providers.

To find a network provider, click the link below or scan the QR Code.  
[www.vsp.com](http://www.vsp.com)



Benefits	Silver Plan		Gold Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Eye Exams</b>	\$10 copay	Reimbursed up to \$45	\$10 Copay	Reimbursed up to \$45
<b>Materials (Lenses)</b>	\$15 Copay	See below	\$10 Copay	See below
<b>Eyeglass Lenses and Frames</b>				
<b>Single Standard Lenses</b>	Covered after Materials Copay	Reimbursed up to \$30	Covered after Materials Copay	Reimbursed up to \$30
<b>Bifocal Standard Lenses</b>		Reimbursed up to \$50		Reimbursed up to \$50
<b>Trifocal Standard Lenses</b>		Reimbursed up to \$65		Reimbursed up to \$65
<b>Lenticular Standard Lenses</b>		Reimbursed up to \$100		Reimbursed up to \$100
<b>Frames</b>	\$130 Allowance plus 20% off balance	Reimbursed up to \$70	\$150 Allowance plus 20% off balance	Reimbursed up to \$70
<b>Contact Lenses (in lieu of frames/lenses)</b>				
<b>Standard Fit and Follow Up</b>	Up to \$60	Not Covered	Up to \$60	Not Covered
<b>Elective Contact Lenses</b>	\$130 retail allowance	Reimbursed up to \$105	\$150 retail allowance	Reimbursed up to \$105
<b>Medically Necessary Lenses</b>	Paid in Full	Reimbursed up to \$210	Paid in Full	Reimbursed up to \$210
<b>Benefit Frequency</b>				
<b>Exams</b>	12 months		12 months	
<b>Lenses</b>	12 months		12 months	
<b>Frames</b>	24 months		12 months	
<b>Contacts</b> (In lieu of frames/lenses)	12 months		12 months	

Vision Rates	Silver Plan		Gold Plan	
	Employee Bi-Monthly Cost	Employee Monthly Cost	Employee Bi-Monthly Cost	Employee Monthly Cost
<b>Employee Only</b>	\$3.00	\$6.00	\$3.86	\$7.72
<b>Employee + Spouse</b>	\$5.98	\$11.96	\$7.70	\$15.40
<b>Employee + Child(ren)</b>	\$6.40	\$12.80	\$8.24	\$16.48
<b>Employee + Family</b>	\$10.23	\$20.46	\$13.17	\$26.34

# Group Life and Accidental Death & Dismemberment (AD&D) Insurance

## Group Life and AD&D Insurance

Group Life with an AD&D rider has been arranged through **USABLE**. All eligible employees receive the benefits outlined below. **The City of Fayetteville provides this benefit to you at no cost to you.**

### Group Life Insurance (Employer Paid)

Plan Feature	Benefit Amounts
Basic Life Benefit	1.5 times annual salary
Basic Life Maximum	\$175,000
Guarantee Issue Amount	\$175,000
AD&D Benefit (All Eligible Full Time Employees Excluding Police and Fire)	1.5 times annual salary
AD&D Maximum (All Eligible Full Time Employees Excluding Police and Fire)	\$175,000
AD&D Benefit (All Eligible Full Time Police and Fire)	3 times annual salary
AD&D Maximum (All Eligible Full Time Police and Fire)	\$350,000
Age Reduction Formula	65% at age 65, 40% at age 70 and 20% at age 75

## Group AD&D Insurance

Additional group AD&D Insurance is arranged through **ACE USA**. All eligible employees receive the Accidental death & dismemberment (AD&D) insurance benefit outlined below. **The City of Fayetteville provides this benefit to you at no cost to you.**



### Accidental Death & Dismemberment Insurance (Employer Paid)

Plan Feature	Benefit Amounts
Benefit in event of accidental death or the loss of sight, speech, hearing or limb	\$25,000
Plan Maximum	\$25,000
Guarantee Issue Amount	\$25,000

# Voluntary Life and Accidental Death & Dismemberment Insurance (AD&D)

## Voluntary Life Insurance

Voluntary Life Insurance is arranged through **USABLE**. You have the option of purchasing additional Life Insurance at attractive rates and the convenience of payroll deduction. Your cost is based on your age and amount of coverage you select. Age-related cost adjustments will occur according to plan policy. You must elect coverage for yourself to cover your spouse/children.

Coverage	Voluntary Life Insurance (Employee Paid)	Guarantee Issue	Annual Increase up to GI
Employee	Increments of \$10,000 up to a maximum of 5X earnings or \$500,000	\$250,000	\$10,000
Spouse	Increments of \$5,000 up to a maximum of \$500,000, not to exceed 100% of employee benefit. Spouse coverage terminates at age 75.	\$50,000	\$10,000
Child(ren)	You may elect \$2,500, \$5,000, \$7,500 or \$10,000. Dependent, unmarried children are eligible from live birth through age 20 (25 for full time student). Child(ren) from live birth to 6 months are covered at \$1,000.	\$10,000	\$10,000

**Important Reminders:** Voluntary Life and AD&D Insurance benefits reduce to 60% at age 75, 35% at age 80, 28% at age 85, 20% at age 90 and 8% at age 95. You must be actively at work on the effective date, or your coverage will be delayed until you return to active employment.

## Voluntary AD&D

Voluntary AD&D Insurance is arranged through **ACE USA**. You have the option of purchasing additional Accidental Death & Dismemberment Insurance for yourself, your spouse/domestic partner and your child(ren). (Please see Certificate of Coverage for dependent eligibility) Coverage is available regardless of health history.

Coverage	Voluntary Accidental Death & Dismemberment Insurance (Employee Paid)
Employee	Increments of \$25,000 up to a maximum of \$250,000
Spouse	Benefit is 60% of employee benefit amount if at the time of claim there are no dependents; or 50% of employee benefit amount if at the time of claim there are dependents.
Child(ren)	Benefit is 20% of employee benefit amount up to a maximum of \$50,000 if at the time of claim there is no spouse; or 15% of employee benefit amount up to a maximum of \$37,500 if at the time of claim there is a spouse.

Voluntary AD&D Rates Monthly rates per \$1,000 of coverage	
Employee	\$0.03
Family	\$0.05

See Certificate of Coverage for more benefit and payout on covered losses.  
Refer to ACE USA AD&D Coverage highlight handout to calculate the cost of additional AD&D insurance. The rate is based on the coverage amount you elect and if you choose individual or family.

# Disability Insurance



City of Fayetteville offers short and long-term disability insurance to full time employees. If you become disabled due to an injury or sickness, disability income benefits provide a source of income.

**Group Long-Term Disability (LTD)**

The City of Fayetteville provides LTD through USABLE at **no cost to you**. LTD covers loss of income due to injury or illness after 6 months.

**Voluntary Short-Term Disability (STD)\***

STD coverage is available for eligible employees to purchase through American Fidelity. STD covers up to the first 6 months of lost income due to injury or illness.

<b>LTD Income Benefit</b>	60% of Pre-disability Earnings*
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$50
<b>Benefit Waiting Period</b>	180 Days
<b>Maximum Benefit Period</b>	Determined by your age when disability begins
<b>Own Occupation Period</b>	First 24 months for which LTD benefits are paid
<b>Any Occupation Period</b>	From the end of Own Occupation to the end of Maximum Benefit Period
<b>Guarantee Issue</b>	Full Benefit
<b>Taxable</b>	Benefit is taxable

<b>STD Income Benefit</b>	60% of Pre-disability Earnings*
<b>Maximum Monthly Benefit</b>	\$7,500
<b>Minimum Monthly Benefit</b>	\$300
<b>Benefit Waiting Period</b>	Can choose 7 days or 14 days
<b>Maximum Benefit Period</b>	90 days or 180 days
<b>Taxable</b>	Benefit is not taxed
<b>Accidental Death Benefit</b>	\$10,000
<b>Survivor Benefit</b>	Lump sum 3 times disability

\*See full benefit summary in enrollment portal. You can also discuss with the American Fidelity rep during enrollment.

# NextGen Employee Assistance Program Guide



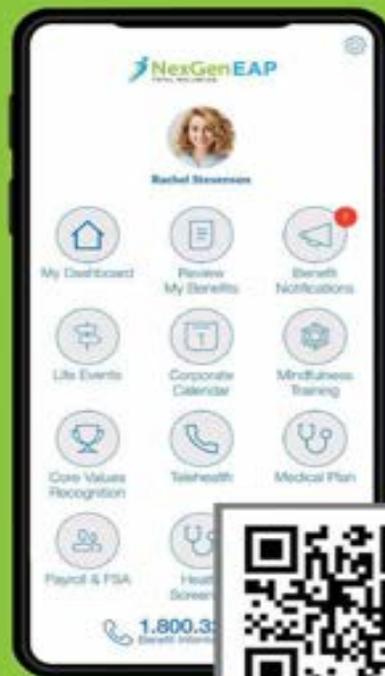
## YOUR TOTAL WELL-BEING & MENTAL HEALTH BENEFIT

You and your eligible family members can trust the **NexGen EAP** services to address your total well-being by providing barrier-free access to mental health and virtual life services.

### CONFIDENTIAL ASSISTANCE

We ensure that your information and identity is kept completely confidential - even from your employer. Exceptions occur only when members are at risk of harming themselves or others or when the welfare of a child is in question.

## Download THE APP



**COMPANY ID: 10798**

COMPANY ID IS NEEDED TO CREATE AN ONLINE ACCOUNT

# NexGen Employee Assistance Program Guide, cont.

## Coaching & Counseling Services

**NexGen EAP** provides barrier-free access to mental health professionals and life coaches via phone, video, web, text, and chat. Either connect with one of our Life Service Navigators for assistance or effortlessly schedule an appointment on your own through the **NexGen EAP** web portal and mobile app. Get support for any wellness need from stress to anxiety, meditation, career development, relationships, and much more.

## Legal and Financial Consultations

Half-hour legal consultations can be used for issues such as divorce, custody disputes, and wills. Discounted legal fees are also available if a longer consultation is required. 90-minute financial consultations can provide assistance with topics such as debt management, credit issues, and budgeting. ID Theft resources are also available.

## Child/Elder Care Resources

**NexGen EAP** can assist you with finding a pediatrician, babysitter/day care, camps, sports lessons, music lessons, college applications, and financial aid.

Eldercare resources include help with housing options, assisted living facilities, Medicare, doctors, financial planning, and transportation.

## Health Advocacy

Our Health Advocates are available to provide benefits information and assistance in navigating your health plan. They can also assist with healthcare claims and appeals management, billing assistance, prescription information and costs, and healthcare provider research.

## Individualized Wellness Resources

Your comprehensive, personalized Wellness Program encompasses all areas of well-being from nutrition, dietary advice, and fitness to relaxation and restoration. Submit a wellness request, schedule a call with a Wellness Coach, or receive individualized wellness tools and resources.

## Virtual Concierge

The Virtual Concierge Service features dedicated Personal Assistants available to provide you with research, referrals, or information on just about any topic including travel information, event planning, relocation, dining, entertainment, and more.

## Mindfulness Training

*In partnership with Self by Design*

To support you in building mental resilience, cognitive skills, and emotional management tools to navigate today's challenging world, our Mindfulness Training includes masterclasses on mental wellness/mindfulness and a video content library full of educational videos and exercises for the mind.

## Self-Guided Mental Health Resources

Download the **NexGen EAP** app and select "Virtual Mental Health" from the menu. Using assessments and our proprietary Life Event Technology, our easy-to-use mobile app will connect you to thousands of wellness resources including podcasts, articles, assessments, videos, activities, and so much more.

The Virtual Mental Health benefit features custom-built Solutions Paths guided by AI-driven technology to provide you with mental health and personal development resources based on your individual needs and goals.

## Barrier-Free Accessibility

Access your Total Well-being Program via the **NexGen EAP** app or the online web portal. Effortlessly schedule an appointment with a counselor or coach, and get connected to the full suite of your Virtual Life Services right from your computer or phone. You can also submit requests directly to your Personal Assistant, access exclusive entertainment discounts, live chat, and start a financial or legal request.



**GET STARTED NOW:**

[WWW.NEXGENEAP.COM](http://WWW.NEXGENEAP.COM)

1.800.327.2255

MOBILE APP: NEXGEN EAP

# Supplemental Insurance

Voluntary benefit plans are available through **American Fidelity**. These plans are available to you, your spouse, and children.

The City offers supplemental insurance with American Fidelity to eligible employees. This insurance is an individual policy with American Fidelity where you will have the ability to continue most coverages if you change jobs or retire. The City provides convenience of payments through payroll deductions.

American Fidelity offers the following policies:

- ❖ Short-Term Disability Insurance
- ❖ Term Life Insurance
- ❖ Whole Life Insurance
- ❖ Hospital GAP PLAN Insurance
- ❖ Hospital Indemnity Insurance
- ❖ Cancer Insurance
- ❖ Accident Insurance
- ❖ Group Critical Illness Insurance
- ❖ Texas Life

For more information and pricing for each policy, contact Brandon Fuller at [brandon.fuller@americanfidelity.com](mailto:brandon.fuller@americanfidelity.com) or call American Fidelity at 501-812-9076.



To access Life and Disability benefits, click the link below or follow the QR Code

[www.americanfidelity.com](http://www.americanfidelity.com)







# 2024 EMPLOYEE BENEFIT GUIDE





## 2024 BENEFIT GUIDE

City of Little Rock Employees,

We are excited to present your 2024 benefits to you! The City of Little Rock is committed to providing their employees with comprehensive and affordable benefit options. The 2024 Health and Welfare benefit offerings provide employees with unlimited flexibility that reflects the City's optimal culture.

This guide will help you understand the full range of health and welfare benefits that will be available January 1, 2024. After reading through the enclosed information, be sure to use this guide as a benefits resource you can refer to throughout the year.

At the City of Little Rock, we want to encourage and support our employees in living their best and happiest life. With this in mind, we recommend our employees start utilizing the benefits available to you now, to make these positive habits easier to embrace in 2024 and beyond!

### FOR YOUR REFERENCE, CITY OF LITTLE ROCK HUMAN RESOURCES BENEFIT PERSONNEL CONTACT INFORMATION IS BELOW:

Name	Title	Phone Number	Email
Jenny Bradford	Benefits & Risk Manager	(501) 371-4502	HRBenefits@littlerock.gov
Kaylebrae Clark	Benefits Analyst	(501) 371-4518	HRBenefits@littlerock.gov
Christopher Barnett	Health & Wellness Plan Coordinator	(501) 371-4670	cbarnett@littlerock.gov

**PLEASE NOTE: YOU WILL NOT BE AUTO-ENROLLED IN YOUR FSA. YOU MUST RE-ENROLL EVERY YEAR!**

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INTENTIONALLY DIFFERENT

## **CUSTOMER SERVICE**

Charles Angel  
(501) 690.2532 | [charles.angel@jtsfs.com](mailto:charles.angel@jtsfs.com)

Nancee Roberson  
(501) 400.1805 | [nancee@jtsfs.com](mailto:nancee@jtsfs.com)

Melissa Fox  
(501) 238.3210 | [melissa@jtsfs.com](mailto:melissa@jtsfs.com)

Fax: 1 (888) 965.4050  
Business Hours: Monday-Thursday 8:00-5:00  
Friday 8:00-4:00

# WHAT YOU NEED TO KNOW

We recommend that you review your current information, including...

- Beneficiaries
- Removing ineligible dependents
- If you have Spousal Life Insurance coverage, and you have divorced, your ex-spouse may no longer be eligible for this coverage
- If a child no longer qualifies for coverage as a dependent (i.e. stepchildren who are no longer eligible due to divorce, loss of guardianship, or if child reaches age 26, etc.)

If you are a current employee (not a new hire), please keep the following information in mind:

- You cannot make any changes until the annual "open enrollment period", which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)

However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:

- marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.

## PRE-TAX PAYROLL DEDUCTIONS

To help offset your contributions for the medical, dental and vision plans, we offer these benefits on a pre-tax basis through the City of Little Rock Section 125 (or "cafeteria") plan. By making your contributions for these benefits on a pre-tax basis, the premium is withheld from your pay before federal, state (in most cases) and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.

## EMPLOYEE ELIGIBILITY

To be eligible for benefits, you must be a regular full time employee. Benefits for new employees go into effect the 1st of the month following 30 days of employment.

## DEPENDENT ELIGIBILITY

You must be covered or enrolled in a benefit plan to enroll your eligible dependents. These include your spouse, children up to age 26, stepchildren of lawful spouse, children for whom benefits must be provided through a Court Order Mandate, or grandchildren who are legally recongized as dependents.

DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from JTS Financial Services, LLC

# GLOSSARY OF INSURANCE TERMS



**Annual Maximum** - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

**Benefit Year** - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

**Benefits** - Items or services covered under an insurance plan.

**Beneficiary** - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

**Broker** - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

**COBRA** - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

**Claim** - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

**Coinurance** - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

**Copayment (Copay)** - A fixed amount that the insured is required to pay before receiving the service.

**Deductible** - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

**Dependent** - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

**Elimination Period** - A period of continuous disability which must be satisfied before you are eligible to receive benefits.

**Evidence of Insurability (EOI)** - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

**Flexible Spending Account (FSA)** - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

**Guaranteed Issue** - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

**Health Savings Account-** A savings account used in conjunction with a high-deductible health insurance policy that allows users to save money tax-free against medical expenses.

**High Deductible Plan** - A health insurance plan with a sizable deductible for medical expenses. A High Deductible Plan usually has a larger annual deductible than a typical health plan but charges lower monthly premiums.

**Long-Term Care** - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

**Medically Necessary** - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

**Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

**Non-Preferred Provider** - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

**Out-of-Pocket Maximum** - The maximum amount of money you may pay for services in a benefit year.

**Pre-Existing Condition** - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

**Premium/Rate** - The amount you pay for your insurance premiums each month.



# WELLNESS PROGRAM

## MotivateMe Program

MotivateMe provides a **personalized customer experience** and motivates customers at every touch point, both online or on the phone, in order to **improve their health** and help them to spend wisely to **lower health care costs**.

### **BENEFITS OF MOTIVATEME**

- Focuses on outcomes, offering incentives for biometric target and improvements
- Educates customers about available health improvement programs and encourages use
- Empowers customers to make the best available health care decision
- Helps lower medical costs for clients and customers
- Educates customers about opportunities to earn incentives every time they interact with Cigna

For More Information Contact Christopher Barnett:  
Health & Wellness Plan Coordinator  
Phone: (501) 371-4670  
cbarnett@littlerock.gov



# HEALTH INSURANCE

▶ Health insurance covers you and your family for your basic health needs after you've met your coverage deductible (some benefits include copay after deductible). Coverage includes visits with a primary care physician and specialty physicians, inpatient and outpatient hospital care, and ambulance services.

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>CALENDAR YEAR DEDUCTIBLE</b>			
Per Covered Person	\$3,000	\$2,000	\$1,000
Per Family Unit	\$6,000	\$4,000	\$2,000
Coinsurance	80%	80%	80%
<b>OUT-OF-POCKET CALENDAR YEAR MAXIMUM</b>			
Per Covered Person	\$6,500	\$4,000	\$4,000
Per Family Unit	\$13,000	\$8,000	\$8,000

The following charges apply towards the maximum out-of-pocket. Once this amount is reached, the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise:

- Deductible(s)
- Coinsurance
- Medical and Pharmacy Copayments

- All benefit payments are subject to the Maximum Allowable Charge. Use of an Out-of-Network provider may result in you being balance billed and having higher out-of-pocket costs. Amounts in excess of the Maximum Allowable Charge do not count toward Deductible or Coinsurance limits.
- Calendar Year maximums are combined between In-Network and Out-of-Network. If, for example, "30 Visits per Calendar Year" are listed under both In-Network and Out-of-Network Providers, you are only allowed a combined maximum of 30 visits.

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>IN-NETWORK SERVICES</b>			
Inpatient Services	80% After Deductible	80% After Deductible	80% After Deductible
Outpatient Surgery/Ambulatory Surgical Center	80% After Deductible	80% After Deductible	80% After Deductible
Emergency Room Services	\$350 Copayment	\$300 Copayment	\$300 Copayment
Urgent Care Services	\$75 Copayment	\$75 Copayment	\$75 Copayment
Ambulance Service Per Trip Maximum: \$5,000 for Ground Ambulance and \$10,000 for Air Ambulance	80% After Deductible		
Skilled Nursing/Rehabilitation Facility 60 days Calendar Year Maximum	80% After Deductible	80% After Deductible	80% After Deductible
<b>PHYSICIAN SERVICES</b>			
Primary Care Physician Office Visits (PCP) Evaluation & Management	\$40 Copayment	\$30 Copayment	\$25 Copayment
Specialists Office Visits (SCP) Evaluation & Management	\$70 Copayment	\$60 Copayment	\$50 Copayment
All Qualified Wellness Exams	No Cost to Employee	No Cost to Employee	No Cost to Employee
Advanced Diagnostic services, such as advanced imaging (CT, MRI, PET, MRA), Nuclear Medicine, Pharmaceutical Products, Scopic Procedures; Therapeutic Treatments and Genetic Testing. As well as, advanced surgical services performed in a physician's office.	80% After Deductible	80% After Deductible	80% After Deductible

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>PREVENTATIVE CARE SERVICES</b>			
Preventive health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Some tests are not covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) or approved medical policies. Those services that will be considered to be a preventive health service are subject to change at any time in order to align with and be consistent with the USPSTF guidelines and medical policies.			
Routine Well Baby Care & Immunizations	No Cost to You	No Cost to You	No Cost to You
Routine Well Child/Adult Care & Immunizations	No Cost to You	No Cost to You	No Cost to You
<b>MATERNITY SERVICES</b>			
Physician Services Initial Office Visit	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
<b>MENTAL DISORDERS / SUBSTANCE ABUSE</b>			
Inpatient Hospital Services	80% after deductible	80% after deductible	80% after deductible
Professional Services (Office/Outpatient Visits)	\$70 Copayment	\$60 Copayment	\$50 Copayment
Professional Services (Inpatient/Outpatient Facility)	100% after Deductible	100% after Deductible	100% after Deductible
HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
Prosthetic Services and Devices	80% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.	80% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.	80% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.
Transplantation Services	The amount you pay is based on where the covered health care service is provided.		
Temporomandibular Joint Disorders (TMJ)	The amount you pay is based on where the covered health care service is provided.		
Hearing Aid Device Covered once every 3 years	80% After Deductible		
	Limited to a single purchase per hearing impaired ear every three years.		

**PRESCRIPTION DRUG BENEFITS**

<b>(30 DAY SUPPLY RETAIL)</b>			
	<b>Base Plan</b>	<b>Buy Up Plan 1</b>	<b>Buy Up Plan 2</b>
Tier 1 - Generic	\$0 Copayment	\$15 Copayment	\$15 Copayment
Rx Deductible(Tier 2, 3, 4)	\$200	No Deductible	
Tier 2 - Preferred	\$20 Copayment	\$45 Copayment	\$45 Copayment
Tier 3 - Nonpreferred	\$40 Copayment	\$70 Copayment	\$70 Copayment
<b>(90 DAY SUPPLY RETAIL OR MAIL ORDER)</b>			
	<b>Base Plan</b>	<b>Buy Up Plan 1</b>	<b>Buy Up Plan 2</b>
Tier 1 - Generic	\$0 Copayment	\$37 Copayment	\$37 Copayment
Rx Deductible(Tier 2, 3, 4)	\$200	No Deductible	
Tier 2 - Preferred	\$50 Copayment	\$112 Copayment	\$112 Copayment
Tier 3 - Nonpreferred	\$100 Copayment	\$175 Copayment	\$175 Copayment
Tier 4 - Specialty	N/A		
<b>Note: If your prescription drugs are dispensed at your physician's office/ facility, see your medical plan for your cost share.</b>			

**CERTAIN DOCUMENTATION IS REQUIRED** if you are providing dependent coverage for medical, dental or vision through the City of Little Rock then we will need to receive copies of the appropriate documentation listed below. This information can be dropped off at our offices or scanned and emailed to HRBenefits@littlerock.gov. **NOTE: We will not accept documents that are not legible or pictures of documents. We NEED actual copies.**

**REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS:**

<b>To verify a legal spouse</b>	A photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been properly recorded with the County and/or State. A church ceremony document will not be acceptable if it does not meet these requirements.
<b>To verify a natural or adopted child, or stepchild who is eligible to age 26</b>	Provide a legible photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may provide a paternity test.  If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.
<b>To verify PERMANENT Legal Guardianship or Legal Custodian for children under age 18.</b>  <b>NOTE: Children placed in temporary custody are not eligible</b>	Language states: any child for whom either the Card Holder or Card Holder's spouse is the legal Guardian or Custodian. **Definition of Custodian = a person who, by court order, has permanent custody of a child. **Definition of Legal Guardian = an individual who is either the natural guardian of a child or who was appointed a guardian of a child in a legal proceeding by a court having the appropriate jurisdiction. Standard document: court document that is signed and/or stamped by a member of the court assigning minor child to employee or the employee's spouse.

HEALTH BENEFITS		HDHP
CALENDAR YEAR DEDUCTIBLE		
	IN-NETWORK	OUT-OF-NETWORK
Per Covered Person	\$2,500	\$5,000
Per Family Unit	\$5,000	\$10,000
Coinsurance	100%	80%
OUT-OF-POCKET CALENDAR YEAR MAXIMUM		
Per Covered Person	\$2,500	\$7,500
Per Family Unit	\$5,000	\$15,000
<p>The following charges apply towards the maximum out-of-pocket. Once this amount is reached, the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise:</p> <ul style="list-style-type: none"> <li>• Deductible(s)</li> <li>• Coinsurance</li> <li>• Medical and Pharmacy Copayments</li> </ul>		
Inpatient Services	100% After Deductible	80% After Deductible
Outpatient Surgery/ Ambulatory Surgical Center	100% After Deductible	80% After Deductible
Emergency Room Services	100% After Deductible	100% After Deductible
Urgent Care Services	100% After Deductible	100% After Deductible
Ambulance Service Per Trip Maximum: \$5,000 for Ground Ambulance and \$10,000 for Air Ambulance	100% After Deductible	100% After Deductible
Skilled Nursing/ Rehabilitation Facility 60 days Calendar Year Maximum	100% After Deductible	80% After Deductible
PHYSICIAN SERVICES		
Primary Care Physician Office Visits (PCP) Evaluation & Management	100% After Deductible	80% After Deductible
Specialists Office Visits (SCP) Evaluation & Management	100% After Deductible	80% After Deductible

HEALTH BENEFITS		HDHP	
		IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN SERVICES			
All Qualified Wellness Exams	No Cost to Employee	No Cost to Employee	
Advanced Diagnostic services, such as advanced imaging (CT, MRI, PET, MRA), Nuclear Medicine, Pharmaceutical Products, Scopic Procedures; Therapeutic Treatments and Genetic Testing. As well as, advanced surgical services performed in a physician's office.	100% After Deductible	80% After Deductible	
Preventive health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Some tests are not covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) or approved medical policies. Those services that will be considered to be a preventive health service are subject to change at any time in order to align with and be consistent with the USPSTF guidelines and medical policies.			
Routine Well Baby Care & Immunizations	Plan Pays 100%	Plan Pays 100%	
Routine Well Child/Adult Care & Immunizations	Plan Pays 100%	Plan Pays 80%	
MATERNITY SERVICES			
Physician Services Initial Office Visit	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
MENTAL DISORDERS / SUBSTANCE ABUSE			
Inpatient Hospital Services	100% after Deductible	80% after Deductible	
Professional Services (Office/Outpatient Visits)	100% after Deductible	80% after Deductible	
Professional Services (Inpatient/Outpatient Facility)	100% after Deductible	80% After Deductible	
HEALTH BENEFITS		HDHP	
Prosthetic Services and Devices	100% after Deductible	80% After Deductible	
Transplantation Services	The amount you pay is based on where the covered health care service is provided.		
Temporomandibular Joint Disorders (TMJ)	The amount you pay is based on where the covered health care service is provided.		
Hearing Aid Device Covered once every 3 years	100% After Deductible	100% After Deductible	
	Limited to a single purchase per hearing impaired ear every three years.		





# HEALTH INSURANCE RATES

▶ Health insurance covers you and your family for your basic health needs after you've met your coverage deductible (some benefits include copay after deductible). Coverage includes visits with a primary care physician and specialty physicians, inpatient and outpatient hospital care, and ambulance services.

BI-WEEKLY COSTS			
ACTIVE EMPLOYEES MEDICAL	EMPLOYEE COST	EMPLOYEE COST WITH WELLNESS CREDIT	EMPLOYER COST
Employee Only Base Plan	\$25.00	\$0.00	\$232.64
Employee + Spouse Base Plan	\$220.04	\$195.04	\$293.38
Employee + Child Base Plan	\$201.43	\$176.43	\$265.48
Employee + Family Base Plan	\$303.74	\$278.74	\$418.94
Employee Only Buy Up 1 Plan	\$57.67	\$32.67	\$232.64
Employee + Spouse Buy Up 1 Plan	\$286.99	\$261.99	\$293.38
Employee + Child Buy Up 1 Plan	\$261.85	\$236.85	\$265.48
Employee + Family Buy Up 1 Plan	\$400.10	\$375.10	\$418.94
Employee Only Buy Up 2 Plan	\$69.44	\$44.44	\$232.64
Employee + Spouse Buy Up 2 Plan	\$311.70	\$286.70	\$293.38
Employee + Child Buy Up 2 Plan	\$284.21	\$259.21	\$265.48
Employee + Family Buy Up 2 Plan	\$435.40	\$410.40	\$418.94
Employee Only HDHP	\$25.00	\$0.00	\$227.42
Employee + Spouse HDHP	\$207.43	\$182.43	\$293.38
Employee + Child HDHP	\$189.86	\$164.86	\$265.48
Employee + Family HDHP	\$286.44	\$261.44	\$418.94



Online home for assessment tools, plan management, medical updates and much more!

### Manage

- Quickly access your plan benefits all in one place

### Find care

- Easily locate top providers near you or schedule a virtual doctor visit

### Profile

- View full doctor details and read verified patient

### Virtual Care

- Connect with a board-certified doctor or pediatrician

### ID Cards

- Quickly access your ID card straight from the app





SEE A DOCTOR WHENEVER, WHEREVER.

**MDLIVE**<sup>®</sup>

Suite of Virtual Services

When you're sick and need care quick, a Virtual Visit is a convenient way to start feeling better faster.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer - 24/7, no appointment needed.



To connect to Virtual Care easily, go to [myCigna.com](https://myCigna.com)

You can also download the [myCigna App](#) and conveniently chat with a doctor on the go.

BENEFITS OF VIRTUAL HEALTH

PRIMARY CARE	<ul style="list-style-type: none"> <li>• Preventive care wellness screenings available at no cost</li> <li>• Routine care visits that allow members to establish a relationship with the same PCP</li> <li>• Prescriptions available through home delivery or at local pharmacies, if appropriate</li> </ul>
DERMATOLOGY	<ul style="list-style-type: none"> <li>• Board-certified dermatologists review pictures and symptoms</li> <li>• Dermatologists provide treatment plans and if necessary, prescriptions generally within 24 hours</li> <li>• Care for the most common hair, skin, and nail conditions</li> </ul>
MINOR MEDICAL CARE	<ul style="list-style-type: none"> <li>• Available 24/7, including after hours and holidays</li> <li>• Care for more than 80 minor medical conditions</li> <li>• Less expensive than urgent care centers and the emergency room</li> </ul>
BEHAVIORAL CARE	<ul style="list-style-type: none"> <li>• Access to psychiatrists and therapists</li> <li>• Video and phone options at flexible times</li> <li>• Option to select the same provider for every session</li> </ul>



# HEALTH SAVINGS ACCOUNT

▶ A Health Savings Account, HSA, is a savings account that works alongside your High Deductible Health Plan. Using an HSA helps you reduce qualified out-of-pocket healthcare expenses up to 35%, including the deductible part

## BENEFITS OF A HEALTH SAVINGS ACCOUNT

You can save up to 35% on out-of-pocket health care expenses with tax free dollars. That's like having \$100 to spend rather than \$65. Qualified expenses include your health plan deductible (doctors, labs, prescriptions, hospitalization). Plus vision, dental, chiropractic, and mental health services.

HSA's are particularly helpful because they can rollover from year to year and never expire (even lasting into retirement years), so you can use the funds you've saved even if you change health plans or employers.

City of Little Rock will pay \$10/Month to employees participating in a HSA account

CONTRIBUTION LIMITS	
Individual	\$4,150
Family	\$8,300
* Employees 50+ can contribute an additional \$1,000	

## KEY HSA FEATURES

- Account Management
- Track HSA Spending
- Automatic Contributions
- Monitor HSA Investments
- Easy Reimbursements
- Access HSA Marketplace

## HSA ELIGIBLE ITEMS

- X-Rays
- Contact Lenses
- Chiropractor
- Lab Work
- Prescriptions
- Dentist
- MRIs
- Physical Therapy

\* You can use your HSA money on all qualified medical expenses as defined by the IRS. The IRS Publication 502 has the full list of things that are qualified, are not qualified, and could potentially be qualified based on certain circumstances. \*

The "Lively HSA & FSA" mobile app brings the simplicity, ease-of-use, and modern experience of the Lively platform to the palm of your hand, making it easy to manage your accounts on the go





**Savings:** Standard shipping on all medications is always free



**Convenience:** Medications are delivered to your mailbox



**Call your Doctor:** Ask your doctor to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery



**myCigna.com or myCigna app:** Click on the Prescriptions tab and select My Medications from the drop-down menu. Then simply click the button next to your medication name to move your prescription(s) electronically.



**Phone:** Call Express Scripts Pharmacy at (800) 835-3784

For more information, call the toll-free number on your ID card, or visit [myCigna.com](http://myCigna.com) or myCigna App



# DENTAL INSURANCE

▶ With Delta Dental you can receive care from any dentist. However, Delta Dental has contracts with a large network of dentists who have agreed to not charge more than a specified amount for particular services. If you use one of these network dentists, you won't have to worry about being charged for additional amounts above the allowable amount covered by the plan. Locate a Dentist within the Delta Dental network at [www.deltadentalar.com](http://www.deltadentalar.com)

DENTAL SERVICES	LOW PLAN	HIGH PLAN
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES (No Deductible)</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>Fluoride</li> <li>X-rays</li> <li>Sealants</li> <li>Brush Biopsy</li> </ul>	80%	100%
<b>BASIC SERVICES</b> <ul style="list-style-type: none"> <li>Emergency Palliative Treatment</li> <li>Minor Restorative Services - Fillings and Space Maintainers</li> <li>Endodontic Services - Root Canals</li> <li>Non-Surgical Periodontic Services</li> <li>Oral Surgery Services</li> <li>Other Basic Services</li> </ul>	80%	80%
<b>MAJOR SERVICES</b> <ul style="list-style-type: none"> <li>Surgical Periodontic Services</li> <li>Major Restorative Services - Crowns</li> <li>Relines and Repairs - Bridges, Implants, Crowns, and Dentures</li> <li>Prosthodontic Services - Bridges and Implants</li> </ul>	50%	50%
<b>ORTHODONTIC SERVICES</b> <ul style="list-style-type: none"> <li>Orthodontia is considered a PRE-EXISTING CONDITION if TREATMENT is initiated prior to the date the COVERED PARTICIPANT became eligible under this PLAN and will not be considered a BENEFIT under this PLAN.</li> </ul>	N/A	50%
<b>CARRY OVER BENEFIT RIDER</b>		
• Carry Over Benefit	<u>\$312.50</u>	<u>\$437.50</u>
• Carry Over Benefit Maximum	<u>\$1,250</u>	<u>\$1,750</u>
<b>ANNUAL MAXIMUM</b>	<u>\$1,250 per person per calendar year</u>	<u>\$1,750 per person per calendar year</u>
<b>ORTHODONTIC LIFETIME MAXIMUM</b>	N/A	<u>\$1,500 lifetime maximum</u>
<b>DEDUCTIBLE</b>	\$50 per person / \$150 per family	\$50 per person / \$150 per family

	COVERAGE TIER	LOW PLAN	HIGH PLAN
<b>EMPLOYEE BI-WEEKLY RATES</b>	Employee	\$0.00	\$8.77
	Family	\$17.46	\$44.38
<b>EMPLOYER BI-WEEKLY RATES</b>	Employee	\$10.56	\$10.56
	Family	\$10.56	\$10.56



# VISION INSURANCE

▶ Regular vision checkups can help identify vision issues, and corrective lenses can make the difference between performing well on the job and at school, as well as affecting safe driving. That's why we offer you the opportunity to purchase voluntary vision coverage for you and your family.

VISION SERVICES	In-Network	Out-of-Network
Exam	Covered in full	Up to \$50 retail
Frames	\$120 allowance for a wide selection of frames \$140 allowance for featured brands 20% savings on amount over allowance	Frames - up to \$70.00 Single - up to \$50.00 Lined bifocal - up to \$75.00 Lined trifocal - up to \$100.00
Contact Lens Fitting (standard)	Covered in full	Not covered
Contact Lens Fitting (specialty)	\$50 Retail Allowance	Not Covered
Contact Lenses	\$105 allowance for contacts; copay does not apply Exam, fitting and evaluation - up to \$60 copay	Up to \$105
LENSES		
Lens Enhancements	Standard Progressive - \$50 Premium Progressive - \$80-\$90 Custom Progressive - \$120-\$160 35%-40% off other lens enhancements	Up to \$28 retail

SERVICES	FREQUENCY
Exam	12 months
Frames	24 months
Lenses	12 months
Contacts	12 months
CO-PAYS	
Exams	\$10
Materials	\$20
Contact Lens Fitting	\$30

**Diabetic Eyecare Plus Program** - \$20 copay for services related to diabetic eye disease, glaucoma and age-related macular degeneration. Retinal screening for eligible members with diabetes.

Discounts on Covered Materials	
Frames	20% off amount over allowance
Lens options	20% off retail
Progressives	20% off amount over standard progressive retail

COVERAGE TIER	BI-WEEKLY RATES	
	EMPLOYEE	EMPLOYER
Employee	\$0.00	\$2.50
Family	\$1.00	\$2.50



# BASIC LIFE INSURANCE

▶ Symetra is our group term life and accidental death and dismemberment provider. Term life coverage provides benefits to your designated beneficiary for loss of life. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

BENEFIT	BENEFIT AMOUNTS
Maximum Life Benefit	The Basic Life insurance benefit is based on your employee group with a maximum of up to \$500,000 of coverage.
Accidental Death & Dismemberment	The AD&D benefit is 1 times your annual salary rounded to the next thousand of coverage.
Reduction Schedule	Benefits reduce by 35% at age 70 and by 50% at age 75



# LONG TERM DISABILITY

▶ If you stopped receiving a paycheck today, how would you pay for your mortgage, bills, food, and other monthly expenses? Could you maintain your current lifestyle?

BENEFITS	BENEFIT AMOUNTS
Maximum Monthly Benefit	60% of your paycheck; up to \$7,500 per month
Maximum Benefit Duration	SSNRA, Social Security Normal Retirement Age
Elimination Period	180 Days (6 months)
Pre-existing condition	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

### EMPLOYER PROVIDED BENEFIT

The City of Little Rock provides eligible employees with Long-Term Disability Insurance. It is designed to provide protection if you become disabled and can no longer work due to a covered Accidental Injury or Sickness.

NOTE: This benefit is not offered to uniformed employees of the Police or Fire Departments.

### HOW THE PLAN WORKS

If you become disabled due to a covered accident or sickness, long-term disability income insurance will pay up to 60% of your monthly income (once you have satisfied the elimination period.) Disability benefits will be payable up to the benefit period stated in your policy.

### BENEFITS BEGIN

Accidental injury and sickness benefits will become payable beginning on the 181st day of disability.

### EMPLOYER PROVIDED BENEFIT

Mental illness: 24 months

Substance Abuse: 24 months

Special illness: 24 months



# VOLUNTARY TERM LIFE & AD&D

Your needs vary greatly upon age, number of dependents, dependents' ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life.

	EMPLOYEE	SPOUSE	DEPENDENT
Coverage Amount	Salary based options available: 1, 2, 3 times annual salary. Rounded to the next higher \$1,000.	<p>Increments of \$5,000. Not to exceed 50% of the employee's benefit amount. Rounded to the next higher \$5,000.</p> <p>Employee must have coverage under voluntary life plan to have coverage on spouse.</p>	Increments of \$5,000 not to exceed \$10,000. Begins at live birth and ends at 26
Maximum Amount	\$500,000	\$50,000	\$10,000
Guarantee Issue (Newly Eligible for Coverage)	\$500,000	\$50,000	\$10,000
Benefit Reduction	Benefits will reduce by 35% at age 70 and 50% at age 75	Benefits will reduce by 35% at age 70 and 50% at age 75	Terms at age 19 (or 25 unless unmarried & a full-time student).

## ACCIDENTAL DEATH & DISMEMBERMENT

Employee	<p>An amount, elected by You, equal to multiples 1 to 10 times Your Basic Annual Earnings, rounded to the next higher \$1,000</p> <p>Maximum of 500k</p>
Spouse Only	<p>An amount, elected by You, which is a multiple of \$5,000 equal up to 60% of Your Voluntary Accidental Death and Dismemberment Insurance.</p> <p>Maximum of 250k</p>
Spouse & Children	An amount equal to: (a) 50% for Your Spouse Only; and (b) 10% for each Child; of Your Voluntary Accidental Death and Dismemberment Insurance
Child(ren) Only	<p>An amount equal to 20% of Your Voluntary Accidental Death and Dismemberment Insurance for each Child</p> <p>Maximum of 25k</p>

RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS. CONTACT JTS WITH QUESTIONS.

# CANCER INSURANCE

▶ With Cancer insurance, you can rest a little easier. The coverage pays you a cash benefit to help with costs associated with treatments, to pay for daily living expenses and more importantly, to empower you to seek the care you need.

RADIATION & CHEMOTHERAPY	PLAN 1	PLAN 2	BENEFIT DETAILS
<b>RADIATION &amp; CHEMOTHERAPY</b>	\$10,000	\$20,000	maximum benefit per 12-month period
<b>BLOOD, PLASMA, AND PLATELETS</b>	\$10,000	\$20,000	maximum benefit per 12-month period
WELLNESS & NON-MEDICAL BENEFITS	BENEFIT PAYS		BENEFIT DETAILS
<b>WELLNESS</b>	\$100	\$100	per calendar year for cancer screening tests
<b>INITIAL DIAGNOSIS</b>	\$2,000	\$5,000	pays a one-time, lump sum benefit when a covered person is initially diagnosed with cancer for the first time ever.
<b>LODGING BENEFIT</b>	\$100	\$100	per day, 50 day maximum per 12 month period
<b>GUARANTEE ISSUE</b>	The first time an employee is eligible to apply		
<b>PRE-EXISTING PERIOD</b>	You may not be eligible for benefits if you have received treatment for cancer within the past 12 months until you have been covered under the plan for 12 months.		
HOSPITAL BENEFITS	BENEFIT PAYS		BENEFIT DETAILS
<b>ANESTHESIA</b>	25%	25%	of covered surgery benefit
<b>PROSTHESIS</b>	\$500	\$2,500	actual charges
<b>SURGERY</b>	Inpatient: \$1,000 Outpatient: \$1,500	Inpatient: \$5,000 Outpatient: \$7,500	actual benefit is determined by the surgery schedule in the contract
<b>HOSPITAL CONFINEMENT</b>	\$100	\$100	per day of covered confinement

MONTHLY PREMIUM	PLAN OPTION 1	PLAN OPTION 2
Individual	\$18.47	\$35.33
Single Parent Family	\$21.37	\$39.92
Family	\$34.07	\$63.62



# VOLUNTARY ACCIDENT INSURANCE

▶ Accident coverage pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on or off-the-job accidental injury occur.

## BENEFITS

Emergency Room Treatment	Hospital Emergency Room with X-Ray \$400 Hospital Emergency Room without X-Ray \$250
Urgent Care	Urgent Care Facility with X-Ray \$300 Urgent Care Facility without X-Ray \$150
Doctor's Office or Facility	Doctor's office or facility (other than a hospital emergency room or Urgent Care) with X-Ray \$300 Doctor's office or facility (other than a hospital emergency room or Urgent Care) without X-Ray \$150
Initial Hospitalization	\$2,000 We will pay the amount shown when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.
Hospital Confinement	\$500 per day, maximum of 365 days per accident within 6 months of the accident
Ambulance	Air Ambulance \$1,500 ; Ground Ambulance \$500
Annual Wellness Benefit *See page 31 for details on this benefit	\$100
Burns	Up to \$15,000
Fractures	Up to \$4,000 based on a schedule
Laceration	Up to \$1,000
Eye Injury	\$400
Portable	Yes

## MEETING YOUR NEEDS

- Coverage that is guaranteed issue; not required to take medical exams or tests
- Benefits that correspond with treatment for on and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, and more.
- Benefits paid directly to you (unless you assign them to someone else)

COVERAGE TIER	MONTHLY RATES
Employee	\$22.44
Employee + Spouse	\$35.80
Employee + Child(ren)	\$44.02
Family	\$57.38



# VOLUNTARY CRITICAL ILLNESS

▶ Critical Illness benefits can help meet the needs your family by offering financial support when it is needed the most. Critical Illness Insurance supplements any existing medical benefits you may already have.

BENEFIT DESCRIPTION	BENEFIT AMOUNTS
Maximum Principal Sum Employee Spouse Child	\$40,000 \$40,000 \$40,000
Guarantee Issue Employee Spouse Child	\$40,000 \$40,000 \$40,000
Employee Coverage	Increments of \$5,000
Spouse Coverage	Increments of \$5,000
DEPENDENT COVERAGE	Increments of \$5,000
Covered Critical Illnesses	<u>Invasive Cancer: 100%, Minor Cancer: 50%, Skin Cancer: \$250, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 25%, Major Organ Failure: 100%, Occupational HIV: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%</u>
Portable	Included
Benefit Waiting Period	N/A
Pre-existing Period	N/A
Benefit Reduction	N/A

RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.

New

# HOSPITAL INDEMNITY INSURANCE

▶ Symetra is our Hospital Indemnity provider. Hospital Indemnity helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses.

BENEFIT	PLAN 1	PLAN 2
HOSPITAL CONFINEMENT	\$750 first day, \$150 day 2+, 180 incident(s) pp/pcy	\$1,500 first day, \$300 day 2+, 180 incident(s) pp/pcy
INTENSIVE CARE UNIT	\$750 first day, \$225 day 2+, 30 incident(s) pp/pcy	\$1,500 first day, \$450 day 2+, 30 incident(s) pp/pcy
SUBSTANCE ABUSE FACILITY	\$100 per day, 30 day(s) pp/pcy	\$150 per day, 30 day(s) pp/pcy
MENTAL HEALTH FACILITY	\$100 per day, 30 day(s) pp/pcy	\$150 per day, 30 day(s) pp/pcy
NURSING FACILITY (THIS BENEFIT IS PAID ONLY IF FOLLO- WING A COVERED HOSPITAL STAY OF AT LEAST THREE CONSECUTIVE DAYS.)	\$100 per day, 30 day(s) pp/pcy	\$150 per day, 30 day(s) pp/pcy
WELLNESS SCREENING	\$50 per day, 1 day(s) pp/ pcy	\$50 per day, 1 day(s) pp/ pcy
INCLUDED: PORTABILITY, HSA COMPATIBILITY		

MONTHLY PREMIUM	PLAN OPTION 1	PLAN OPTION 2
Employee	\$17.76	\$32.97
Employee + Spouse	\$37.85	\$70.26
Employee + Child(ren)	\$29.11	\$54.05
Family	\$52.69	\$97.83



▶ Universal Life coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

GUARANTEED ISSUE* (new hires only)	ELIGIBILITY
---------------------------------------	-------------

EMPLOYEE - \$150,000	<p>To be eligible for insurance, an employee must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- be age 16 through 80.</li> <li>- be on active service, performing in the usual manner all of the regular duties of his or her occupation at one of the places of business where he or she normally works or at some location directed by the employer; and</li> <li>- be continuously employed for the amount of time and working the minimum number of hours per week as you require to be eligible for benefits. These requirements will be defined on the Life and Health Group Application and Agreement.</li> </ul>
-------------------------	--

SPOUSE - \$25,000	<p>To be eligible for insurance, a spouse (or equivalent as defined by state law or otherwise agreed upon between you and us) must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- must be age 16 through 65.</li> <li>- must be legally married to the employee as determined by the laws of the state in which the employee resides or meet the eligibility requirements required by the group to be benefit eligible.</li> <li>- must not be disabled.</li> <li>- must not be eligible as an employee under the group policy.</li> </ul>
----------------------	---

CHILD - \$25,000	<p>To be eligible for universal life insurance, a child must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- must be under the age of 26.</li> <li>- must be an employee's natural child, stepchild, grandchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian.</li> <li>- must not be disabled.</li> <li>- must not be eligible as an employee under the group policy.</li> </ul>
---------------------	--

CHILD TERM RIDER - \$10,000	<p>To be eligible for insurance under this rider, a child must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- must be 15 days through age 25.</li> <li>- must be an employee's natural child or stepchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian.</li> <li>- must not be eligible as an employee under the group policy.</li> </ul>
--------------------------------	--

**RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.**

# FLEXIBLE SPENDING ACCOUNT

**PLEASE NOTE: YOU WILL NOT BE AUTO-ENROLLED IN YOUR FSA. YOU MUST RE-ENROLL EVERY YEAR!**

## Features of an FSA

<p>Why an FSA?</p>	<p>Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.</p>
<p>Employee Benefits</p>	<ul style="list-style-type: none"> <li>• <a href="#">Reduces your income taxes</a> (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary.</li> <li>• Using pre-tax dollars to pay for eligible medical and/or dependent care expenses translates into <a href="#">savings of as much as 30%</a>.</li> <li>• Offers <a href="#">immediate access to elected healthcare FSA funds</a> via an FSA debit card.</li> <li>• Most common expenses such as <a href="#">medical, dental, orthodontic, vision, prescription drug, and daycare expenses are eligible</a> for reimbursement with supporting documentation.</li> </ul>
<p>How it Works</p>	<ul style="list-style-type: none"> <li>• <a href="#">Decide how much you will contribute to your FSA each year</a>, up to the maximum allowed by your employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from your paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save!</li> <li>• <a href="#">You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election</a> by submitting a request to CAS via your online FSA portal, by email/fax, or on your CAS FSA phone app. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement (per IRS requirements, note that additional substantiating documentation may be requested by CAS for debit card purchases).</li> </ul>

## MAXIMUM CONTRIBUTION AMOUNTS

- \$3,050 - Medical Reimbursement
- \$5,000 - Dependent Care Reimbursement
- \$570 - Rollover
- 90 Days - Claim File Period

**Example:** You have 90 days starting January 1<sup>st</sup>, to file your 2023 claims.

## FOR EMPLOYEES/PARTICIPANTS

- Convenient CAS Mobile Technology (mobile app)
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator





## PLAN FEATURES

A section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

A) The dependent care expenses must be work related. The care must be necessary for the employee and the employee's spouse to work, to look for work, to attend school full-time or are physically unable to care for their children.

B) The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500.

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.

B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.

C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

## ELIGIBLE AND INELIGIBLE EXPENSES FOR FSA DEPENDENT CARE (PARTIAL LIST):

- FICA/FUTA taxes of dependent care provider
- Nanny expenses attributed to dependent care
- Nursery school (pre-school)
- Late pick up fees
- Day Camp—primary purpose must be custodial care and not educational in nature

## INELIGIBLE EXPENSES

- Kindergarten
- Activity fees/supplies
- Late payment/charges
- Overnight camp
- Transportation



# EMPLOYEE ASSISTANCE PROGRAM

- ▶ SWEAP Connections offers confidential, no cost, 24/7 access to a network of experts, resources, and services to meet your and your family's mental health needs.

**We know that mental health and wellbeing is an important workplace interest.**

## **SERVICES INCLUDE:**

- **8 Face to Face, Telephonic & Virtual Sessions:** Locally staffed EAP office, in addition to a curated network of master's level counselors nationwide, providing short-term counseling for a number of life-related concerns.
- **24/7 Toll Free Crisis Line & Intervention:** Unlimited telephone access to master's level counselors for crisis intervention. Available 24/7 through a toll-free line answered live.
- **24/7 Online Support:** Website provides on-demand resources on health/emotional well-being, family/caregiving, financial calculators, legal resources and documents, webinars, and courses.
- **Specialized Services for Alcohol and Chemically Dependent Employees:** Assessment, treatment planning, referral, case management, family education sessions, and aftercare coordination are all provided by specially trained staff.
- **Childcare and Eldercare Referral Services:** Help finding childcare, elder care, schools, camps, back-up care and more.
- **Legal/Financial Resources and Services:**
  - Legal- 30 minute telephonic legal consultation per issue on an unlimited number of issues, including identity theft.
  - Financial- 30 minute telephonic financial consultation per issue on an unlimited number of issues, such as, credit counseling, debt and budgeting, retirement planning, tax return assistance, and college planning.
- **Web Based Resources and Support:** Website planning on-demand resources on health/emotional well-being, family/caregiving, financial calculators, legal resources and documents, webinars, and courses.

**\*This program is available to all employees and their families.\***

**Help is always available:**

**Phone: (501) 663.1797 or (800) 777.1797**

**info@SWEAP.com or www.SWEAPconnections.com**

**Password: SWEAP**

# BENEFITS OVERVIEW

BENEFIT	CARRIER	WEBSITE AND CUSTOMER SERVICE PHONE NUMBER
Medical	Cigna	1-800-997- 1654 <a href="https://www.myCigna.com/">https://www.myCigna.com/</a>
Telemedicine	Cigna	1-800-997-1654 <a href="https://www.myCigna.com/">https://www.myCigna.com/</a>
Dental	Delta Dental	1-800-462-5410 <a href="https://www.deltadentalar.com/">https://www.deltadentalar.com/</a>
Vision	VSP	1-800-877-7195 <a href="https://www.vsp.com/login">https://www.vsp.com/login</a>
Long Term Disability	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Non-Uniform Pension Retirement Plan	City of Little Rock	HRBenefits@littlerock.gov
Arkansas Local Police and Fire Retirement System	LOPFI	dcollins@lopf-prb.com
Deferred Compensation	Arkansas Diamond	Cheryl Daughenbaugh cheryl.daughenbaugh@stephens.com
Cancer	Transamerica	1-888-763-7474 <a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Voluntary Life & Voluntary AD&D	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Critical Illness	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Hospital Indemnity	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Accident Insurance	AFLAC	1-800-992-3522 <a href="https://www.aflacgroupinsurance.com">https://www.aflacgroupinsurance.com</a>
Universal Life	Transamerica	1-888-763-7474 <a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Flexible Spending Account	Consolidated Admin Services (CAS)	1-877-941-5956 <a href="https://www.consolidatedadmin.com/">https://www.consolidatedadmin.com/</a>
Health Savings Account	Lively	1-888-576-4837 <a href="https://www.hello@livelyme.com/">https://www.hello@livelyme.com/</a>
Employee Assistance Program	SWEAP Connections	501-663-1797 or 800- 777-1797 Info@SWEAP.com www.SWEAPConnections.com (username: SWEAP)
Medical Transport Solutions	MASA	1-877- 503-0585 <a href="https://www.masamts.com/">https://www.masamts.com/</a>
SimpleWill	SimpleWill	1-501- 503-0119 <a href="https://oursimplewill.com/">https://oursimplewill.com/</a>

# VOLUNTARY BENEFITS REFERENCE GUIDE

- ▶ Below is a quick reference guide on the annual wellness benefits offered through the accident, critical illness policies, and cancer. You must be enrolled in the critical illness, cancer, or accident policy in order to receive the applicable wellness benefit below.

Accident Policy		Aflac
\$100 Health Screening		
To File:	By Mail	Online
	Aflac, 1932 Wynnton Road, Columbus, GA 31999	<a href="https://www.aflac.com/file-a-claim/default.aspx">https://www.aflac.com/file-a-claim/default.aspx</a> <a href="https://myaflac.aflac.com/">https://myaflac.aflac.com/</a>
Information Needed	Include Bill or Statement as proof of test. Bill/statement should include the following: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> <li>• The specific test/procedure performed</li> </ul>	
Covered Tests	We will pay the amount shown for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Annual physical exams; Flexible Sigmoidoscopy; Mammograms PSA Tests; Pap Smears Ultrasounds; Eye Examinations; Blood Screening; Immunizations	

Cancer Policy		TRANSAMERICA TRANSFORM TOMORROW
\$100 Wellness Screening		
To File:		Online
		<a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Information Needed	Include Bill or Statement as proof of test. Bill/statement should include the following: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> </ul>	
Covered Tests	One Cancer Screening per calendar year	



# MEDICAL TRANSPORT SOLUTIONS

▶ The high cost of emergent and non-emergent transportation results in unexpected out of pocket expenses. MASA protects members from these expenses related to emergency air transportation and ground ambulance charges.

**ANY GROUND. ANY AIR. ANYWHERE.™**

BENEFITS	EMERGENT PREMIER
Emergency Air Ambulance Coverage	Yes
Emergency Ground Ambulance Coverage	Yes
Hospital to Hospital Ambulance Coverage	Yes
Repatriation Near Home Coverage	Yes
Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage	Yes
Pandemic Quarantine Expense Protection	Yes
Minor Return Transportation Coverage	Yes
Pet Return Transportation Coverage	Yes
Companion Transportation Coverage	No
Hospital Visitor Transportation Coverage	No
Patient Return Transportation Coverage	No
Mortal Remains Transportation Coverage	No
Vehicle & RV Return Coverage	No
Organ Retrieval & Organ Recipient Transportation Coverage	No



## DID YOU KNOW?

**28M**

Emergency transports are dispatched by 911 annually

**21,000**

Licensed ground ambulance providers in the U.S.

**300**

Air medical providers in the U.S.

**79%**

All ground ambulance rides could result in and out-of-network bill

**\$2,000**

Average ground ambulance charge

## MASA SOLUTION:

**100%**

U.S. ambulance provider coverage

**50**

Years industry pioneer

MONTHLY RATES	
COVERAGE TIER	EMERGENT PREMIER
EMPLOYEE/FAMILY	\$19.00



Affordable • Protection • Peace of Mind



New

▶ Creating a will can seem overwhelming or too expensive. SimpleWill is an online platform that makes creating a will...simple and affordable. Get peace of mind about your future, visit [www.oursimplewill.com](http://www.oursimplewill.com) today!

### 3 Simple Steps



Choose an attorney and create an account



Create your customized SimpleWill documents and receive a digital copy



Schedule a 20 minute virtual appointment with an attorney who reviews, revises and approves all SimpleWill documents

#### Documents Included:

- Last Will and Testament
- General Durable Power of Attorney
- Healthcare Power of Attorney
- Living Will
- HIPAA Authorization
- Personal Property Memorandum

Employer Code:

Employee: employeeIND

Family: employeeFAMILY

(\*The codes above must be used to get the pricing shown below)

Choose a Plan	Employee Plan* (Me)	Family Plan* (Me & My Spouse)
	<b>\$249</b>	<b>\$379</b>
Documentation Review and Revision by Affiliated Licensed Attorney	✓	✓
20 Minute Virtual Appointment with Affiliated Licensed Attorney	✓	✓







INTENTIONALLY DIFFERENT



## CUSTOMER SERVICE

Charles Angel  
(501) 690.2532 | [charles.angel@jtsfs.com](mailto:charles.angel@jtsfs.com)

Nancee Roberson  
(501) 400.1805 | [nancee@jtsfs.com](mailto:nancee@jtsfs.com)

Melissa Fox  
(501) 238.3210 | [melissa@jtsfs.com](mailto:melissa@jtsfs.com)

Fax: 1 (888) 965.4050  
Business Hours: Monday-Thursday,  
8:00-5:00; Friday, 8:00-4:00



# City of Lee's Summit

Finance & Budget Meeting

**Products | Programs | Solutions**

September 4th, 2024



celebrate.  
embrace.  
innovate.  
protect.  
hope  
innovate.  
protect.  
embrace.  
nurture.  
believe.  
commit.

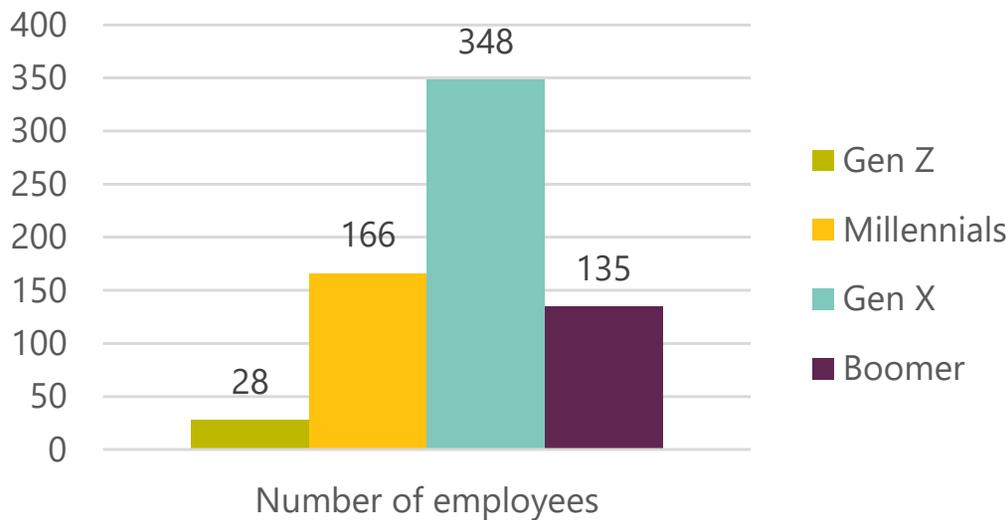
# Health Plan Profile, Renewal Protocol & Healthcare Landscape

# Health Plan Profile

## 678 Covered Employees

1,550 total covered members

### Employees by generation



**50 (45 HM)**  
Average EE age

**40 (35 HM)**  
Avg member age

**55% male**  
**45% female**

**2.3 (2.0 HM)**  
Members covered  
per EE

**52%**  
Cover dependents  
on medical plan

**48%**  
Enrolled in EE Only  
coverage

Base/buy PPO  
enrollment **60%**

HDHP enrollment  
**40%**

**\$12.7 Million** in  
Trailing 12 Premium

**\$13.1 Million** in  
Trailing 12 Claims

**+9% allowed med/  
rx claims vs HM**

**+15% paid med/rx  
claims vs HM**

**-37% member OOP  
vs HM**

**+40% Rx allowed  
vs HM**



# COLS Renewal Protocol

COLS targets budget in advance of renewal year

If renewal is  $\leq$  targeted budget, then contribution cost sharing formula is applied with no benefit changes

COLS cost sharing subsidy is tied to Base PPO Plan @ 90% of EE Only Rate and 75% of Dependent Tiers since 2020

CIGNA has been insurer since 2020 as COLS had a firm 7% budget, BlueKC was at +9.9% and CIGNA was under budget

2018 was another high-cost pressure year; BlueKC retained the business and COLS employees chose to offset payroll difference vs a move to Aetna

5-year renewal average increase  $< 7\%$  & within COLS budget parameters; CIGNA has reduced their calculation by an avg of 61%

2024 calendar year was marketed with cost pressure concerns and CIGNA retained within budget



# Health Ecosystem & Macro Drivers

## KC Specific Items:

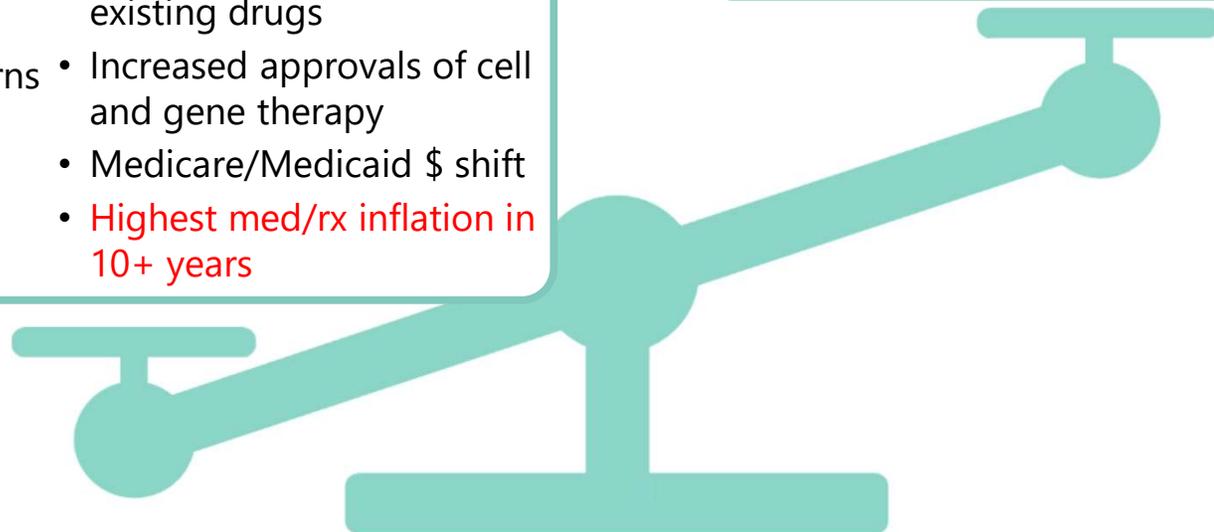
- Ongoing KC Hospital Consolidation – **KU Med & Olathe/Liberty; St. Luke's/Barnes Jewish; Prime**
- Contentious Local Negotiations **CIGNA / HCA as bellwether; KCOI & Blue KC friction**
- Risk Hardening / **Less Carrier Pricing Flexibility & Options**
- **Blue KC** Pooling & Rx Inflation Changes; Massive **Medicare Advantage Losses in the Hundreds of Millions**

## INFLATORS

- Increased frequency and level of provider rate negotiations
- Increased provider wages
- Continued staffing concerns
- Provider consolidations
- **GLP1 Expansion / Cost**
- **Increasing cost and volume of new drugs**
- Increase cost in existing drugs
- Increased approvals of cell and gene therapy
- Medicare/Medicaid \$ shift
- **Highest med/rx inflation in 10+ years**

## DEFLATORS

- Biosimilars – 2025 Blue KC approach TBD
- Shift in site of care: increased demand for outpatient, home-based and virtual care



# CIGNA / Market Renewal Math



- Net claims over \$150k versus contract in the last 12 months are over CIGNA target. They also adjusted pooling charges for large losses and other expenses resulting in an 8% increase to performance versus contract.
- CIGNA's annual trend/inflation adjustment is over 18% (incurred claims through May).
- The combined impact was a 26% renewal calculated increase. It is a concern for 2026, but the 2025 increase cap of +9.5% resulted in protected cost.



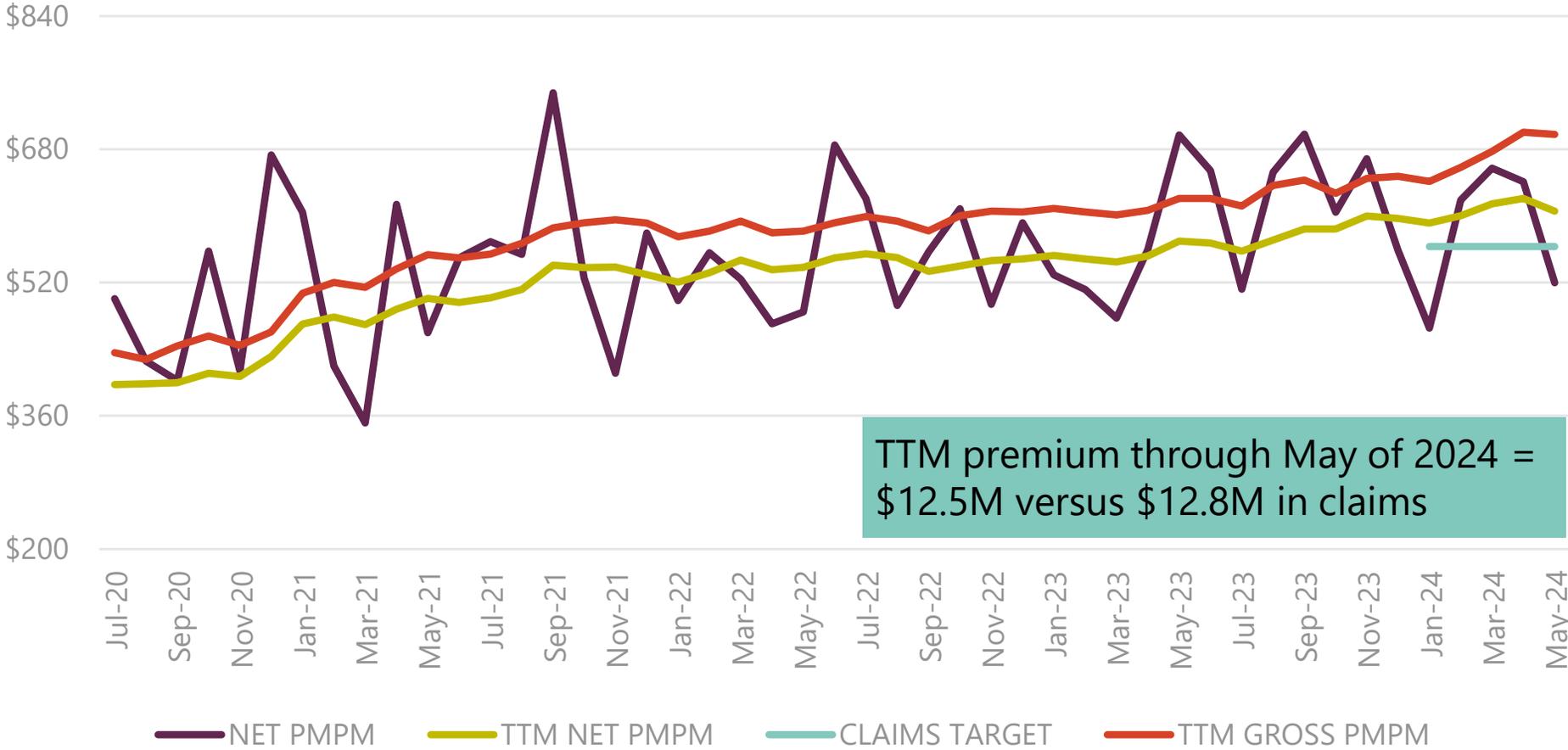
# 2024 Renewal Overview

Line of Coverage	Carrier	Next Renewal	Notes/Status
Medical	Cigna	<b>1/1/2025</b>	Released at +9.5% (rate cap for 2025)
Dental	Cigna	1/1/2026	Received a flat renewal for 2 years. Renews 1/1/2026
Vision	MetLife	<b>1/1/2026</b>	Received a flat Renewal for 2025
FSA	Navia	<b>1/1/2025</b>	Renewal expected September
Basic Life/AD&D	Hartford	1/1/2026	Under rate hold until 1/1/2026
Vol Life/AD&D	Hartford	1/1/2026	
Long Term Disability	Hartford	1/1/2026	
EAP	Curalinc	1/1/2026	Renews 1/1/2026
COBRA Admin	Navia	<b>1/1/2025</b>	Renewal expected September
Accident/Critical Illness	The Hartford	Individual	
Universal Life w/ Long Term Care	Trustmark	Individual	



Claim Performance  
vs Contract  
& Renewal Calculation

# Historical Trend



Medical/Rx Trend Over	36 Months	7.0%	PMPM = Per Employee Per Month TTM = Trailing Twelve Months NET = Net of Pooled Claims
	24 Months	6.2%	
	12 Months	6.3%	



# 2025 Renewal Projection – Claims Baseline

Prior Rolling 12 Months				Current Rolling 12 Months			
Month	Lagged Members	Medical Claims	Rx Claims	Month	Lagged Members	Medical Claims	Rx Claims
Jun-22	1474	\$806,994	\$249,468	Jun-23	1500	\$759,015	\$312,933
Jul-22	1477	\$748,565	\$246,004	Jul-23	1503	\$571,650	\$278,075
Aug-22	1480	\$478,147	\$283,524	Aug-23	1495	\$882,213	\$327,931
Sep-22	1475	\$794,230	\$279,285	Sep-23	1488	\$922,320	\$273,965
Oct-22	1477	\$1,021,276	\$272,221	Oct-23	1522	\$688,514	\$352,432
Nov-22	1465	\$468,249	\$292,289	Nov-23	1526	\$795,048	\$320,997
Dec-22	1461	\$634,678	\$277,901	Dec-23	1545	\$716,733	\$297,857
Jan-23	1467	\$536,876	\$246,569	Jan-24	1556	\$474,134	\$257,669
Feb-23	1481	\$507,811	\$240,086	Feb-24	1574	\$873,016	\$235,903
Mar-23	1462	\$478,689	\$227,991	Mar-24	1556	\$796,701	\$323,032
Apr-23	1481	\$566,932	\$267,854	Apr-24	1563	\$1,017,890	\$293,034
May-23	1492	\$837,911	\$219,280	May-24	1564	\$752,549	\$307,068
<b>Total</b>	<b>17,692</b>	<b>\$7,880,359</b>	<b>\$3,102,473</b>	<b>Total</b>	<b>18,392</b>	<b>\$9,249,782</b>	<b>\$3,580,895</b>

- Membership increase in 2024
- Medical has increased 17% YOY and Pharmacy Claims have increased 15% on a gross paid basis



# 2025 HM Renewal Estimate – Medical/Rx

Rolling 12 Medical / Rx claims		\$7,880,359	\$3,102,473			\$9,249,782	\$3,580,895
Less Pooled Claims \$150,000		(\$892,254)	\$0			(\$2,140,775)	\$0
Rolling 12 Net Claims		\$6,988,105	\$3,102,473			\$7,109,007	\$3,580,895
Rolling 12 membership		17,692	17,692			18,392	18,392
NET PMPM claims		\$395	\$175			\$387	\$195
<b>Midpoint Trend (8.3%)</b>		<b>1.278</b>	<b>1.278</b>			<b>1.162</b>	<b>1.162</b>
Trended claims PMPM	31	\$505	\$224	19		\$449	\$226
Combined PMPM			\$729				\$675
Claims <\$150,000 Added Back			\$729				\$708
<b>Blended PMPM</b>							<b>\$708</b>
<b>Projected PMPM</b>							<b>\$708</b>
Manual Claims	<i>Credibility:</i>	85%				Manual Claims	\$641
<b>Final Blended PMPM</b>							<b>\$698</b>
Pooling Charge as a % of Claims:		13.5%					\$94
<b>Projected Claims, Capitation and Pooling</b>							<b>\$792</b>
Cigna Retention							7.3%
Subtotal Expenses							\$854
ACA							\$0
Needed Premium PMPM w/ ACA							\$854
Needed Premium \$							\$15,989,337
<b>\$ Increase</b>							<b>\$3,047,260</b>
<b>% Increase</b>							<b>23.5%</b>
<b>Current Premium</b>							<b>\$12,942,077</b>
<b>Current Premium PMPM</b>							<b>\$691</b>

- This projection is using baseline data through May like CIGNA and adding inflation to anticipate future year costs (19 months of trend is included)
- Following CIGNA anticipated calculation methodology places the 2025 renewal well above the 9.5% rate cap that is in place for 2025.
- CIGNA's actual renewal calculation at release was +26.4%



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# Cigna Renewal

# Cigna 2025 Medical Renewal: Fully Insured

Buy-Up PPO \$0 Deductible	Enrollment	Current 2024 Rates	2025 Renewal Rates
Employee Only	65	\$1,030.73	\$1,128.65
Employee + Spouse or Child(ren)	28	\$2,254.34	\$2,468.50
Family	58	\$2,616.62	\$2,865.20
<b>Total Monthly</b>	<b>151</b>	<b>\$281,883</b>	<b>\$308,662</b>
<b>Total Annual</b>		<b>\$3,382,595</b>	<b>\$3,703,942</b>
<b>\$ Increase/Decrease</b>		<b>\$691,780</b>	<b>\$321,347</b>
<b>% Increase/Decrease</b>			<b>9.5%</b>

Base PPO \$500 Deductible	Enrollment	Current 2024 Rates	2025 Renewal Rates
Employee Only	125	\$934.78	\$1,023.58
Employee + Spouse or Child(ren)	49	\$2,057.70	\$2,253.18
Family	85	\$2,388.70	\$2,615.63
<b>Total Monthly</b>	<b>259</b>	<b>\$420,714</b>	<b>\$460,682</b>
<b>Total Annual</b>		<b>\$5,048,572</b>	<b>\$5,528,182</b>
<b>\$ Increase/Decrease</b>		<b>\$1,086,209</b>	<b>\$479,611</b>
<b>% Increase/Decrease</b>			<b>9.5%</b>

HDHP Plan	Enrollment	Current 2024 Rates	2025 Renewal Rates
Employee Only	135	\$823.78	\$902.04
Employee + Spouse or Child(ren)	55	\$1,812.63	\$1,984.83
Family	79	\$2,104.15	\$2,304.04
<b>Total Monthly</b>	<b>269</b>	<b>\$377,133</b>	<b>\$412,960</b>
<b>Total Annual</b>		<b>\$4,525,594</b>	<b>\$4,955,523</b>
<b>\$ Increase/Decrease</b>		<b>\$796,671</b>	<b>\$429,929</b>
<b>% Increase/Decrease</b>			<b>9.5%</b>

<b>Total Monthly</b>	<b>679</b>	<b>\$1,079,730</b>	<b>\$1,182,304</b>
<b>Total Annual</b>		<b>\$12,956,760</b>	<b>\$14,187,647</b>
<b>\$ Increase/Decrease</b>			<b>\$1,230,887</b>
<b>% Increase/Decrease</b>			<b>9.5%</b>



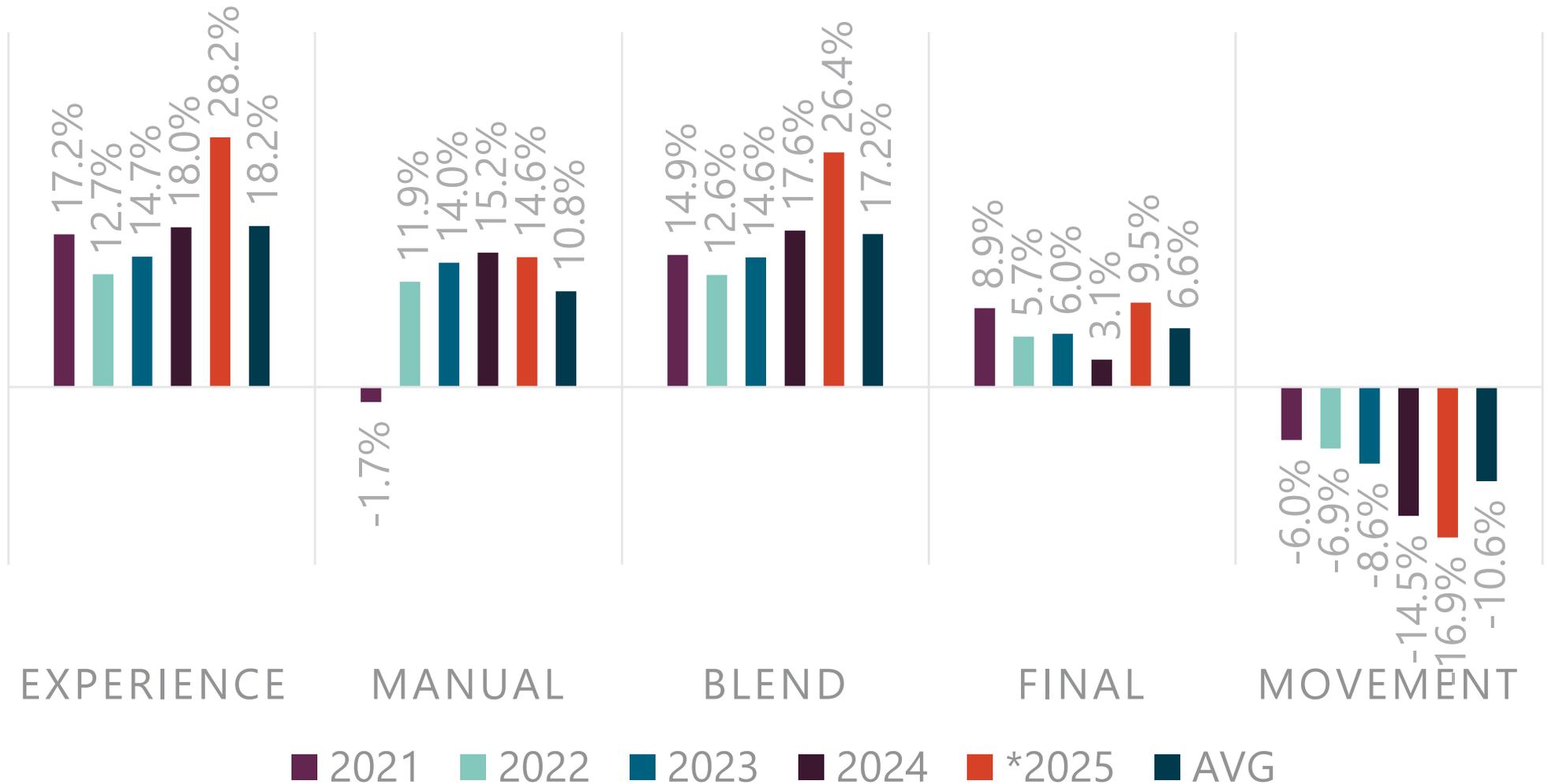
# Cigna 2025 Medical Rate Overview

Medical					
Cigna Buy Up PPO Plan (\$0 Deductible)	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Employee Contribution per Paycheck	Employee Monthly Increase
Employee Only	\$1,128.65	\$921.22	\$207.43	\$95.74	\$18.00
Employee + Spouse or Child(ren)	\$2,468.50	\$1,689.89	\$778.62	\$359.36	\$67.55
Employee + Family	\$2,865.20	\$1,961.72	\$903.48	\$416.99	\$78.38
Cigna Base PPO Plan (\$500 Deductible)	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Employee Contribution per Paycheck	Employee Monthly Increase
Employee Only	\$1,023.58	\$921.22	\$102.36	\$47.24	\$8.88
Employee + Spouse or Child(ren)	\$2,253.18	\$1,689.89	\$563.30	\$259.98	\$48.87
Employee + Family	\$2,615.63	\$1,961.72	\$653.91	\$301.80	\$56.73
Cigna HDHP with HSA Plan	Total Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Employee Contribution per Paycheck	Employee Monthly Increase
Employee Only	\$902.04	\$823.78	\$0.00	\$0.00	\$0.00
Employee + Spouse or Child(ren)	\$1,984.83	\$1,689.89	\$294.95	\$136.13	\$25.59
Employee + Family	\$2,304.04	\$1,961.72	\$342.32	\$157.99	\$29.69



# Cigna Renewal History

## BLENDING & FINAL MOVEMENT



**\*2025 had a rate cap of +9.5% in place from marketing for 2024 calendar year and subsequent retention by CIGNA. This cap is 17% less than CIGNA calculated 2025 pricing.**



# Cigna Renewal: 2025 vs 2024 Calculation

Increased CIGNA admin had +2.4% exp impact

Benefit adjustment had a +1.5% exp impact

Increased inflation load had a .53% exp impact

Increased claims under \$150k had a +2.9% additional impact

Premium charge for \$150k protection had a +.55% impact

Combined these components had @ +8% impact on what has been a high teens calculation from CIGNA historically

The CIGNA pattern had been to discount their calculation between 6% to 14% and land single digit cost adjustments

Rate cap of +9.5% for 2025 prevents any of the calculated cost components at a blended +26% from taking effect



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## The Hartford STD Quote

# STD Proposal: Complex Claims Advice

- Form of Administrative Services Only STD plan with pricing per claim
- \$500 set-up fee and per claim cost of \$390
- The City is likely to only need assistance on the more complex leave cases, but has the option to send all cases through The Harford
- Please Note: This plan utilizes a paper intake/claims process, as opposed to telephonic/online claims processing (which is currently in place for LTD)



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## Appendix

# JUNE 2024 Plan Performance- Medical

Month	EE Only	EE + Spouse	EE+ Children	Family	Total	Members	Paid Medical Claims	Paid Rx Claims	Total Gross Paid Claims	Premium	Gross Loss Ratio	Claims Over \$150k Pooling	Total Monthly Net Claims	Total Net Loss Ratio	Employee Contrib	Monthly City Contrib
Jan-24	321	72	63	224	680	1,573	\$474,134	\$257,669	\$731,802	\$1,087,469	67%	\$0	\$731,802	67%	\$210,045	\$890,724
Feb-24	320	72	64	220	676	1,555	\$873,016	\$235,903	\$1,108,918	\$1,078,943	103%	-\$146,342	\$962,576	89%	\$208,001	\$884,242
Mar-24	322	71	65	221	679	1,562	\$796,701	\$323,032	\$1,119,733	\$1,082,656	103%	-\$92,952	\$1,026,781	95%	\$208,274	\$887,831
Apr-24	325	70	65	221	681	1,563	\$1,017,890	\$293,034	\$1,310,924	\$1,083,400	121%	-\$309,285	\$1,001,639	92%	\$208,073	\$888,827
May-24	326	67	64	222	679	1,559	\$752,549	\$307,068	\$1,059,616	\$1,078,506	98%	-\$249,480	\$810,136	75%	\$206,720	\$885,237
Jun-24	331	66	60	225	682	1,566	\$954,189	\$324,265	\$1,278,454	\$1,079,522	118%	-\$417,274	\$861,180	80%	\$205,888	\$887,184
<b>TOTAL</b>	<b>1,945</b>	<b>418</b>	<b>381</b>	<b>1,333</b>	<b>4,077</b>	<b>9,378</b>	<b>\$4,868,478</b>	<b>\$1,740,970</b>	<b>\$6,609,448</b>	<b>\$6,490,497</b>	<b>102%</b>	<b>\$1,215,334</b>	<b>\$5,394,114</b>	<b>83%</b>	<b>\$1,247,002</b>	<b>\$5,324,044</b>
<b>AVE</b>	<b>324</b>	<b>70</b>	<b>64</b>	<b>222</b>	<b>680</b>	<b>1,563</b>	<b>\$811,413</b>	<b>\$290,162</b>	<b>\$1,101,575</b>	<b>\$1,081,749</b>		<b>-\$202,556</b>	<b>\$899,019</b>		<b>\$207,834</b>	<b>\$887,341</b>
<b>PMPM</b>							<b>\$519</b>	<b>\$186</b>								



# JUNE 2024 Large Claimants Over \$75K (\$150K Specific)

Relationship	Major Diagnosis Category	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Employee	Cancer		\$296,342	\$92,952	\$23,140	\$41,541	\$6,102	\$460,078
Employee	Cancer				\$331,593	\$102,999	\$22,357	\$456,950
Spouse	Cancer		\$99,896	\$39,648	\$115,008	\$87,905	\$25,088	\$367,545
Dependent	Fracture						\$363,501	\$363,501
Employee	Cancer		\$76,362	\$24,001	\$6,331	\$31,580	\$126,725	\$265,000
Spouse	Inflammatory Polyneruopathies			\$101,673	\$34,965	\$30,395	\$35,226	\$202,261
Spouse	Cancer			\$80,873	\$3,638	\$24,760	\$3,077	\$112,348
Spouse	Cancer				\$63,984	\$31,273	\$154	\$95,411
Spouse	Inflammatory Polyneruopathies						\$92,656	\$92,656
Dependent	COVID-19					\$65,211	\$25,951	\$91,162
<b>Total</b>		<b>\$0</b>	<b>\$472,600</b>	<b>\$339,148</b>	<b>\$578,660</b>	<b>\$415,665</b>	<b>\$700,837</b>	<b>\$2,506,910</b>

**Total claims for any claimant(s) exceeding Pooling Point: \$2,115,334**  
**Less: \$150,000 pooling for each claimant: \$900,000**

**Total Claims Over Pooling \$1,215,334**



# 2024 Medical Benefit Summaries - Cigna

	Buy Up PPO	*Base PPO	*HDHP with HSA
Benefit Provisions	In-Network	In-Network	In-Network
<b>Calendar Year Deductible</b>			
Individual	\$0	\$500	<b>\$3,200</b>
Family	\$0	\$1,000	<b>\$6,400</b>
<b>Calendar Year Out-of-Pocket Maximum</b>			
Individual	\$3,000	\$2,800	<b>\$3,200</b>
Family	\$6,000	\$5,600	<b>\$6,400</b>
<b>Coinsurance</b>	100%	90%	100%
<b>Office Visits</b>			
Primary Care Physician	\$20 copay	\$25 copay	0% after deductible
Specialist	\$40 copay	\$50 copay	0% after deductible
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
<b>Emergency Medical Care</b>			
Emergency Room	\$200 copay	\$200 copay then ded/coins	0% after deductible
Urgent Care	\$40 copay	\$50 copay	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible
<b>Hospital Services</b>			
Inpatient Services	\$300 copay per day	10% after deductible	0% after deductible
Outpatient Services	No member cost share	10% after deductible	0% after deductible
<b>Pharmacy Benefits</b>			
Separate Pharmacy Out of Pocket	Combined with Medical	\$1,500 individual / \$4,500 family	Combined with Medical
Prescription Rx	Retail: \$10 / \$40 / \$65	Retail: \$10 / 40% to \$80 / 60% to \$120	Retail: 0% after deductible
	Mail: \$30 / \$120 / \$195	Mail: \$20 / 40% to \$160 / 60% to \$240	Mail: 0% after deductible

- HSA contribution from the City of \$50 per month remains in effect for all tiers of coverage in 2024.
- The individual/ family deductible and out-of-pocket maximum for the HDHP plan increased in 2024 due to mandated IRS minimums, to \$3,200 and \$6,400, respectively.



# 2024 Premium/Contributions (Medical, Dental and Vision)

Medical				
Cigna Buy Up PPO Plan (\$0 Deductible)	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$189.43	\$841.30	\$1,030.73	\$87.43
Employee + Spouse or Child(ren)	\$711.07	\$1,543.28	\$2,254.34	\$328.18
Employee + Family	\$825.10	\$1,791.53	\$2,616.62	\$380.81
Cigna Base PPO Plan (\$500 Deductible)	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$93.48	\$841.30	\$934.78	\$43.14
Employee + Spouse or Child(ren)	\$514.43	\$1,543.28	\$2,057.70	\$237.43
Employee + Family	\$597.18	\$1,791.53	\$2,388.70	\$275.62
Cigna HDHP with HSA Plan	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$0.00	\$823.78	\$823.78	\$0.00
Employee + Spouse or Child(ren)	\$269.36	\$1,543.28	\$1,812.63	\$124.32
Employee + Family	\$312.63	\$1,791.53	\$2,104.15	\$144.29

Dental				
Cigna Dental Plan	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$0.00	\$38.80	\$38.80	\$0.00
Employee + Family	\$19.53	\$78.12	\$97.65	\$9.01

Vision				
MetLife Vision Plan	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$0.00	\$6.51	\$6.51	\$0.00
Employee + Family	\$3.09	\$12.36	\$15.45	\$1.43

\*Note: Employee contribution per paycheck is based on 26 paychecks in 2024



Thank  
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