Employee

# BENEFITS GUIDE

2025

Lawrence
KANSAS

January 1, 2025 - December 31, 2025

Medical | Dental | Vision | Life | Disability & More

# Table of Contents



**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 | New! Employees have the option to purchase Accident, Critical Illness, and Hospital Indemnity insurances. These plans are administered by Unum. |
| Voluntary Identity Theft | You | New! 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 & Open Enrollment

## Eligibility

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

# Pharmacy Benefits

## 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<br>Two or More Persons - $2,500 | |
| Specialty Out-of-Pocket Maximum[1] | Individual - $1,250<br>Two or More Persons - $2,500 | |
| Overall Out-of-Pocket Maximum | Individual - $2,500<br>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 |

[1] 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

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.

# Aetna Mobile App

## 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?

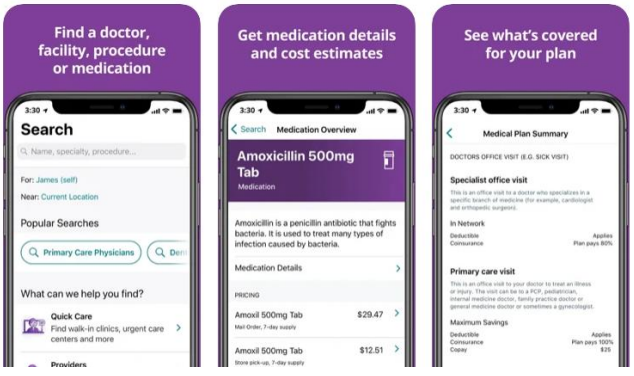
To use the app, you have to be registered for your secure member website.

Visit AetnaNavigator.com and select Register.

## Download the app:

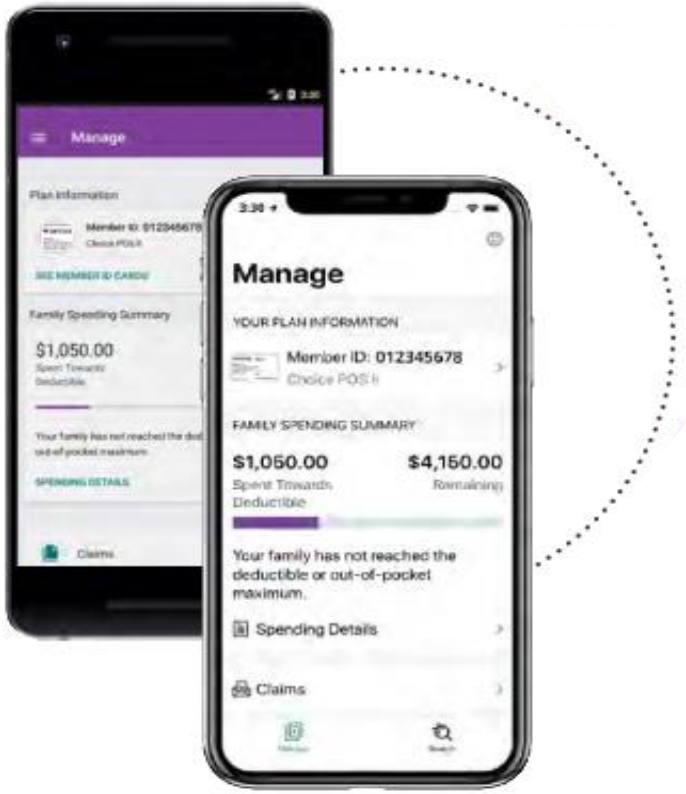
There are two ways to download the app:

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




GET IT ON Google play

Download on the App Store



# Additional Medical & Rx Resources

aetna™
Your global health partner

## 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

## 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 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℠
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 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 |
| **Diagnostic & Preventive** | | |
| Exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers | 100% | 100% |
| **Basic** | | |
| Cavity fillings, emergency exam, simple extractions, regular restorative, periodontics, & endodontics | 80% | 80% |
| **Major** | | |
| Crowns, bridges, dentures | 50% | 50% |
| **Orthodontia** | | |
| Children to age 19, subject to lifetime maximum of $2,000 | 50% | 50% |
| **RightStartforKids** | | |
| 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 |
| **Eye Exam** *(every 12 months)* | | |
| Exam Copay | $10 | N/A |
| Exam Allowance | 100% after Copay | Up to $40 |
| Materials Copay | $20 | N/A |
| **Lenses** | | |
| Single Vision Allowance<br>Bifocal Allowance<br>Trifocal Allowance | 100% after Copay | Up to $40<br>Up to $60<br>Up to $80 |
| **Contact Lenses in Lieu of Eyeglasses** *(every 12 months)* | | |
| Elective Allowance<br>Medically Necessary Allowance | Up to $105<br>100% after Copay | Up to $80<br>Up to $210 |
| **Frames** *(every 24 months)* | | |
| 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.

# Health Reimbursement Account

## 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 Inspira accounts, if offered. This means more ways to save.
- You have instant access to your money. The Inspira 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 Inspira 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 Inspira Mobile app or by filling out a paper claims form.
- Use your Inspira Card to pay for an eligible expense.
- Pay your provider: Use the Inspira online feature to pay your provider directly from your account.

# Flexible Spending Accounts

## PayFlex is now Inspria 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 | | | |
|---|---|---|---|
| **Healthcare FSA**[1]<br><br>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) | Maximum contribution is $3,200 per year | For 2025, up to $640 of funds may be carried over | Saves on eligible expenses not covered by insurance; reduces your taxable income |
| **Dependent Care FSA**<br><br>Dependent care expenses (such as day care, after school programs) so you and your spouse can work or attend school full-time | Maximum contribution is $5,000 per year, per household (married couples not to exceed $5,000 total combined) | No carryover – funds unused by 12/31/2025 will be forfeited | Reduces your taxable income |

[1] 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!

# Flexible Spending Accounts

## 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!**

# Life & AD&D Insurance

## 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: P**lease 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.

# Voluntary Accident Insurance

## 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 |
| **Be Well Benefit** | **A $50 payment is provided to each covered member when a preventive health screening test is completed** |

# Voluntary Critical Illness Insurance

## 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 | |
| **Be Well Benefit** | **A $50 payment is provided to each covered member when a preventive health screening test is completed** | |

# Voluntary Hospital Insurance

## 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. |

# Voluntary Identity Theft Insurance

## 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[1]:

- 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 Premmier 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 attemps with real-time data
- **Browser -** Browse seamlessly without sacrificing speed

# KPERS & 457(b) BENEFITS

## 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

## 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.**

### 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 4th and Maine Streets (4th 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.

# Employee Assistance Program (EAP)

- 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
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<br>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<br>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 |
| 7579 | $4.085 | $4.145 |
| 80-84 | $5.470 | $5.530 |
| 85+ | $7.970 | $8.030 |

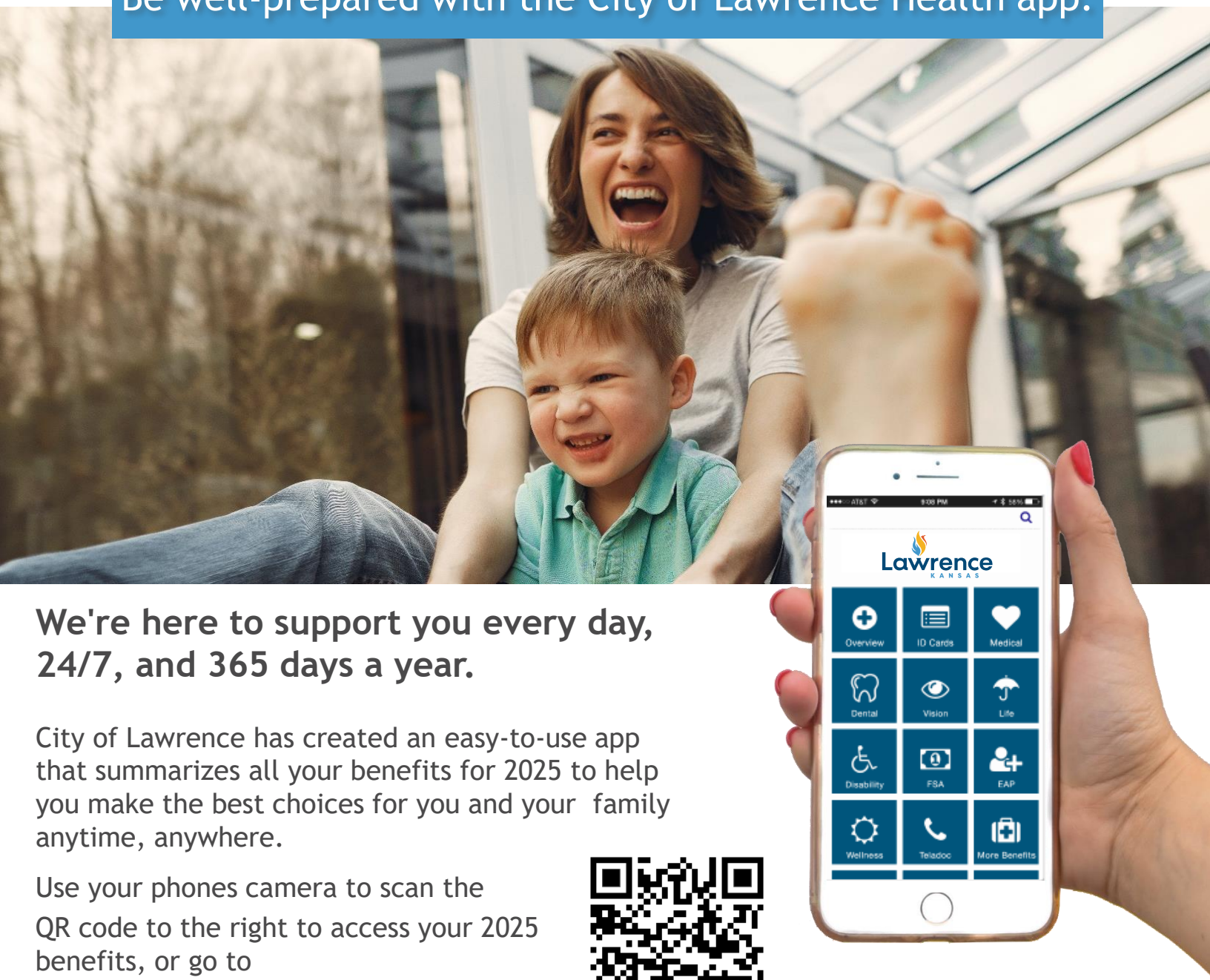
| Voluntary Hospital Indemnity | |
|---|---|
| | Employee Per Pay Period |
| Employee | $5.30 |
| Employee + Spouse | $12.65 |
| Employee + Child(ren) | $8.40 |
| Employee + Family | $15.75 |

| Voluntary Identity Theft<br>Per Pay Period | | |
|---|---|---|
| | Benefit Premier | Benefit Premier Plus |
| Employee | $4.25 | $5.75 |
| Employee + Family | $8.75 | $10.25 |

# City of Lawrence Benefits App

# 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.

Lawrence KANSAS

**QUESTIONS?** Please reach out to Human Resources.

# Contacts

## Important Contact Information

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

# Legal Notices

**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

- 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, 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. 6th Street, Lawrence, KS 66044
**Email:** 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.

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.

### 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. (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.

### 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

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.[12]

**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**

---

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

[2]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.

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 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.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit 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.

<table>
<tr><td colspan="2">Employer Name:<br>The City of Lawrence</td><td>Employer ID Number (EIN):<br>48-6033520</td></tr>
<tr><td colspan="2">Employer Street Address:<br>6 E. 6th Street</td><td>Employer Phone Number:<br>785.832.3239</td></tr>
<tr><td>City:<br>Lawrence</td><td>State:<br>KS</td><td>Zip:<br>66044</td></tr>
<tr><td colspan="3">Who may be contacted about employer health coverage at this job?:<br>Molly Lake</td></tr>
<tr><td colspan="2">Phone number (if different than above):</td><td>E-mail address:<br>humanresources@lawrenceks.org</td></tr>
</table>

# 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
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/.
- 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.

**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.

**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.

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

# Legal Notices

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

# Legal Notices

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

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
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
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 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.

# Legal Notices

## 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 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) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.

Lawrence

KANSAS