

Employee

# BENEFITS GUIDE

2024



January 1, 2024 - December 31, 2024

Medical | Dental | Vision | Life | Disability & More

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## Disclaimer

This booklet is intended to summarize benefits offered in 2024. 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. That sense of well-being in every aspect of your life is what we call total health, and it's important to us. The health and wellbeing of our employees and their family members is a priority for the City of Lawrence and a key part of our commitment to engaged & empowered teams, where employees are trusted, supported and cared for as we build the community. 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.
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	This benefit is provided entirely by the City of Lawrence.

# Eligibility & Open Enrollment



## Eligibility

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

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

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 2024 will take place from **October 1, 2023 through October 31, 2023**. This is an **active enrollment event**, which means you **MUST** go into Dayforce and choose which benefits you want to be enrolled in for 2024. If you do not select benefits in Dayforce, you will not have benefits for the 2024 plan year.

# What's Changing?



## Our New Medical and Pharmacy Plan, and Other Changes for 2024!

### Medical

- Deductibles will reduce from \$1,750 to \$1,000 for individuals and from \$3,500 to \$2,000 for families.
- Annual out-of-pocket maximums will be increasing from \$4,000 to \$5,000 for individuals and from \$8,000 to \$10,000 for families.
- Primary Care Office Visit copay will change from Deductible + 20% Coinsurance to a \$20 Copay.
- Specialist Office Visit copay will change from Deductible + 20% Coinsurance to a \$40 Copay.
- Emergency Room Copay will increase from \$100 Copay + Deductible + 20% Coinsurance to \$200 Copay + Deductible + 20% Coinsurance.

### Pharmacy

- Non-Specialty out-of-pocket maximums will be increasing from \$1,000 to \$1,250 for individuals and from \$2,000 to \$2,500 for families.
- Specialty out-of-pocket maximums will be increasing from \$1,000 to \$1,250 for individuals and from \$2,000 to \$2,500 for families.
- Overall out-of-pocket maximums will be increasing from \$2,000 to \$2,500 for individuals and from \$4,000 to \$5,000 for families.
- Specialty drug coinsurance will be increasing from 20% Coinsurance to 30% Coinsurance.
  - **NEW** - PrudentRx Program will roll out for 2024 and will give members of the medical plan access to specialty drugs at \$0 out-of-pocket cost. More details are provided later in this guide.

### HRA & FSA

- HRA and FSA will now be administered through PayFlex. For 2023 FSA, you will continue to submit claims to ASI Flex through the filing deadline of March 31, 2024 for 2023 claims. After that time, any carryover amounts up to \$610 for 2023 will be reported to PayFlex and updated for your use.
- Because The City is investing in a new Medical/Rx Plan that will be more predictable for members (with lower deductibles and new copays), The City will no longer be automatically contributing into employees' HRA. Employees can still earn HRA funds by participating in the City's Wellness program, BeHealthy Lawrence.

### Voluntary Life Insurance

- During open enrollment, employees will have the ability to elect new coverage or increase current coverage for themselves and their spouses up to the guaranteed issue without having to submit medical evidence of insurability.
- Guaranteed issue levels will increase to \$150,000 for employee and \$50,000 for spouses.

Benefit premiums are deducted from your paycheck over 24 paychecks per year. Elections made will be for the calendar period January 1, 2024 - December 31, 2024. Elections made outside of open enrollment can only be changed in conjunction with a qualifying life event.

## Medical Coverage

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

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

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

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

# Medical Benefits



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

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



## Prescription Drug Coverage

New for 2024, The City of Lawrence's Pharmacy Benefits will be provided through Aetna. Below is a summary of in-network benefits. You are encouraged to use an "in-network" pharmacy under this Aetna plan.

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

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

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

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

**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.



**New for 2024!** PrudentRx is a copay program that allows members to pay \$0 out-of-pocket for all approved specialty medications on the plan's Exclusive Specialty drug list.

## What is copay assistance?

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

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

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

## Am I eligible for PrudentRx?

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

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

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

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

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

## Features of the Aetna Mobile App

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

## How do I get started?

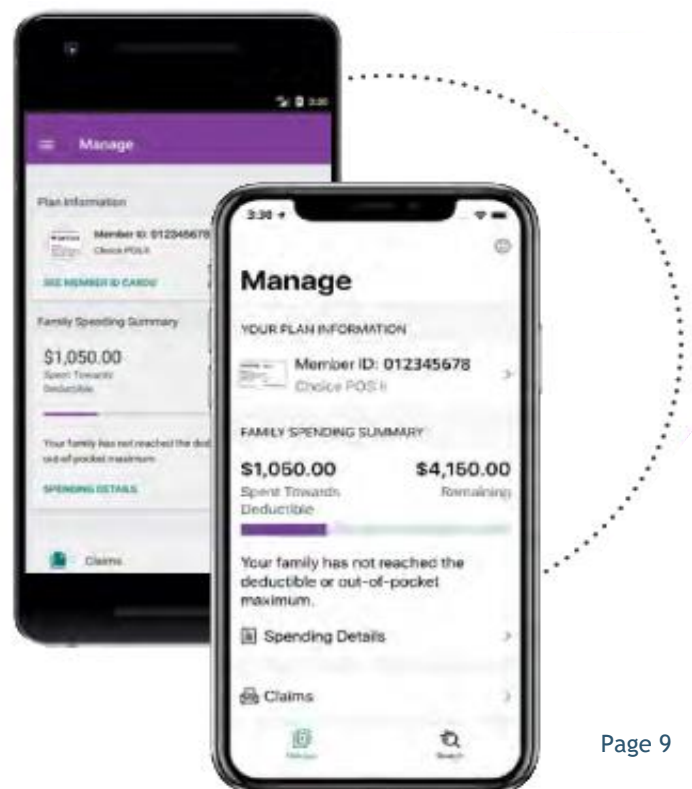
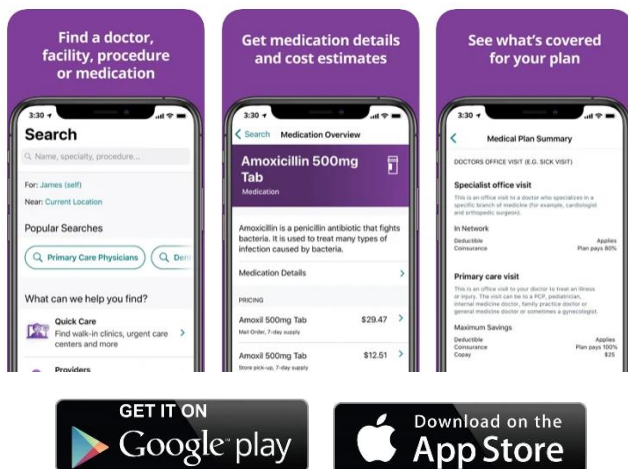
To use the app, you have to be registered for your secure member website.

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

## Download the app:

There are two ways to download the app:

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



## Teledoc / Telehealth

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

## Informed Health Line

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

## Aetna Concierge Customer Service

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

## Common Purpose Financial Catalyst

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

## Know Where to Go



### URGENT CARE CENTER

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

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

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



### EMERGENCY ROOM or call 911

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

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



### PHYSICIAN'S OFFICE

or call BeWell 24/7<sup>SM</sup>  
at 844-84-BEWELL (239355)

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

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



### VIRTUAL VISIT

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

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

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

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

## Dental Benefits

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

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

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

## Vision Benefits

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

Vision Benefits	The Standard / EyeMed	
	In-Network	Out-of-Network
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	100% after Copay	Up to \$40
Bifocal Allowance		Up to \$60
Trifocal Allowance		Up to \$80
Contact Lenses in Lieu of Eyeglasses (every 12 months)		
Elective Allowance	Up to \$105	Up to \$80
Medically Necessary Allowance	100% after Copay	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.





## The City is changing HRA vendors in 2024! HRA will now be administered by PayFlex.

### 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.

Since HRA funds can only be used for costs subject to your deductible, your out-of-pocket prescription, dental, and vision costs are NOT eligible expenses under your HRA. Preventive services are 100% covered by the plan, so they will not use any of your HRA funds. Non-preventive services will first be paid with funds out of your HRA; once you have used all funds in your HRA, you will pay the costs of claims out-of-pocket until you reach your deductible.

New in 2024, HRA funds are only 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 PayFlex accounts, if offered. This means more ways to save.
- **You have instant access to your money.** The PayFlex 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 PayFlex 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 PayFlex Mobile app or by filling out a paper claims form.
- Use your Payflex Card to pay for an eligible expense.
- Pay your provider: Use the PayFlex online feature to pay your provider directly from your account.

## 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			
<b>Healthcare FSA</b>  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 2024, up to \$640 of funds may be carried over	Saves on eligible expenses not covered by insurance; reduces your taxable income
<b>Dependent Care FSA</b>  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 12/31/2022 will be forfeited	Reduces your taxable income

## Rollover & New FSA Vendor for 2024!

The City's FSA program will be administered by PayFlex in 2024. For 2023 FSA, you will continue to submit claims to ASI Flex through the filing deadline of March 31, 2024 for 2024 claims. After that time, any carryover amounts up to \$640 for 2023 will be reported to PayFlex and updated for your use.

## FSA Tax Advantage

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



## Why contribute to an FSA?

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

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

## Keep it simple with the PayFlex 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 Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment in the event of your death while employed by The City of Lawrence.

## Group Paid Life Insurance

Life insurance is an important part of your financial security, especially if you support a family. The City of Lawrence provides basic life insurance to all eligible employees at no cost. Coverage is automatic.

The amount of Basic Life Insurance provided at **no cost to you** is a fixed amount based on your job grade.

Employees also have the option to 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

## Accidental Death & Dismemberment Insurance

Accidental Death & Dismemberment (AD&D) Insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The City of Lawrence provides AD&D at **no cost to you**. The amount of coverage is equal to the amount of your employee Life Insurance.



## Group Voluntary Life Insurance Coverage

You may purchase Voluntary Life Insurance in addition to the City-provided coverage. You may also purchase Voluntary Life Insurance for your dependents if you purchase additional coverage for yourself. 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 Only 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. \*
- **Special Enrollment Opportunity for 2024:** During Open Enrollment for the 2024 plan year, employees will be able to increase or add coverage for themselves and their spouse up to the guaranteed issue amount without having to submit additional medical forms (EOI).

### \*Important Note -

If you do not elect Voluntary Life coverage during your initial enrollment period or during the special enrollment period, you will not be able to elect or increase coverage without a statement of medical Evidence of Insurability (EOI). Additionally, if you elect an amount of coverage above the guaranteed issue, EOI will be required. Please follow the directions in Dayforce when enrolling and submitting this form. If this form is required and it is not submitted timely, your application for coverage may be declined.

## Kansas Public Employee Retirement System (KPERS)

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

Membership is mandatory for all employees in covered positions.

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

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

## 457(b) Deferred Compensation Plan

The City of Lawrence offers one supplemental retirement savings plan through Nationwide Retirement Solutions. You can contribute on either a flat dollar amount or percentage basis. Below are the 2024 limits, which are set by the IRS each year.:

Contribution Type	Limit
Regular Contribution	\$22,500
Age 50+ Catch-Up	\$7,500
3-Year Catch-Up	\$45,000





## 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, weight management, and personal health
- Disease management for common conditions, such as diabetes, pre-diabetes, high cholesterol, hypertension, obesity and asthma
- Treatment of minor illnesses and injuries
- Skin conditions
- Physical exams
- Vaccinations
- Administration of allergy shots

### Clinic Hours:

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

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

To schedule an appointment call (785) 505-3112

### Location:

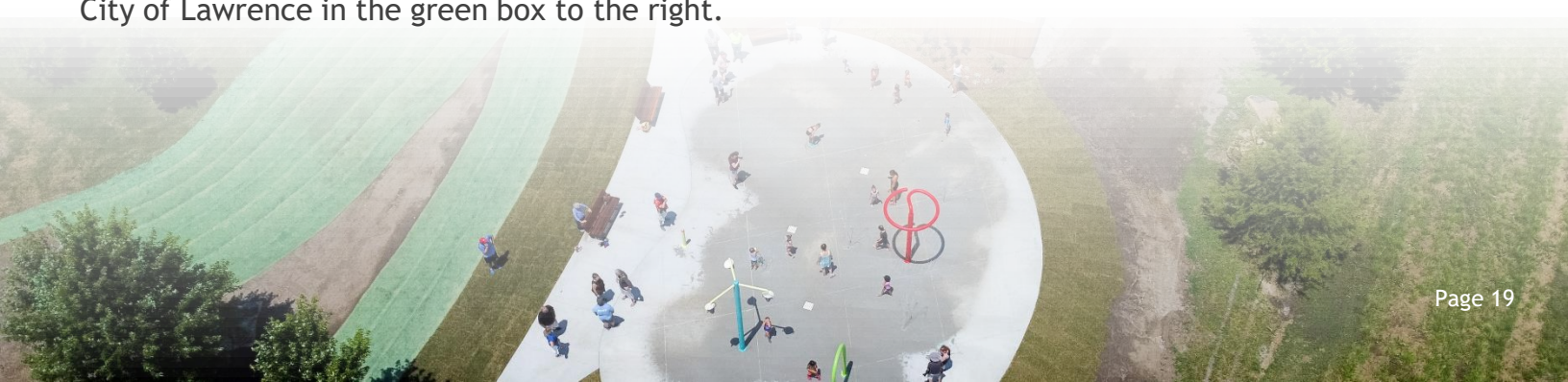
The clinic is located inside Lawrence Memorial Hospital across from the Business Health Center. Parking is available on the corner of 4<sup>th</sup> and Maine Streets (4<sup>th</sup> Street Health Plaza building). Take stairs or elevator down 1 floor and follow hallway to the end. You may also enter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

## BeHealthy Wellness Incentives

To improve and sustain the health of every valued employee at the City of Lawrence, we continue to offer any employee (or spouse) enrolled in our medical plan the opportunity to participate in our Wellness Program; BeHealthy. Through this program you can get help on your path to wellness and earn incentive money!

Eligible employees & spouses have the potential to earn up to \$400, each, in HRA money for 2025! For more information on how to earn incentive money, visit the LMH website at [www.lmh.org](http://www.lmh.org)!

You can log onto your Cerner Health Account by going to [www.lmh.org](http://www.lmh.org). Under WellCare then choose City of Lawrence in the green box to the right.



# Employee Assistance Program (EAP)



Balanced Care for a Better Life



Call 24 hours a day, 365 days a year



Free and Confidential

## Administered by New Directions

The New Directions Program has the tools and resources designed to help you overcome life challenges that can affect your health, family life or job performance. New Directions is built on the belief that genuine good health comes from balanced care of the body and mind. For more than 20 years, they have been working to provide people like you with the care and support you need to live a happy and healthy life.

To help you balance home and work, New Directions EAP provides assistance with:

- Workplace Conflicts
- Marriage and Family Concerns
- Interpersonal Difficulties
- Stress Management
- Emotional Upsets
- Financial Matters
- Alcohol and Drug Problems

## 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 (800) 624-5544

### What if I need more than 6 counseling sessions?

If you need more than 6 counseling sessions and you are covered by the City's Medical Plan, New Directions will work with Aetna to ensure a smooth transition as additional counseling sessions will be billed to the Medical Plan rather than New Directions.

## Learn More & Schedule an Appointment:

1. Call (800) 624-5544 or visit [www.ndbs.com](http://www.ndbs.com)
2. Click on "For Individuals and Families"
3. Enter Employer Code "Lawrence"

**The EAP allows for 6 free counseling sessions per issue**

# Employee Contributions



**There will be no changes to employee contributions for 2024!**

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 amounts listed below reflect the semi-monthly payroll deduction amount, per \$1,000 of coverage, and are deducted on a **post-tax basis**.

## Employee Medical, Rx, and Dental

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

## Retiree Medical, Rx, and Dental

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

## Optional Vision

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

## Voluntary Life

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

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



# 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 2024 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 2024 benefits, or go to

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



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

# Contacts



## Important Contact Information

Plan	Provider	Phone Numbers	Website
Medical	Aetna	1-855-783-5785 Option 4	<a href="http://www.aetna.com">www.aetna.com</a>
Prescription Drug	Aetna	1-855-783-5785 Option 4	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	Delta Dental of KS	1-800-234-3375	<a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
Vision	The Standard	1-866-289-0614	<a href="http://www.standard.com/services">www.standard.com/services</a>
HRA & FSA	PayFlex	1-844-729-3539	<a href="http://www.payflex.com">www.payflex.com</a>
Group Term Life & AD&D	Advance	Contact HR	Contact HR
Voluntary Term Life	Advance	Contact HR	Contact HR
KPERS Benefits	KPERS	Pension Plan: 1-888-275-5737 or 785-296-6166 Life Insurance: 844-289-2306	<a href="http://www.kpers.org">www.kpers.org</a>
457(b) Deferred Compensation Plan	Nationwide	888-401-5272	<a href="mailto:sunderw@nationwide.com">Wade Sundermann Retirement Specialist sunderw@nationwide.com</a>
LMH WellCare Clinic	BeHealthy City of Lawrence	785-505-3112	<a href="http://www.behealthylmh@lmh.org">www.behealthylmh@lmh.org</a>
EAP	New Directions	800-624-5544	<a href="http://www.ndbh.com">www.ndbh.com</a> Company Code: Lawrence

**Questions? Contact the City of Lawrence HR Department:**

[Humanresources@lawrenceks.org](mailto:Humanresources@lawrenceks.org)

785-832-3239

## Medicare Part D Notice of Creditable Coverage

### Important Notice from The City of Lawrence About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with The 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. 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. The City of Lawrence has determined that the prescription drug coverage offered under the Blue Cross Blue Shield of Kansas City plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

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

If you decide to join a Medicare drug plan, your current coverage with The City of Lawrence will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with The City of Lawrence 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 Your Options Under Medicare Prescription Drug Coverage

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

### For More Information About Medicare Prescription Drug Coverage

- Visit [www.medicare.gov](http://www.medicare.gov);
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call 1-800-MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

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

## Medicare Part D Notice of Creditable Coverage (continued)

**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).

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

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

### Women's Health & Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan.

To obtain more information on WHCR benefits, please call or email the contact listed on the cover of this document

### Newborn and Mother's Health Protection Act (NMHPA)

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

To obtain more information, please call or email the contact listed on the cover of this document.

### Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) 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 if the employer stops contributing toward your or your dependents' other coverage).

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

Date: 01/01/2024  
Name of Entity: The City of Lawrence  
Contact-Position/Office: Jon Thummel, Human Resources Manager  
Address: 6 E. 6<sup>th</sup> Street, PO Box 708, Lawrence, KS 66044  
Phone Number: 785.832.3208  
Email Address: humanresources@lawrenceks.com



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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. This list of states is current as of July 31, 2023. Contact your state for more eligibility information:

ALABAMA - Medicaid	ALASKA - Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584

# Legal Notices



<b>IOWA - Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	<b>KANSAS - Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY - Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	<b>LOUISIANA - Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE - Medicaid</b> Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	<b>MASSACHUSETTS - Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA - Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	<b>MISSOURI - Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA - Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a>	<b>NEBRASKA - Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA - Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>NEW HAMPSHIRE - Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY - Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>NEW YORK - Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA - Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	<b>NORTH DAKOTA - Medicaid</b> Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA - Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>OREGON - Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA - Medicaid and CHIP</b> Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.childrenshealthinsuranceprogram.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>RHODE ISLAND - Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

# Legal Notices



<b>SOUTH CAROLINA - Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS - Medicaid</b> Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	<b>UTAH - Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT- Medicaid</b> Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	<b>VIRGINIA - Medicaid and CHIP</b> Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON - Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	<b>WEST VIRGINIA - Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN - Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	<b>WYOMING - Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2024)



## HIPAA Notice of Privacy Practices

This notice describes how medical information about you that we receive from your health care flexible spending account may be used and disclosed and how you can get access to this information. Please review it carefully.

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

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| <b>Get a copy of your health and claims records</b>           | <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>   |
| <b>Ask us to correct health and claims records</b>            | <ul style="list-style-type: none"><li>• 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.</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>  |
| <b>Request confidential communications</b>                    | <ul style="list-style-type: none"><li>• 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.</li><li>• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li></ul>   |
| <b>Ask us to limit what we use or share</b>                   | <ul style="list-style-type: none"><li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li><li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul>  |
| <b>Get a list of those with whom we’ve shared information</b> | <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>                                 |
| <b>Get a copy of this privacy notice</b>                      | <ul style="list-style-type: none"><li>• 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.</li></ul>   |
| <b>Choose someone to act for you</b>                          | <ul style="list-style-type: none"><li>• 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.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li></ul>  |
| <b>File a complaint if you feel your rights are violated</b>  | <ul style="list-style-type: none"><li>• You can complain if you feel we have violated your rights by contacting us using the information on page 1.</li><li>• 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 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>• We will not retaliate against you for filing a complaint.</li></ul> |

**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.

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| <b>In these cases, you have both the right and choice to tell us to:</b> | <ul style="list-style-type: none"><li>• Share information with your family, close friends, or others involved in payment for your care.</li><li>• Share information in a disaster relief situation.</li><li>• Contact you for fundraising efforts.</li></ul> <p><i>If you are not able to tell us your preference, 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.</i></p> |
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| <b>In these cases we never share your information unless you give us permission:</b> | <ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li></ul> |
|--|---|

## HIPAA Notice of Privacy Practices (continued)

**Our Uses and Disclosures.** We typically use or share your information in the following ways.

Help manage the health care treatment you receive	<ul style="list-style-type: none"><li>We can use your health information and share it with professionals who are treating you.</li></ul>	<i>Example:</i> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	<ul style="list-style-type: none"><li>We can use and disclose your information to run our organization and contact you when necessary.</li><li><b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.</li></ul>	<i>Example:</i> We use health information about you to develop better services for you.
Pay for your health services	<ul style="list-style-type: none"><li>We can use and disclose your health information as we pay for your health services.</li></ul>	<i>Example:</i> We share information about you with your dental plan to coordinate payment for your dental work.
Administer your plan	<ul style="list-style-type: none"><li>We may disclose your health information to your health plan sponsor for plan administration.</li></ul>	<i>Example:</i> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Help with public health and safety issues	<ul style="list-style-type: none"><li>We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>Preventing disease</li><li>Helping with product recalls</li><li>Reporting adverse reactions to medications</li><li>Reporting suspected abuse, neglect or domestic violence</li><li>Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
Do research	<ul style="list-style-type: none"><li>We can use or share your information for health research</li></ul>
Comply with the law	<ul style="list-style-type: none"><li>We can share health information about you with organ procurement organizations.</li><li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"><li>We can share health information about you with organ procurement organizations.</li><li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>

## HIPAA Notice of Privacy Practices (continued)

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.

### 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.

## Health Insurance Marketplace Coverage

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you with evaluating the options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Typically you can enroll in a Marketplace health plan during the Marketplace's Open Enrollment period or if you experience a qualifying life event.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than about 9.5%\* of your household income for the year, or if the coverage your employer provides does not meet the "minimum value standard" set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored 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.)

## Health Insurance Marketplace Coverage (continued)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is usually excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace would be made on an after-tax basis.

\*this percentage changes slightly each year; to find out what the current amount is visit [www.healthcare.gov](http://www.healthcare.gov).

### How Can I Get More Information on the Marketplace?

The Marketplace will consist of state-specific websites where you can compare health insurance options available where you live. Some states have created their own Marketplace, while others will be using sites run by the U.S. Department of Health and Human Services. Please visit [HealthCare.gov](http://HealthCare.gov) or call 800-318-2596 for more information and to obtain contact information for a Health Insurance Marketplace in your state.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's some of the employer information you will be asked to provide when you visit [HealthCare.gov](http://HealthCare.gov).

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

Here is some basic information about health coverage offered by The City of Lawrence:

- As your employer, we offer an employer-sponsored health plan to regular full-time and permanent part-time employees.
- The coverage under The City of Lawrence health plan meets the minimum value standard.
- For more information about the Health Insurance Marketplace in your state, visit [HealthCare.gov](http://HealthCare.gov) or call 800-318-2596.

## Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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.

### What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## Continuation Coverage Rights Under COBRA

### You Must Give Notice of Some Qualifying Events

For the 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 day after the qualifying event occurs. You must provide this notice to: Human Resources, The City of Lawrence, 31301 W 181<sup>st</sup> Street, Edgerton, KS 66021

You may also submit this information directly to our COBRA vendor, BPC: 1.888.627.7505, P.O. Box 7500, Champaign, IL 61826. BPC can assist you in navigating all your health care options to potentially find more affordable health care.

### How is COBRA 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.

### How is COBRA Coverage Provided?

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

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

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

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

If your family experiences another qualifying event while receiving 18 months 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### 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 ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available on EBSA's website.)

### Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of 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.



**Lawrence**  
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