

# 2023 EMPLOYEE BENEFITS

January 1, 2023 – December 31, 2023



City of Lawrence

Medical | Dental | Vision | Life | Disability & More





New employees are benefit eligible the 1st day of the month following your date of hire. Careful review of the 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 generally occurs in November each year.

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.
- If you are enrolling for the first time or making plan adjustments, please complete enrollment in Bswift.

## REMINDER

**The City of Lawrence will be changing to 24 health benefit deductions for 2023 (former structure was 26 deductions).**

Note: This guide is published for current employees of The City of Lawrence for the purpose of providing highlights for the available benefit programs. Official documents and policies actually govern your rights and benefits. If any discrepancy exists between this summary and any official documents, the official documents will prevail.

# WHAT'S INSIDE

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. We believe the health of our people is directly linked to the health of the company.

Why? Because when you're healthy, you're at your best—at work, at home, at play. The benefit package is briefly summarized below.

Benefit	Who Pays?	Coverage Options
Medical and Prescription Drugs	Employer and You	The City's health plan is administered by Aetna, with pharmacy benefits administered by Elixir. Employees may use the health care provider of their choice, however greater benefits will be received by seeing an in-network provider.
Health Reimbursement Account (HRA)	Employer	Employees who are enrolled in the medical plan are automatically enrolled in an HRA. The City contributes \$250 towards the HRA for individuals, and \$500 for those with at least one dependent enrolled.
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. 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.
Dental	Employer and You	
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 and AD&D	Employer	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	Employer	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.
Employee Assistance Program (EAP)	Employer	This benefit is provided entirely by The City of Lawrence.

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# MEDICAL BENEFITS

## ADMINISTERED BY AETNA

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. Below is a brief summary of the medical plan benefits.

Please review the terms below and consider each term respective to the plans offered when deciding which medical plan is best for you and your family.

- Copay: A set dollar amount you pay each time you receive a covered service.
- Deductible: A set amount you must pay every year toward your medical bills before the insurance company starts paying.
- Coinsurance: The percentage of costs of a health care service you pay after you have paid your deductible up to the out-of-pocket maximum.

### Medical Plan Design

Schedule of Benefits	In-Network	Non-Network
<b>Deductible</b> <i>(per calendar year)</i>	Embedded Deductibles	
Individual	\$1,750	\$3,500
Family	\$3,500	\$7,000
<b>Health Reimbursement Account (HRA)</b> <i>(employer contribution per calendar year)</i>	Individual - \$250 Two or More Persons \$500	
<b>Coinsurance</b> <i>(% paid by plan after you meet the deductible)</i>	80%	60%
<b>Annual Out-Of-Pocket Max.</b> <i>(includes deductible, coinsurance &amp; copays)</i>		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
<b>Physician Services</b>		
Preventive Care	Covered 100% (Deductible Waived)	Deductible + 40%
Primary Care Office Visits <i>(Includes Physical and Occupational Therapy)</i>	Deductible + 20%	Deductible + 40%
Specialist Office Visits	Deductible + 20%	Deductible + 40%
Mental Health	Covered 100% (Deductible Waived)	Deductible + 40%
<b>Emergency Services</b>		
Emergency Room Visit	\$100 Copay + Deductible + 20%	
Urgent Care	Deductible + 20%	
<b>Inpatient/Outpatient Services</b>		
Inpatient Care	Deductible + 20%	Deductible + 40%
Outpatient Surgery	Deductible + 20%	Deductible + 40%
Diagnostic Lab / X-Ray	Deductible + 20%	Deductible + 40%
High Tech Scans <i>(MRI, CT, etc)</i>	Deductible + 20%	Deductible + 40%
Mental Health	Covered 100% (Deductible Waived)	Deductible + 40%
<b>Routine Eye Exams</b> <i>(one per calendar year)</i>	Covered 100% (Deductible Waived)	Deductible + 40%

\*All Cost Sharing Goes Toward Out of Pocket Maximum.

This is a brief description of the medical benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

# HEALTHREIMBURSEMENT ACCOUNT (HRA)

ADMINISTERED BY AETNA

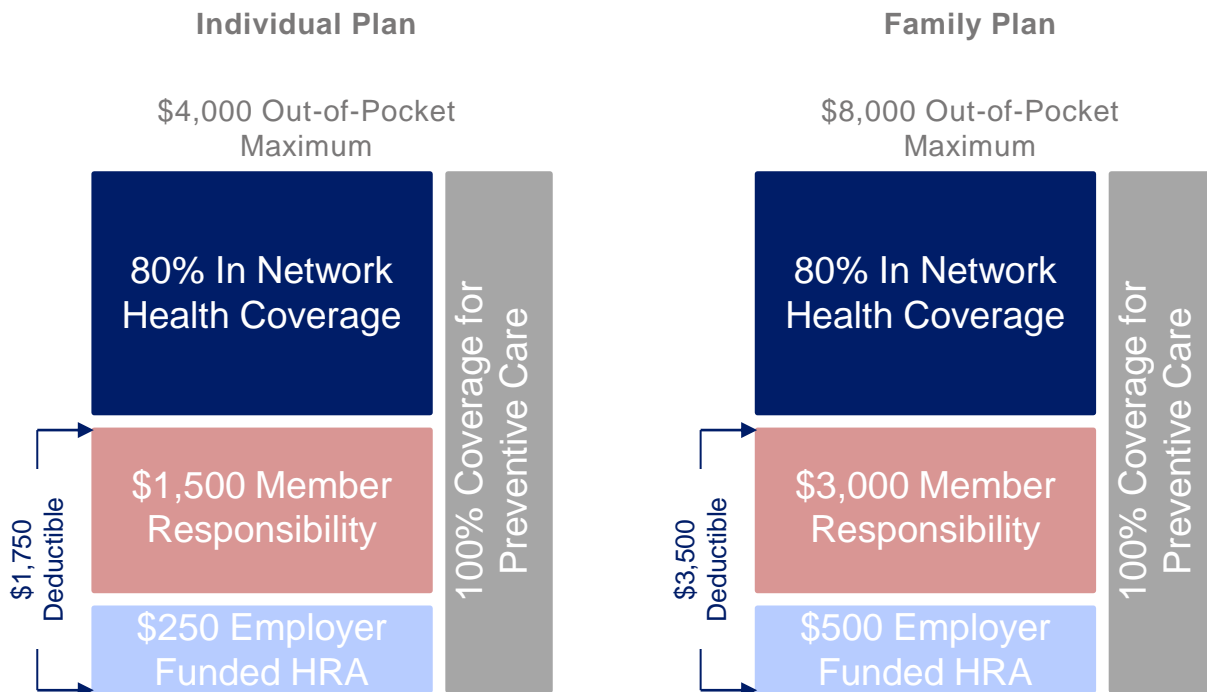
Employees who are enrolled in the medical plan are also automatically enrolled in a Health Reimbursement Account (HRA). HRA funds can be used to pay for medical expenses that are subject to your medical deductible, reducing your overall out-of-pocket costs.

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.

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.

## HRA Plan Design

Tier	Employer Contribution
Employee	\$250
Employee + 1 Dependent	\$500



This is a brief description of the medical benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

# PHARMACY BENEFITS

ADMINISTERED BY ELIXIR SOLUTIONS

The City of Lawrence offers Pharmacy Benefits through Elixir Solutions. Below is a summary of in-network benefits. If you go to an out-of-network pharmacy, you must pay the entire cost of the prescription up front and then submit a claim form to Elixir for reimbursement. You will be reimbursed based on the network discounted price for the drug, not the actual price you paid, minus your coinsurance amount. As a result, your total out-of-pocket expenses will be higher if you use an out-of-network pharmacy.

## Prescription Drug Plan Design

Schedule of Benefits	Preferred Pharmacy Network (34-day supplies)	Performance 90 Network (90-day supplies)
Non-Specialty Out-of-Pocket Maximum	Individual - \$1,000 Two or More Persons - \$2,000	
Specialty Out-of-Pocket Maximum	Individual - \$1,000 Two or More Persons - \$2,000	
Overall Out-of-Pocket Maximum	Individual - \$2,000 Two or More Persons - \$4,000	
Generic Drugs	20% Coinsurance	
Brand Name Drugs	\$250 Copay + 20% Coinsurance	\$50 Copay + 20% Coinsurance
Specialty Drugs (Generic)	20% Coinsurance	Not Eligible
Specialty Drugs (Brand Name)	\$25 Copay + 20% Coinsurance	Not Eligible

### Best-In-Class (BIC) Optimizer for Specialty Generics:

A few select branded specialty products that have an FDA-approved generic alternative will not be covered. The generic alternative will be covered at a \$0 copay. Specialty brands/generics are added or removed from the list twice each year, occurring on 1/1 and 7/1.



This is a brief description of the medical benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

# TELEDOC / TELEHEALTH

Teladoc/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.

**Get care wherever you are for common medical issues!**

More information can be found on The City of Lawrence intranet.

# INFORMEDHEALTH 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.



# VISION BENEFITS

## ADMINISTERED BY THE STANDARD

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.

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

# DENTAL BENEFITS

## ADMINISTERED BY DELTA DENTAL

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.

	PPO	Premier
<b>Deductible</b>	N/A	N/A
<b>Annual Maximum</b>	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%

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.



# SPENDING ACCOUNTS

## FLEXIBLE SPENDING ACCOUNT | ADMINISTERED BY OPTUM FINANCIAL

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.**

**Healthcare FSA:** You may elect an amount up to **\$3,050** per plan year to be used for health, dental and vision expenses for you and eligible dependents. Some eligible expenses include (but are not limited to) the following:

- Medical or Dental Deductibles and Coinsurance
- Office Visit and Prescription Drug Copays
- Orthodontia and Other Dental Work
- Eyeglasses and Contact Lenses
- Laser Eye Surgery
- Hearing Aids

You may choose to pay for your eligible expenses with the Debit card option. If you currently have a debit card it can be used until the expiration date on the card. **KEEP ALL RECEIPTS!** Please call (800) 659-3035 to find out more about the debit card option.

You may also choose to file a General FSA Claim Form and ASI can reimburse via direct deposit to your checking or savings account.

You are permitted to rollover money left in your Healthcare FSA at the end of the year, up to **\$610**. The rollover amounts are not cumulative, meaning each year the amount is capped at \$610.

**Dependent Care FSA:** You may elect an amount up to **\$5,000** per plan year (\$2,500 maximum per year if married and filing a separate tax return) and can be used for childcare for dependents under age 13, elder care, or care for a disabled child as long as expense are incurred while you and your spouse work or attend school full-time. Some eligible expenses include (but are not limited to) the following:

- Child Daycare
- Before and/or After School Care
- Adult Day Care for Seniors
- Summer Camp

Submit a General FSA Claim Form and ASI to request reimbursement of incurred expenses.

## 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!



# LIFE & AD&D INSURANCE

## BASIC LIFE INSURANCE | ADMINISTERED BY ADVANCE INSURANCE COMPANY

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. 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 | ADMINISTERED BY ADVANCE INSURANCE COMPANY

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.

## VOLUNTARY LIFE | ADMINISTERED BY THE ADVANCE INSURANCE COMPANY

You may purchase Voluntary Life Insurance in addition to the company-provided coverage. You may also purchase Life Insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed life coverage (up to \$200,000 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.

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## VOLUNTARY LIFE SCHEDULE OF BENEFITS

**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 for yourself, the maximum benefit 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.

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# KPERS BENEFITS

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. A covered position is one that is covered by Social Security, is not seasonal or temporary, and requires at least 1,000 hours of work per year. Employees become members on their date of hire. KPERS provides life and disability insurance for all members, but the coverage level varies depending on your date of hire.

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

ADMINISTERED BY NATIONWIDE

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 2023 limits, which are set by the IRS each year.

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





# WELLNESS PROGRAM

## 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.

### 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.

## 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! The requirements to qualify for the incentive money are the same for employees and spouses.

Tier	Core Requirements*	Incentive
Tier 1	*Complete the Personal Health Assessment *Complete your biometric screening/blood draw *Attend required advisor visit *Routine annual physical with primary care doctor	Must be completed to move to Tier 2 or Tier 3
Tier 2	*12 months tobacco free or enrolled in Aetna's Tobacco Cessation Program	\$150 Does not need to be completed to move to Tier 3
Tier 3	*Log at least 400 points through your Cerner Health Account between October 1, 2022 and September 30, 2023	\$250

\*Once all 3 steps of the Core Requirements are completed, you are eligible to earn up to \$400 towards your HRA in 2023. Employees & spouses have the potential to earn up to \$400, each, in HRA money if you complete all 3 tiers.

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.

*Remember – if you cover your spouse on the City's Healthcare Plan then they are eligible to participate and earn incentive money in the BeHealthy Wellness Program.*

**BeHealthy** City of Lawrence

# EMPLOYEE CONTRIBUTIONS PER PAY PERIOD

Medical, 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**.

Remember, The City is changing the number of benefit deductions from 26 to 24 beginning in 2023. You'll notice a slight change in the amount deducted due to this change.

## Employee Medical, Dental, and Rx

	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, Dental, and Rx

	Retiree Medical & RX	
	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

	The Standard/EyeMed
Employee	\$3.88
Employee + Spouse	\$7.78
Employee + Child(ren)	\$8.44
Employee + Family	\$11.70

## Voluntary Life Benefit

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 the number of children						

# 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 Direction Employee Assistance Program 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.

TO LEARN MORE

Visit [www.ndbh.com](http://www.ndbh.com)

TO SCHEDULE AN APPOINTMENT

Call 800.624.5544 or visit [ndbs.com](http://ndbs.com)

Click on "For Individuals and Families"

Enter Employer Code: Lawrence



The EAP allows for 6 free counseling sessions  
per issue





# CONTACT INFORMATION

Can't remember your password? Have a specific question regarding coverage? Question on health insurance claims? The list below contains the contact information for the companies that provide our benefits. Not sure who to call? You can always contact Human Resources.

Coverage	Contact	Phone #	Web
Medical Insurance		855.788.5785 Option 4	<a href="http://www.aetna.com">www.aetna.com</a>
Rx Insurance		800.771.4648	<a href="http://www.elixirsolutions.com">www.elixirsolutions.com</a>
Vision Insurance		866.289.0614	<a href="http://www.standard.com/services">www.standard.com/services</a>
Dental Insurance		800.234.3375	<a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
Flexible Spending Accounts		800.659.3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
Group Term Life and AD&D		Contact HR	Contact HR
Voluntary Term Life		Contact HR	Contact HR
KPERS Benefits		Pension Plan: 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		888.401.5272	Wade Sundermann Retirement Specialist <a href="mailto:sunderw@nationwide.com">sunderw@nationwide.com</a>
LMH WellCare Clinic		785.505.3112	<a href="mailto:behealthylhm@lmh.org">behealthylhm@lmh.org</a>
Employee Assistance Program (EAP)		800.624.5544	<a href="http://www.ndbh.com">www.ndbh.com</a> Company Code: lawrence

**Contact the City of Lawrence HR Department:**  
**785.832.3208**  
**[humanresources@lawrenceks.org](mailto:humanresources@lawrenceks.org)**

# LEGAL NOTICES

## 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.

# LEGAL NOTICES

## 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: 01/01/2023  
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



# LEGAL NOTICES

## Medicaid & Children’s Health Insurance Program

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)**.

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

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <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>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
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="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	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://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/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.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

# LEGAL NOTICES

GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</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: -800-977-6740.            TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>            Phone 1-800-457-4584</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: (617) 866-8102</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment            Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://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">https://chfs.ky.gov</a></p>	<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>            Phone: 1-888-549-0820</p>
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>            Phone: 1-888-828-0059</p>

# LEGAL NOTICES

<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>TEXAS-Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<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>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>NORTH CAROLINA-Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	<b>VERMONT-Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA-Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	<b>VIRGINIA-Medicaid and CHIP</b> Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OKLAHOMA-Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>WASHINGTON-Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>OREGON-Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<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>PENNSYLVANIA-Medicaid</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	<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>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 Rite Share Line)	<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

## 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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

# LEGAL NOTICES

## HIPAA Notice of Privacy Practices

### Your Information. Your Rights.

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.

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

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

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

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

#### Request confidential communications

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

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

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

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

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

#### Get a copy of this privacy notice

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

#### Choose someone to act for you

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

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

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

**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.

#### 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.
- Contact you for fundraising efforts.

*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.*

#### In these cases we never share your information unless you give us permission:

- Marketing purposes
- Sale of your information



# LEGAL NOTICES

## 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**

- We can use your health information and share it with professionals who are treating you.

*Example:* A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

**Run our organization**

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

*Example:* We use health information about you to develop better services for you.

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services.

*Example:* We share information about you with your dental plan to coordinate payment for your dental work.

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration.

*Example:* Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- 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**

- 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 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.

**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.

# LEGAL NOTICES

## 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.)

***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** or call **800-318-2596** for more information and to obtain contact information for a Health Insurance Marketplace in your state.

# LEGAL NOTICES

If you decide to shop for coverage in the Marketplace, 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.

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>785.832.3208</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>Jon Thummel</b>		
Phone number (if different than above):		E-mail address: <b>humanresources@lawrenceks.org</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 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.

# LEGAL NOTICES

## Continuation Coverage Rights Under COBRA (continued)

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.

### **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.









City of Lawrence