2023 Benefits Guide

CITY OF Augusta
Established in 1868
TRADITION PRIDE PROGRESS

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This brochure summarizes the benefit plans that are available to City of Augusta eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 32-33 for more details.

Benefits for You & Your Family

A Message to our Employees

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, City of Augusta has seen an increase in the occurrence, as well as the severity, of claims. This has been a common scenario across the market. City of Augusta is committed to providing a comprehensive benefits package to its employees.

City of Augusta is pleased to announce our 2023 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are highlights of the City of Augusta benefits available:

- Medical
- Dental
- Vision
- Pharmacy
- Life and AD&D
- Flexible Spending Accounts
- Wellness Program
- Telemedicine
- Zero-Cost Medical Procedures
- Retirement
- Supplemental Benefits include:

Voluntary Life	Accident
Cancer	Hospital
Short Term Disability	Pre-Paid Legal
Identity Theft Protection	Pet Insurance
Gym Membership	

When and How Do I Enroll?

Open enrollment will be conducted Nov 8 – 19, 2023. All new hires are eligible to enroll thru the 31st day of their eligibility month. All eligible employees are required to complete the enrollment process via the Paylocity benefits module, even if you do not wish to enroll or make any changes to your benefits. The first step is to review your current benefit elections, if applicable. Verify personal and dependent information and make changes if necessary.

Who is Eligible?

Full-Time employees working at least 30 Hours per Week and their eligible dependents may participate in the City of Augusta benefits program.

Generally, for the City of Augusta benefits program, dependents are defined as:

- Your legal spouse
- Dependent "child" up to age 26. (Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage)
- Documentation of dependent eligibility is required upon initial enrollment

When is My Coverage Effective?

For open enrollment, the effective date for your benefits is January 1, 2023.

For new hires, most of your newly elected benefits are effective the first of the month following 30 days of employment.

Make benefit choices carefully. You cannot change elections again until next open enrollment, or unless you have a qualified event mid-year.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in, also known as a qualifying event. These include Marriage, Divorce, Legal Separation, Birth or Adoption, Change in Dependent status, Death, Commencement or Termination of Adoption, Change in Employment Status, Change in Coverage Under Another Employer-sponsored Plan, Child Support Order, Entitlement to Medicare/Medicaid. Depending on the type of event, you may be asked to provide proof of the event.

If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes.

Contact Human Resources with questions via email at humanresources@augustagov.org or via phone at (316) 425-4524 or (316) 425-1718.

Benefits Available to You:

Benefit	Who Pays	Tax Treatment
Medical Coverage	City of Augusta & You	Pre-tax
Pharmacy	City of Augusta & You	Pre-Tax
Dental Coverage	City of Augusta & You	Pre-tax
Vision Coverage	City of Augusta & You	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	City of Augusta	After-tax
Optional Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
KPERS Long Term Disability Coverage	City of Augusta	After-tax
Flexible Spending Accounts	You	Pre-tax
KPERS Retirement Savings Plan	City of Augusta & You	Pre-tax
AFLAC plans	You	Pre-tax & After-tax
MissionSquared 457 / Payroll IRA	You	Pre-tax & After-tax
Gym Membership Contribution	City of Augusta & You	After-tax
Pre-Paid Legal Services	You	After-tax
Identity Theft Protection	You	After-tax
Pet Insurance	You	After-tax

Additional Non-Taxed Benefits		
Employee Assistance Program	City of Augusta	NA
Fair Market Health	City of Augusta	NA
Healthcare BlueBook	City of Augusta	NA
Wellness Program	City of Augusta	NA
Credit Union Membership	You	NA

Medical Insurance

City of Augusta will continue to offer a medical plan administered by Meritain Health.

Our program uses the nationwide Aetna network. With Aetna's comprehensive nationwide provider participation, many of your preferred doctors will be in the Aetna network. You, the employee, and your dependents are responsible for ensuring the providers that you utilize are **In Network.** To verify whether or not a doctor or healthcare facility participates, visit http://www.aetna.com/docfind/custom/mymeritain/ and select **The Aetna Choice® POS II provider network.** You can also determine a participating provider by calling the Aetna provider line information line at 1.800.343.3140.

Benefit Coverage	Meritain Health	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance	80%	50%
Maximum Out-of-Pocket*		
Individual	$3,000 - includes deductible	$6,000 - includes deductible
Family	$6,000 - includes deductible	$12,000 - includes deductible
Physician Office Visit		
Primary Care	$15 copay	50% after deductible
Specialty Care	$30 copay	50% after deductible
Telemedicine Visit	$15 copay	50% after deductible
Teladoc General Physician Consult	$0 copay	$0 copay
Preventive Care		
Adult Well exam, screenings	100% covered - deductible waived	50% after deductible
Well-Child Care	100% covered - deductible waived	50% after deductible
Diagnostic Services		
X-ray and Lab Tests	100% for the first $300, then 80% after deductible	50% after deductible
Complex Radiology (MRI, PET, CAT)	80% after deductible	50% after deductible
Urgent Care Facility	$30 copay	50% after deductible
Emergency Room Facility Charges	$100 copay, then 80% after deductible	$100 copay, then 80% after deductible
Inpatient Facility Charges	80% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	80% after deductible	50% after deductible
Mental Health		
Inpatient	80% after deductible	50% after deductible
Office Visit	$15 copay for office visit - 80% after deductible for other services	50% after deductible
Substance Abuse		
Inpatient	80% after deductible	50% after deductible

Benefit Coverage	Meritain Health	
	In-Network Benefits	Out-of-Network Benefits
Office Visit	$15 copay for office visit - 80% after deductible for other services	50% after deductible
Other Services		
Chiropractic	$30 copay for office visit/manipulation – 80% after deductible for other services	50% after deductible

Important Notes

This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges.

Important Responsibility – When Using In-Network Providers

Employees are responsible to verify that services are being provided by a doctor in the Aetna Choice POS II network. Verify participating providers at www.aetna.com/docfind/custom/mymeritain. Benefits will be significantly reduced when a non-participating provider is used.

MY NOTES:

My Meritain Portal

MERITAIN HEALTH
An Aetna Company

My Health, My Time, myMERITAIN

Did you know you can find a variety of healthcare tools and resources at www.meritain.com?

Your member website, myMERITAIN, gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

With myMERITAIN you can:

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOBs).
- Review your benefit plan document.

Access to myMERITAIN is as easy as 1-2-3

If you have an account simply log in. If you're a new user, you'll need to register with these simple steps.

Step 1 From your computer, simply open your Web browser and go to www.meritain.com. Then, in the top right corner, click *Register*.

Step 2 Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID Card. (If you are new to the plan, you will soon receive your member ID Card in the mail.) Then, click *Continue*.

Please note: you may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

Step 3 You'll need to enter the following information, then select *Submit*:

- Member ID (located on your member ID Card)
- First name (employee, spouse or dependent)
- Zip code
- Date of birth (mm/dd/yyyy)
- Group ID (located on your member ID Card)
- Last name (employee, spouse or dependent)
- Email (personal address)

A username will be provided to you. After you create a password and confirm your email address—you're done! You'll automatically be logged into your new myMERITAIN account. The next time you log in, just use the same username and password from Step 3.

Healthcare Bluebook

Healthcare costs have continued to rise over the past few years. And everyone is feeling the effects—by putting off a test, not filling a prescription or getting an unexpected bill. It's up to all of us to make smart decisions to keep the cost of healthcare down. That's why we've partnered with Healthcare Bluebook™ to give you the tools you need to take control and get the most from your healthcare benefits.

Healthcare Bluebook is a free online and mobile tool provided to you and your family as part of your benefits package. This consumer guide will help you understand how much healthcare services should cost at different doctors in your area. You can even earn a reward for choosing doctors and facilities that charge a Fair Price™.

Healthcare is changing—what you don't know might cost you

As long as I stay in network, I get the best price, right?

Wrong. In-network prices can vary by hundreds or even thousands of dollars depending on where the procedure is performed. For example, if your primary care doctor says you need an arm X-ray, in-network pricing can vary widely.

When my doctor orders a test for me, I have to go where he or she refers me.

Wrong. There are procedures that can be performed in different locations, with no loss in quality, for a much lower cost. These are routine procedures like MRIs, X-rays, colonoscopies and CT scans.

- Depending on the location, an MRI can cost as little as $600 or as much as $5,000+.
- Wouldn't you drive a few miles to save a few thousand dollars?

You have a choice where you get care—so make sure you're getting the best value

How do I get a referral to a Fair Price™ facility?

You can download the Healthcare Bluebook mobile app, and shop for prices and locations while you're with your doctor. Together, you can decide which location fits both your budget and your medical situation.

Go Green to Get Green™

What is the Go Green to Get Green program?

Some procedures can earn you a reward—when you see the Go Green to Get Green banner, you'll get a reward automatically for choosing a Fair Price provider.

How do I access Healthcare Bluebook?

It's easy! Just log in to your member portal at www.meritain.com. Then, click on the *Healthcare Bluebook* tile near the bottom of the page.

Please join me in taking advantage of this free tool. Together, we can become conscious of where we choose to spend our hard-earned money.

Teladoc

TELADOC.

$0 Copay, $0 Deductible charges!
(excluding pharmacy costs or subsequent in office doctor visits)

Brought to you by:
TelaDoc, Inc.

Welcome to health care made simple

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through phone or video consults. It does not replace your primary care physician but is an affordable option for quality care. **Get started today!**

STEP 1
SET UP YOUR ACCOUNT
We've made it quick and easy to set up your account online. Simply visit the website and click "Set up account".

STEP 2
UPDATE YOUR MEDICAL HISTORY
Make sure the "My Medical History" tab is updated so the doctor has the information needed to provide an accurate diagnosis.

STEP 3
REQUEST A CONSULT
Teladoc doctors are available when you need care now. Request a consult anytime online or by phone.

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for Free

Teladoc.com
Facebook.com/Teladoc
1-800-Teladoc
Teladoc.com/mobile

Prescription Coverage

Ventegra will serve as your pharmacy benefit manager (PBM).

Ventegra is keeping you informed – because knowledge is power. Stay on top of your prescription drug benefits with the Ventegra Member Portal.

Secure, 24-hour online access to:

- Accumulated Deductible and Maximum Out-of-Pocket (MOOP) Amounts
- Drug Pricing Estimates
- Alternative Pharmacy Pricing Tool
- Participating Pharmacies
- Drug Fill History Including Medication Information Sheet
- Member ID Cards
- Customer Service Contact Information

Registration is easy – takes only a few minutes!

1. Visit the Ventegra Member Portal at: myventegra.com
2. Select the "Sign Up" link
1. Enter your member ID, name, and date of birth
2. Create your Account by providing an email address and password
3. Verify Email Address - Verify your email address using the 6-digit code sent to you. If you do not receive your code in a reasonable time, please check your spam or junk email folder.

Get to Know the Customer Care Team

Ventegra is committed to providing the best customer service and is here to help you with any questions related to your benefits. The Customer Care Team is available via email at CCT@ventegra.com or phone at 1-877-867-0943 as follows:

- Monday – Friday: 7:00 AM to 11:00 PM (CST)
- Saturday: 9:00 AM to 9:00 PM (CST)
- Sunday: 9:00 AM to 9:00 PM (CST)

Benefit Coverage	Ventegra	
	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)		
Generic (Tier 1)	$15 copay	Not covered
Preferred (Tier 2)	$30 copay	Not covered
Non-Preferred (Tier 3)	$45 copay	Not covered
Preferred Specialty (Tier 4)	$100 copay	Not covered
Mail Order Pharmacy (90 Day Supply)		
Generic (Tier 1)	$37.50 copay	Not covered
Preferred (Tier 2)	$75 copay	Not covered
Non-Preferred (Tier 3)	$112.50 copay	Not covered
Preferred Specialty (Tier 4)	Not covered	Not covered

Important Notes

This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges.

2023: Formularies are updated at least annually. Please be sure to check out Ventegra's formulary list to ensure your prescriptions are covered. If you have a scrip that isn't listed, it's likely that there is an alternative option and Ventegra can help you to identify it so you can confirm its usage with your doctor.

Fair Market Health – Free Healthcare Services!

When seeking healthcare, it can be very difficult to figure out exactly what services will cost you or the health plan. **With Fair Market Health (FMH), you can pay $0 out of pocket for a wide range of healthcare services and FMH offers a flat rate to the health plan.**

These rates are at a negotiated price for certain services and are provide by high quality local physicians and facilities. By utilizing FMH, you can help the City of August control health care costs leading to controlled increases in health care premiums. Using FMH could result in significant savings for our health plan, and we plan on sharing the savings with you. When you utilize FMH on any applicable service, your deductible, copays, and coinsurance will be waived. **You and your dependents pay $0 out of pocket.**

Some services available at FHM

- Shoulder arthroscopy
- MRI
- Medical & Lateral Meniscectomy Knee
- Rotator Cuff Repair Shoulder
- Carpal Tunnel Release
- Plantar Fasciotomy
- Inguinal, Bilateral, Incisional, Umbilical Hernia
- Lumbar Laminectomy
- Ear Single Tube Placement
- Septoplasty Nose
- Tonsillectomy
- Hysterectomy
- Upper GI
- Peripheral Intervention – Stent
- Treadmill Cardiology Testing
- Radiology and Lab services
- For a full list of services, go to https://fmh.link/city-of-augusta

How Fair Market Health Works

When employees enroll in FMH for services, the City of August pays the provider directly which leads to lower costs for health care. After the service is complete, the invoice is sent to Meritain, our Third Party Administer, to account for any expenses the City paid for your care. FMH is easier on physicians since they are paid before services which allows them to lower the cost of care.

Instructions for Utilizing Fair Market Health:

1. Go to https://fmh.link/city-of-augusta or call 316-655-2992
2. Employees enter First Name, Last Name, DOB, and the last 4 digits of their Social Security Number to complete login.
3. Employees select their desired service and click “add to cart”
4. If the service is for a dependent, enter the dependents information at the bottom of the Account Information section of check-out.
5. Employee is able to see the portion of their service covered by their employer and if there’s any remaining balance (if applicable, employee enters their payment information).
6. Employee agrees to requirements requested by the Provider.
7. Employee agrees to the Fair Market Health Terms of Service.
8. Employee can enter any special requests for the Provider - ex: specific appt time or date, etc.

For more information, updates on covered services and more, check out COMMUNITY!

Wellness Program

In 2023 the City is still partnering with Navigate Wellbeing Solutions to bring employees & their spouses robust engagement technology to create more health and happiness by focusing on the eight core areas of wellbeing. Employees can start with any area that interests them, and they'll find content, challenges, and guidance to meet them where they are and to help them grow.

Navigate Wellbeing Solutions

Steps to Earn Rewards

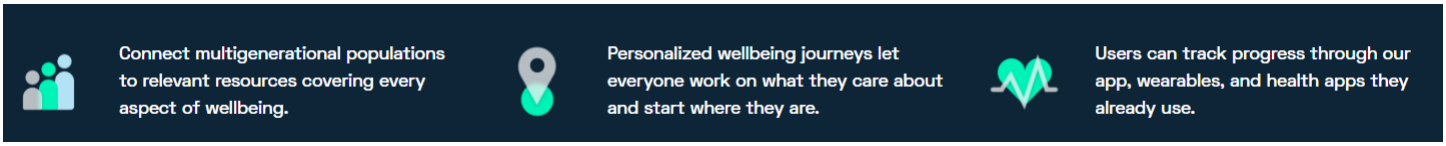
COMPLETE ANNUAL PHYSICAL AND SUBMIT PHYSICIAN RESULTS FORM TO NAVIGATE TO EARN 8 PTO HOURS AND A DISCOUNT OFF YOUR MEDICAL PREMIUM IN 2023

All employees and spouses enrolled on the City's medical plan must complete the Physician Results Form and submit it to Navigate to be eligible for reduced medical premiums in 2023 and the 8 PTO hours for the employee. **If you both do not complete and submit the form, you will not be eligible, even if you have had your annual physical(s).**

Navigate Physician forms will be available to you on your benefit enrollment site or human resources. Take it to your doctor to be completed and submitted between **December 1, 2022, and November 15, 2023,** to earn rewards.

After Navigate receives your completed physician form, your completion will be reported by Navigate to your HR Dept to receive your rewards credit.

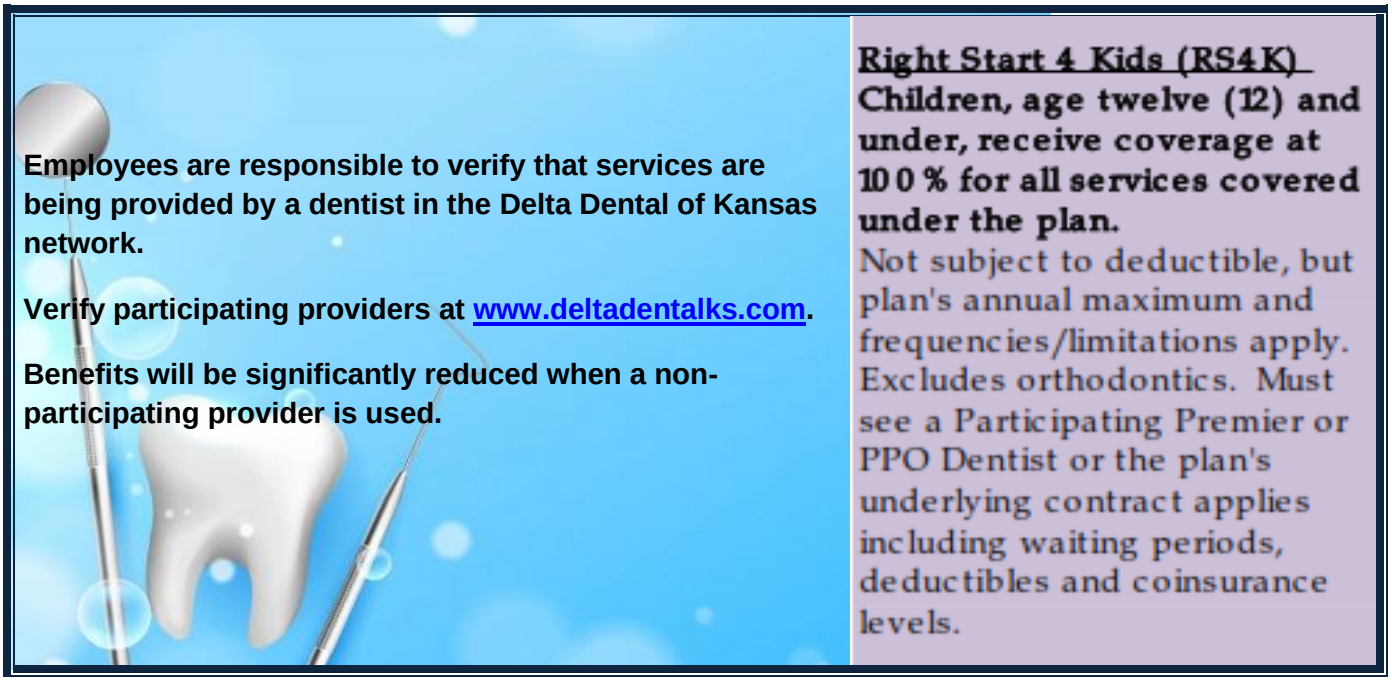
NOTE: You, as the employee, are responsible for ensuring your Navigate forms (both yours and your spouse's, if applicable) are received by the due date, November 15, 2023.



Dental Insurance

City of Augusta will continue to offer a dental program thru Delta Dental of KS. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	Delta Dental of Kansas	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Preventive Care	Yes	Yes
Annual Maximum		
Per Person / Family	$1,500 - Preventive do not accrue towards annual maximum	$1,500
Preventive – bitewing x-ray 1 per 12 months, panoramic x-ray 1 per 5 years, oral evals 1 per 6 months, **unlimited prophylaxis cleanings,** topical fluoride 1 per 6 months underage 19	100%	100%
Basic – extractions, oral surgery, composite (white) fillings, endodontics, periodontics	80%	80%
Major – crowns, bridges, dentures, with limitations	50%	50%



Vision Insurance

City of Augusta provides Vision Insurance thru Superior Vision.

Utilizing in network providers is important when accessing your vision benefits. You can choose your provider but note that benefits will be reduced, and your out-of-pocket costs increased if you receive services from an out of network provider.

Find in-network providers, services and perks at www.superiorvision.com/members/

Benefit Coverage	Superior Vision Plan		
Copay	**In Network provider**		**Out of Network provider**
Routine Exams (Annual)	$15 copay		Plan pays up to $34
Vision Materials			
Eye glass lenses (Single, Bifocal, Trifocal)	$15 copay, covered every 12 months		Plan pays up to $29 single, $43 bifocal, $53 trifocal, covered every 12 months
Standard Lens Upgrades Scratch Coat Tints Anti reflective Coat Polycarbonate High Index 1.6 Photochromics	Single Lenses $13 $25 $50 $40 $55 $80	Bifocal/Trifocal Lenses $13 $25 $50 20% off retail 20% off retail 20% off retail	Plan pays up to $53 retail
Contacts Covered in lieu of frames.	Elective contacts covered $0 copay; up to $150 allowance every 12 months		Up to $100 allowance, every 12 months
Medically necessary contacts	Covered at 100% of reasonable & customary charges		Plan pays up to $210
Contact Lens Fittings	Standard: Covered in Full Specialty: $50 retail allowance		Not covered
Frames	Up to $150 allowance, every 12 months		Up to $72 allowance, every 12 months

MY NOTES:

Employee Premiums

Employee Contributions for Medical, Rx, Dental and Vision, biweekly (26 pay periods per year), are bundled. Employees who participate in the wellness programming receive a $15.00 decrease in their bi-weekly premiums.

WELLNESS Plan Type	2023 Bi-Weely Premiums			2023 Annual Premiums		
	Employee	*City*	*Total*	*Employee*	*City*	*Total*
Employee Only	$29.50	$298.21	$327.71	$767.00	$7,753.35	$8,520.35
Employee + Child(ren)	$51.50	$520.62	$572.12	$1,339.00	$13,536.03	$14,875.03
Employee + Spouse	$58.05	$586.77	$644.82	$1,509.30	$15,256.08	$16,765.38
Employee + Family	$86.00	$869.50	$955.50	$2,236.00	$22,606.88	$24,842.88

NON-WELLNESS Plan Type	2023 Bi-Weely Premiums			2023 Annual Premiums		
	Employee	*City*	*Total*	*Employee*	*City*	*Total*
Employee Only	$44.50	$298.21	$342.71	$1,157.00	$7,753.35	$8,910.35
Employee + Child(ren)	$66.50	$520.62	$587.12	$1,729.00	$13,536.03	$15,265.03
Employee + Spouse	$73.05	$586.77	$659.82	$1,899.30	$15,256.08	$17,155.38
Employee + Family	$101.00	$869.50	$970.50	$2,626.00	$22,606.88	$25,232.88

MY NOTES:

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with **Paylocity** allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- Your plan year runs from Jan 1, 2023 – Dec 31, 2023. You have a grace period until March 15 following the end of the plan year to spend remaining funds. Anything remaining after March 15 is forfeited.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

2023 FSA Options

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	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)	Minimum contribution is $260 per year Maximum contribution is $3,050 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Minimum contribution is $260 per year Maximum contribution is $5,000 per year ($2,500 if married and filing separate tax returns	Reduces your taxable income

Important Information About FSAs

Your FSA elections will be in effect from January 1 through December 31. Claims for reimbursement must be submitted by March 15 of the following year. Please plan your contributions carefully. Any money remaining in your account after March 15 will be forfeited. This is known as the "use it or lose it" rule and is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

Medical Spending Account

- A pre-tax account funded through salary reduction used to receive pre-tax reimbursement for medically necessary out-of-pocket expenses.
- Paylocity provides convenient access to your spending account to utilize funds with a debit card, mobile app and online support.
- Plan Year will run from January 1st through December 31st, grace period until March 15 to spend funds
- Plan carries a $260 minimum and $3,050 Plan Year maximum.
- Eligible Expenses include (but are not limited to):
    - Plan deductibles, co-pays and co-insurance amounts
    - Dental and Orthodontic expenses
    - Vision Care Expenses (glasses, contacts, etc.)

Dependent Care Spending Account

- A pre-tax account funded through salary reduction used to receive pre-tax reimbursement for child and adult daycare expenses.
- Plan Year will run from January 1st through December 31st
- Plan carries a $260 minimum and $5,000 calendar year maximum.
- Your provider of care must provide you with either his/her Social Security Number or Tax Identification Number.
- Program carries a "Use It or Lose It" provision-so plan carefully.
- Eligible expense generally include:
    - Day care for children up to kindergarten
    - Pre-school and after-school day care to age 13
    - Non-residential summer camps to age 13
    - Elder care expenses provided in your home
    - Adult day care expense (non-residential)

How Much Can You Save?

The example below illustrates how you can save by participating in an FSA.

Without FSA

Your gross annual pay	$35,000
Estimated tax rate (30%)	-$10,500
Your net annual pay	$24,500
Your annual healthcare expenses	-$2,000
Your final take-home pay	$22,500

With FSA

Your gross annual pay	$35,000
Your annual healthcare expenses	-$2,000
Your adjusted gross pay	$33,000
Estimated tax rate (30%)	-$9,900
Your final take-home pay	$23,100

In this example, you'd save $600 with an FSA!

Life and Accidental Death & Dismemberment Insurance

The Standard Basic Life Insurance & Accidental Death and Dismemberment Insurance

City of Augusta provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. The AD&D benefit doubles the amount listed below.

Standard Insurance Company Life and AD&D	
You	
Benefit Maximum	$15,000
Guaranteed Issue	$15,000
Your Spouse	
Benefit Maximum	$5,000
Guaranteed Issue	$5,000
Your Child	
Benefit Maximum	$2,000
Guaranteed Issue	$2,000

The above benefits will decrease to 65% at age 65, then decrease to 40% at age 70, then decrease to 20% at age 75.

KPERS/KP&F Life Insurance & Long-Term Disability Coverage

State of Kansas Public Employers Retirement program includes additional life insurance and Long-Term Disability. Basic life coverage is 150% of your pay, paid for by your employer.

To secure a financial foundation for those spending their careers in Kansas public service, the Kansas Legislature passed the “Retirement Act” in 1962. This created the Kansas Public Employees Retirement System (KPERS) to provide disability and death benefits to protect employees while they are still working and guarantees them a lifetime benefit when they retire. Your benefits are dependent on your KPERS/KP&F Level.

1. **Kansas Public Employees Retirement System (KPERS)**

- KPERS 1 - Employees hired before July 1, 2009
- KPERS 2 - Employees hired on or between July 1, 2009 and December 31, 2014
- KPERS 3 - Employees hired on or after January 1, 2015

2. **Kansas Police and Firemen’s System (KP&F)**

- KP&F Tier I - Employees hired before July 1, 1989
- KP&F Tier II - Employees hired on or after July 1, 1989 & Tier I who elected Tier II

Voluntary Life Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. thru The Standard. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life Insurance

Voluntary Life with Accidental Death & Dismemberment Insurance can be purchased for yourself, your spouse, and dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase Voluntary Life with AD&D Insurance for yourself to purchase spouse and/or dependent child(ren) coverage. Your AD&D amount will automatically match the amount of Voluntary Life insurance you elect.

Coverage		Available Benefit
Employee	$10,000 increments	$10,000 to $300,000*
Spouse	$5,000 increments	Lesser of $300,000 or 100% of Employee's Voluntary Life Amount
Dependent Child(ren)	$2,000 increments	to age 25years, $2,000 increments to max $10,000

** Subject to age and evidence of insurability requirements, as applicable*

Coverage	Guaranteed Issue Amount	Important:
Employee	$150,000	Evidence of Insurability is required for all coverage above the Guaranteed Amounts. Evidence of Insurability will be required for all employees initially declining coverage.
Spouse	$30,000	
Dependent Child(ren)	All Guaranteed Issue	

Vol Life/AD&D Rates:

Age of Employee	Employee & Spouse Rate per $1,000 per month
0-29	$0.11
30-34	$0.13
35-39	$0.14
40-44	$0.21
45-49	$0.28
50-54	$0.44
55-59	$0.69
60-64	$0.92
65-69	$1.33
70-74	$2.09
75-99	$5.98

To calculate premium: Find the rate for your age in the table above x amount of insurance requested

Example: 41 years old with $100,000 Life insurance
$0.21 x 100 = $21 per month, or $9.69 per 26 pay checks

Age Reduction Schedule	Benefit Reduces To:
Age 65-69	65%
Age 70-74	40%
Age 75+	20%

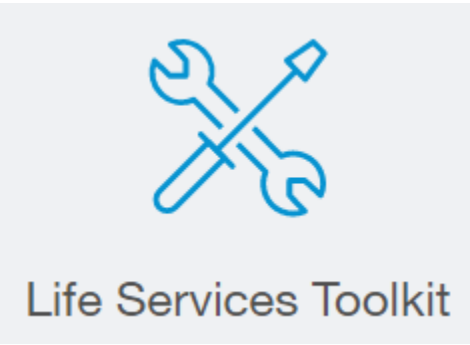
Child(ren) Life/AD&D Rates:

$0.14 per $1,000 monthly

Amount:	Cost per month:
$2,000	$0.28
$4,000	$0.56
$6,000	$0.84
$8,000	$1.12
$10,000	$1.40

Additional Resources Included with Voluntary Life Insurance

The Standard provides additional benefits to covered employees.

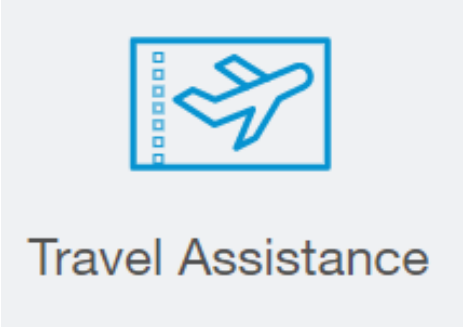


This toolkit helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, and address financial concerns.

Additionally, all covered employees will have access to online will preparation and other estate planning documents as well as articles to help deal with identity theft, improve wellness, and more.

Travel assistance is included and provides assistance with:

- Pre-trip planning
- Medical assistance services
- Emergency transportation services
- Travel and technical assistance services
- Legal referral



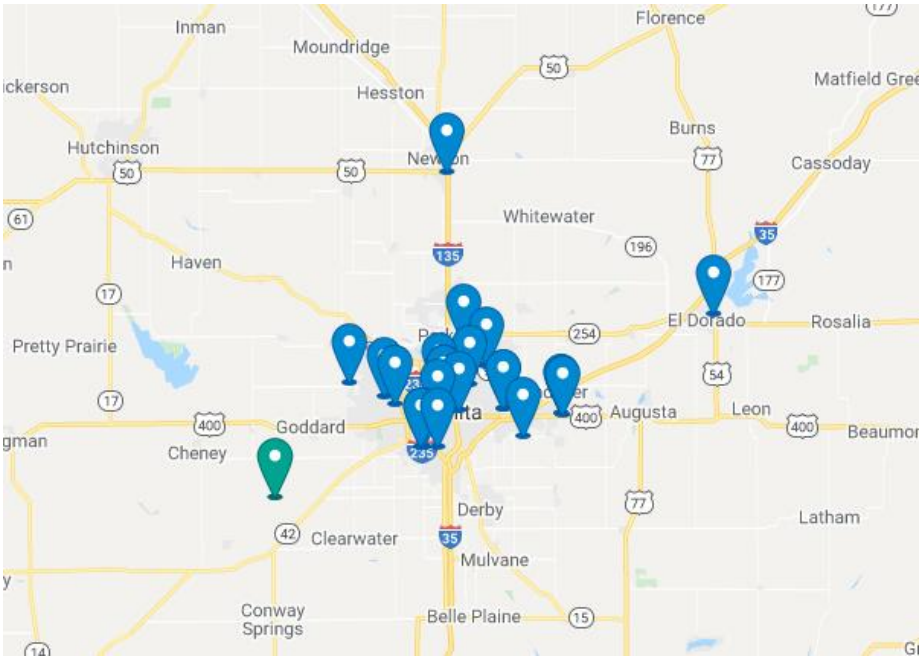
The AD&D Occupational Assistance service is included and provides access to a Workplace Possibilities (SM) Consultant who helps those with a specified accidental dismemberment return to productive work and life.

MY NOTES:

Gym Membership

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, the gym membership benefit thru the Greater Wichita Area YMCA network can help you. We consider Wellness to be a vital part of our overall benefits program.

GREATER WICHITA YMCA



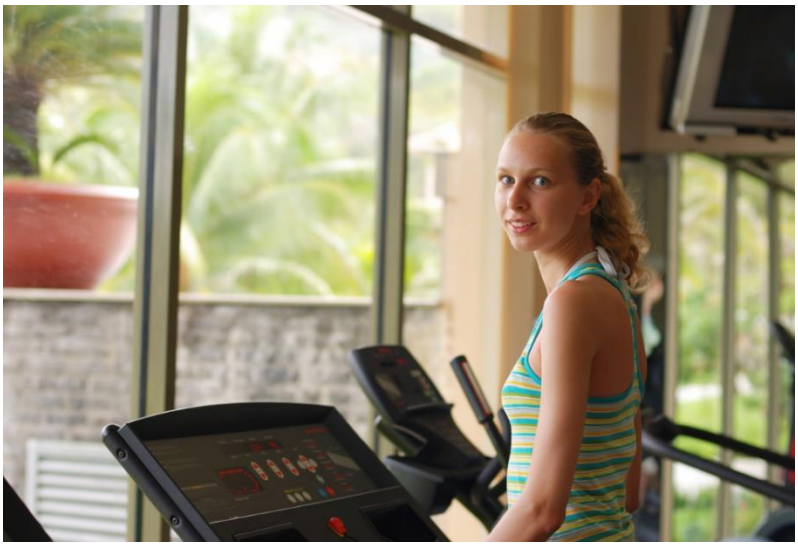
10 Locations to utilize including:

- Dennis Schoenebeck North YMCA
- Dr. Jim Farha Andover YMCA
- East YMCA
- El Dorado YMCA
- Ken Shannon Northwest YMCA
- Newton YMCA
- Richard E. Devore South YMCA
- Robert D. Love Downtown YMCA
- Steve Clark YMCA
- West YMCA
- Hutchinson YMCA

The City will contribute $16.67 towards the monthly cost of a Greater Wichita Area YMCA Membership.

- Cost to You Monthly:
  - Single $13.80, Family $28.90
- Cost to You Annually:
  - Single $165.60, Family $ 346.80
- Employee portion billed monthly thru personal bank draft
- Employees can sign up/terminate at any Greater Wichita YMCA location

(Rates are subject to change per gym discretion)



AFLAC Plans

How could an accident impact your lifestyle? A cancer diagnosis? A heart attack, stroke? Aflac policies help provide financial peace of mind if you or a family member experience a serious health event such as a heart attack or cancer. Aflac benefits are paid directly to you and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments or utility bills.

- Accident Advantage
- Short-Term Disability
- Cancer Care Select
- Cancer Care Classic
- Critical Care Protection
- Hospital Intensive Care (grandfathered plan for those on it when it sunset)

Eligibility

Full time employees are eligible immediately upon hire.

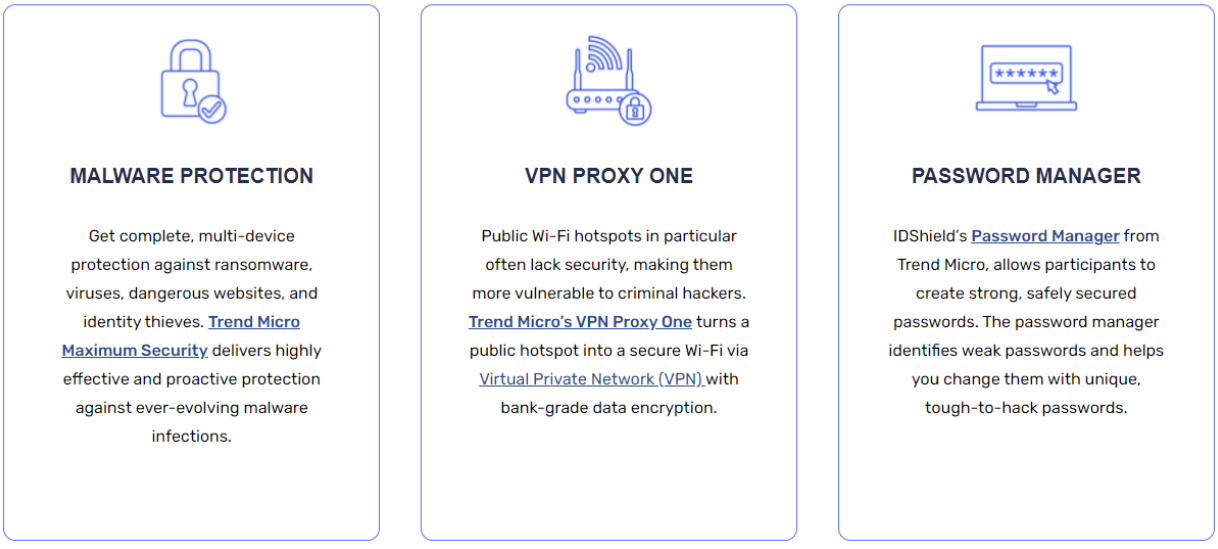
For additional information, please contact Aflac representative Gail Coe at (316) 765-1188

Identity Theft Protection

IDShield alerts you to potential theft and fraud with your personal information *and then* works with you to resolve it. Award-winning resolution services are just one of the things that separate IDShield from its competitors.

The **IDShield Membership** includes:

- Privacy Monitoring (Monitoring your name, SSN, date of birth, and much more.
- Security Monitoring (SSN, credit cards (up to 10) bank account and much more.
- Consultation – includes 24/7/365
- Full Service Restoration



Pre-Paid Legal Services

With LegalShield, finding solutions to your legal issues doesn't have to be stressful, complicated, or expensive. Instead of paying a lawyer expensive hourly fees, you pay a small monthly fee and get access to experienced lawyers that can help you with your legal issue.

The **LegalShield Membership** includes:

- Personal Legal advice on unlimited issues
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- IRS Audit Assistance

Law Officers Legal plan includes:

- On and off the job coverage
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
- Tragic Accident Representation

Gun Owner Supplement includes:

- Emergency Access for Firearm Incident
- Trial Defense for Gun Related Matters (60 total hours)
- Consultation – includes 24/7/365 live support for covered emergencies

Plan Options	Coverage	Costs per pay period for bi-weekly (26) EE
Legal Plan	Employee	$8.75
Legal Plan	Family	$11.05
Identify Theft Protection	Employee	$4.59
Identify Theft Protection	Family	$9.21
Legal & ID Combo Plans	Employee	$15.65
Legal & ID Combo Plans	Family	$18.35
Law Officers Legal Plan	Employee	$11.52
Law Officers Legal Plan	Family	$11.52
Law Officers Legal + ID Shield	Employee	$16.11
Law Officers Legal + ID Shield	Family	$18.81
Legal & Gun Owners Supplement	Employee	$17.03
Legal & Gun Owners Supplement	Family	$17.03
Combo Both Plans + GOS	Employee	$21.62
Combo Both Plans + GOS	Family	$24.32

Combine your ID Shield & LegalShield benefits to save more!

Eligibility

Full time employees are eligible immediately upon hire.

Enrollment is a two-part process with selection thru the benefits portal & signed documentation

For additional information, please contact:
Kevin Ingwerson
LegalShield & IDShield representative
(316) 250-2935

Retirement Savings: KPERS

KPERS/KP&F State Retirement System

KPERS is a defined benefit plan. Members' retirement, disability and survivor benefits are guaranteed by law. Retirement benefits are not based on the amount the member contributed to KPERS. They are calculated using a statutory formula based on the member's age, final average salary, and years of service.

A cash balance plan is a type of defined benefit plan that includes some elements of a defined contribution plan and shares risk between employer and employee. A member makes contributions to his or her account. Employer credits and interest are also added to this account. Employer credits represent dollars instead of years of service. At retirement, the account balance is annuitized and funded from the KPERS trust to create a lifetime monthly benefit. Unlike other benefit plans at KPERS, cash-balance plan benefits are based on the account balance, not a formula.

Eligibility

Full time employees are eligible immediately upon hire.

Employee Contributions

KPERS has a mandatory 6% contribution amount by the employee. The City contributes an additional mandated amount. In 2023 this rate is approximately 9%.

KP&F has a mandatory 7.15% contribution amount by the employee. The City contributes an additional mandated amount. In 2023 this rate is approximately 23%.

Enrollment Information

All City employees who meet the criteria for eligibility are automatically enrolled in the applicable KPERS or KP&F plan upon hire, or eligibility date. **For more information about benefits of KPERS/KP&F Retirement contact Paige Ashley at (785)296-1340 or customer service at 1-888-275-5737.**

Know your benefit tier, then go to kpers.org for more details.

1. **Kansas Public Employees Retirement System (KPERS)**

- KPERS 1 - Employees hired before July 1, 2009
- KPERS 2 - Employees hired on or between July 1, 2009 and December 31, 2014
- KPERS 3 - Employees hired on or after January 1, 2015

2. **Kansas Police and Firemen's System (KP&F)**

- KP&F Tier I - Employees hired before July 1, 1989
- KP&F Tier II - Employees hired on or after July 1, 1989 & Tier I who elected Tier II

Retirement Savings: MissionSquare 457

ICMA-RC is now

MissionSquare RETIREMENT

Invest in a shared sense of service.

A **457** plan is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely to be enough. Saving to your 457 plan can help you maintain your desired standard of living.

Pre-tax contributions you reduce your taxable income for the year. These contributions and all associated earnings are then not subject to tax until you withdraw them. You also may be able to make after-tax Roth contributions which allow for potentially *tax-free* earnings.

A **MissionSquare Payroll IRA** is a simple, convenient, and voluntary way to fund a Roth or Traditional IRA.

Benefits to this account include:

- Another tax-advantaged way to save for retirement and other goals. A Roth IRA provides potentially tax-free earnings.
- Flexible withdrawal rules.
- Convenient, automatic paycheck contributions. As little as $10 per pay period.
- No maintenance fees, loads, or commissions.
- Consolidated account statement.

Eligibility

Full time employees are eligible immediately upon hire.

Employee Contributions

457 Plans: The normal contribution limit for elective deferrals to a 457 deferred compensation plan is increased to $20,500 in 2023. Employees age 50 or older may contribute up to an additional $6,500 for a total of $27,000. Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, for a total of $41,000.

Payroll IRA Plans: The contribution limit for Traditional and Roth IRAs remains the same in 2023 at $6,000. Employees age 50 or older are eligible to contribute an additional $1,000, for a total of $7,000.

Enrollment Information

To learn more or enroll in a MissionSquare account, contact Denise Crawford, Retirement Plans Specialist at (202)759-7053 or by email at dcrawford@missionsq.org.

Employee Assistance Program

empac

A guide to *empac* services.

When you or a household member need trusted, professional help, ***empac*** is just a phone call away. For more than 40 years, ***empac*** has been helping employees thrive in their personal and professional lives by providing caring and compassionate support.

Free, confidential, *empac* services include:
phone, video, or in-person assistance with personal and professional needs such as:

- Stress, depression, anxiety
- Family and parenting concerns
- Marital and relationship challenges
- Workplace conflicts
- Alcohol or drug dependency
- Grief and loss

WorkLife Services

- Financial consultation and resources for debt management and consolidation, identity theft, budgeting, and credit report information.
- Legal consultation with an attorney for issues relating to family law, estate planning, traffic citations, landlord conflicts, and many others.
- Dependent care resources and referrals.
- Elder care resources and referrals .
- Self-help resources on a variety of topics via a member only website.
- Monthly newsletters for employees and supervisors.

Get started. Make your free appointment.

316.265.9922 | 800.234.0630 | empac-eap.com

Pet Insurance Plans

Nationwide Pet Insurance

Having pet insurance **allows you to choose treatments for your ailing or injured pet based on the best medical option available** and not restricted based on family finances. Pet insurance plans provide an easy way to budget pet care costs.

Some of the benefits available thru Nationwide Pet Insurance include:

Boarding or Kennel Fees:
We will pay for boarding of a members insured pet at a licensed kennel if the member or a family member is hospitalized as a result of injury or illness. Coverage is limited to a maximum annual benefit of $500.

Advertising and Reward:
We will pay for advertising or offering a reward if an insured pet is stolen or strays during the policy term. Coverage is limited to a maximum annual benefit of $500.

Loss Due to Theft or Straying:
We will pay the price the member paid for their pet if their pet is stolen or goes missing during the policy term and is not found within sixty (60) days. Pet replacement coverage is limited to a maximum benefit of $500.

Nationwide®

vethelpline

Friendly, Expert Pet Advice

- Connects pet parents to veterinarians for guidance on any pet health concern from general questions to urgent care needs
- Features:
  - Unlimited access available 24/7
  - Talk to a live veterinarian
  - Call, email, or online chat
  - Completely free ($150 value)

Mortality Benefit:
We will pay covered veterinary expenses that are incur during the policy term for fees associated with the death of an insured pet due to injury or illness. We will pay for:

- A veterinarian to humanely euthanize the insured pet
- Cremation and burial expenses
- Pet replacement coverage is limited to a maximum benefit of $1,000.

Dog Insurance ›

Healthcare plans for dogs and puppies.

Cat Insurance ›

Healthcare plans for cats and kittens.

Eligibility

Full time employees are eligible the first of the month following 30 full days of employment.

Enrollment Information

Enrollment is a two-part process with selection thru the benefits portal & online enrollment thru the pet insurance portal at https://benefits.petinsurance.com/augustagov. For more information or assistance please contact Jennifer Given, account executive, at (614)301-4851.

USI Mobile App

The app is a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. The USI mobile app is free and available for iPhone and Android platforms. App benefits include:

- **Staying Organized**
  The app gives you access to benefit plan information and ID cards—all in one place.

- **Keeping Up-to-Date**
  The app automatically connects you with the most updated plan information.

- **Lightening Wallets**
  The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.

- **Getting In Touch**
  The app provides you with a single location to find contact information for the Human Resources team and the Benefit Resource Center, as well as insurance carriers.

Check Out the App: MyBenefits2Go

Search for 'MyBenefits2GO' in the app store and download our free app. Enter this code when prompted:

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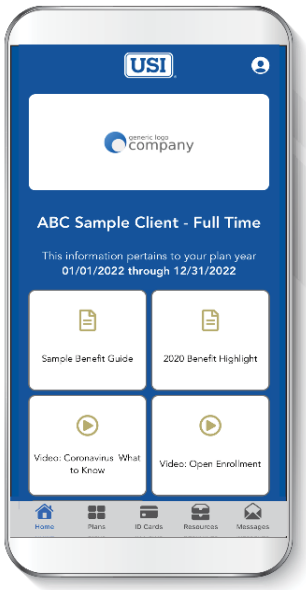
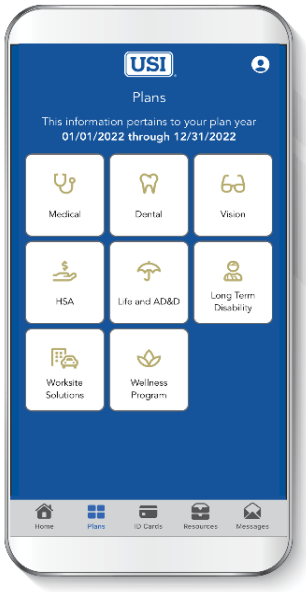
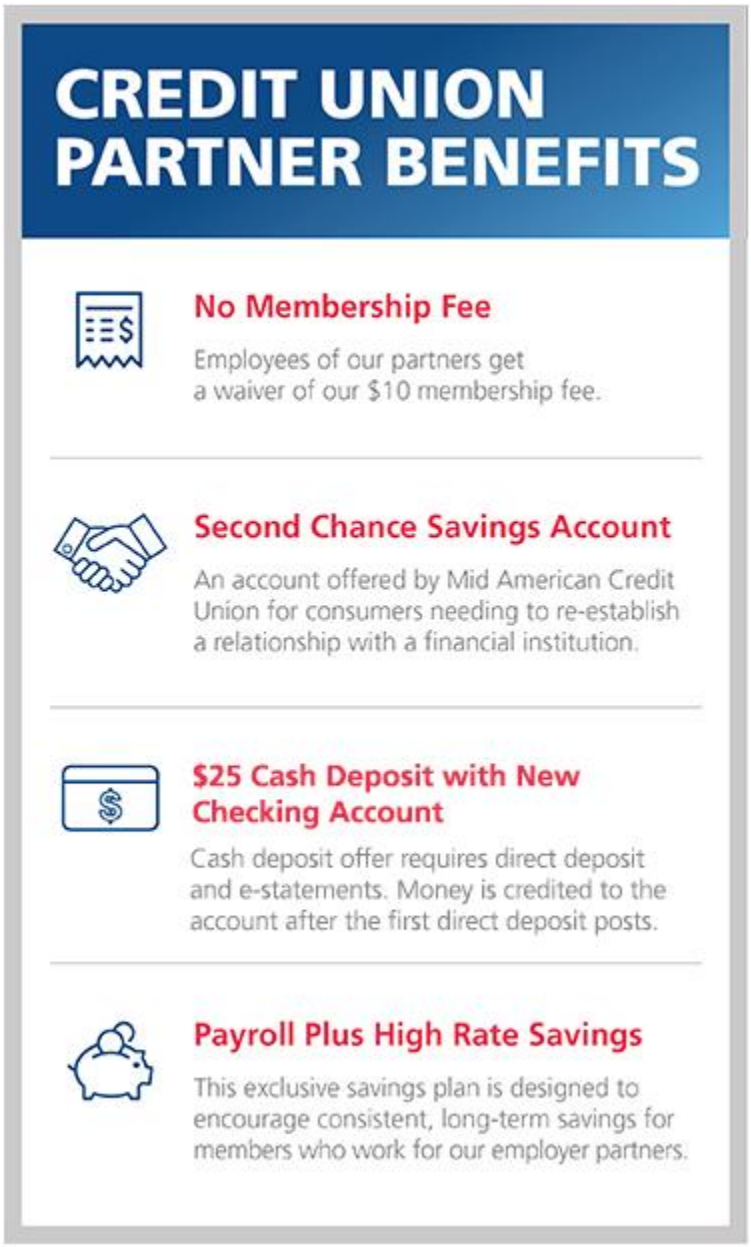




Credit Union Membership

Employees of the City of Augusta are eligible for special benefits at Mid American Credit Union.



Your membership advantage gives you access to their full line of personal banking services designed to meet your needs. These include:

- Savings accounts
- Checking accounts
- Visa debit and credit cards
- Auto loans
- Personal loans
- Free online and mobile banking
- Free online bill paying

And thru the credit union co-op you can access your accounts at many credit unions and co-op network ATMs across the nation.

Eligibility

All employees are eligible upon hire.

Enrollment Information

To enroll in credit union membership and take advantage of the various benefits, go to https://www.midamerican.coop/augusta

If you have any questions, you can contact Sarah Meehan at 316-722-3921 x 176 or by email at sarahm@midamerican.coop

Leave, Holidays & Other Benefits

Vacation Leave

Regular full-time employees are eligible to accrue up to 200 hours of vacation leave the first 10 years and 260 hours after 10 years of service.

LENGTH OF SERVICE	HOURS ACCRUED PER PAY PERIOD	TOTAL HOURS ACCRUED PER YEAR
HIRE DATE THRU YEAR 5	3.08	80
YEAR 6 THRU 15	4.62	120
AFTER 16 YEARS	6.16	160

Sick Leave

Regular full-time employees are eligible to accrue up to 960 hours of sick leave.

LENGTH OF SERVICE	HOURS ACCRUED PER PAY PERIOD	TOTAL HOURS ACCRUED PER YEAR
HIRED BEFORE 7/1/2012	4.62	120
ON OR AFTER 7/1/2012	3.08	80
AFTER 11 YEARS	4.62	120

Family Medical Leave & Other Leave Options

Circumstances may avail that require a leave of absence, be it continuous or intermittent. If/when those circumstances occur, contact Human Resources to learn about options available to you. You may also find more information on leave options in your Employee Handbook.

Holidays

- New Year's Day – January 1*
- Martin Luther King Jr. Day- 3rd Monday in January
- President's Day – 3rd Monday in February
- Memorial Day – Last Monday in May
- Independence Day – July 4*
- Labor Day – 1st Monday in September
- Veteran's Day – November 11 or as nationally recognized
- Thanksgiving – 4th Thursday in November and Friday following
- Christmas – December 25 and either the day prior to or the day following December 25
- Floating Holiday – Employee discretion pending supervisor approval

**If a recognized holiday falls on a Saturday, the holiday will typically be observed on a Friday; if a recognized holiday falls on a Sunday, the holiday will typically be observed on Monday.*

Longevity Pay

Full time employees are eligible for longevity pay after three continuous years of employment with the City of Augusta, based on a compensation rate of $3.00 per month of service.

Benefits Resource Center

Have Questions? Need Help?

City of Augusta and our insurance broker USI are excited to offer access to the USI Benefit Resource Center (BRC). The BRC is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries.

Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 855-874-0742 or via e-mail at BRCMT@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on Paylocity Community.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Meritain Health (TPA)	800-925-2272	www.meritian.com
Prescription Rx	Ventegra	858-551-8111	www.ventegra.com
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Zero Cost Healthcare Services	Fair Market Health	316-655-2992	www.fairmarkethealth.com
Healthcare Transparency Tool	Healthcare BlueBook	800-341-0504	www.meritain.com
Wellness Program	Navigate	888-282-0822	www.navigatewell.com
Dental PPO	Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
Vision	Superior Vision Services, Inc.	800-507-3800	www.superiorvision.com
Life and AD&D/Vol Life	Standard Insurance Company	800-628-8600	www.standard.com
Public Employees Retirement, LTD, Life, AD&D	KPERS, KP&F	888-275-5737	www.kpers.org
Voluntary Retirement Plan	MissionSquare	800-669-7400	http://www.icmarc.org
Employee Assistance Plan	Empac	800-234-0630 316-265-9922	www.empac-eap.com
Flexible Spending Account	Paylocity	800-520-2687	www.paylocity.com
Pet Insurance	Nationwide	877-738-7874	www.petsnationwide.com
Accident, Cancer, Hospital, Short-Term Disability	AFLAC	316-765-1188	www.aflac.com
Prepaid Legal	LegalShield	800-654-7757	www.legalshield.com
Identity Theft Protection	IDShield	866-927-1093	www.idshield.com
Credit Union	Mid-American Credit Union	800-366-6228	www.midamerican.coop/augusta
Benefit Resource Center	USI	855-874-0742	

City of Augusta Human Resources

Contact HR anytime by emailing humanresources@augustagov.org or by contacting:

Betty Welday, HR Assistant 316-425-1718

Cesario Rodriguez, HR Manager 316-425-4524

Important Legal Notices Affecting Your Health Plan Coverage

Model General Notice of COBRA Continuation Coverage Rights
**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* aren't required to pay] for COBRA continuation coverage.

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [enter name of employer sponsoring the Plan], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- *[add if Plan provides retiree health coverage:* Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [*or enter longer period permitted under the terms of the Plan*] after the qualifying event occurs. You must provide this notice to: [*Enter name of appropriate party*]. [*Add description of any additional Plan procedures for this notice, including a description of any required information or documentation.*]

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Questions regarding the City of Augusta's Benefits Plan can be directed to:
Cesario Rodriguez
113 W 6th Ave
Augusta, Kansas United States 67010
316-425-4524
crodriguez@augustagov.org

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (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 stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $1500 deductible, 80% coinsurance.

NEWBORNS ACT DISCLOSURE - FEDERAL

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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 within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

NOTICE REGARDING WELLNESS PROGRAMS

Wellworks is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary annual preventative well exam. Your healthcare provider who conducts your exam may ask questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the exam or to participate in the blood test or other medical examinations.
However, employees who choose to participate in the wellness program will receive an incentive of 8 hours of paid time off for to utilize for wellness purposes. Although you are not required to complete the physical or participate in the biometric screening, only employees who do so will receive 8 hours of paid time off.
If you are unable to participate in the exam required to earn the incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources dept.
The information from your exam and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your concerns with your doctor.

Protections from Disclosure of Medical Information
We are required by law to maintain the privacy and security of your personally identifiable health information. The City of Augusta may use aggregate information it collects to design a program based on identified health risks in the workplace. Your personal information will never be disclosed, either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.
Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your healthcare provider at your exam in order to provide you with services under the wellness program.
In addition, no medical information is required to be submitted to earn your incentive through the wellness program, and no information you provide as part of the wellness program will be used in making any employment decision. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.
If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Dept at the City of Augusta.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Cesario Rodriguez

113 W 6th Ave
Augusta, Kansas United States 67010
316-425-4524
crodriguez@augustagov.org

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

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

Your Choices

You have some choices in the way that we use and share information as we:

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

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

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 up to 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 at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

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

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.

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.

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

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

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

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

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

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

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

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

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

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

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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

Other Instructions for Notice
- 1/1/2023
- Cesario Rodriguez, Human Resources Manager, (316)775-4510

Important Notice from City of Augusta About Your Prescription Drug Coverage and Medicare

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **City of Augusta has determined that the prescription drug coverage offered by the City of Augusta is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current **City of Augusta** coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current **City of Augusta** coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with **City of Augusta** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information or call Human Resources Dept at (316)775-4510. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Augusta changes. You also may request a copy of this notice at any time.
For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	01/01/2023
Name of Entity/Sender:	City of Augusta
Contact--Position/Office:	Human Resources Manager
Address:	113 E 6th, Augusta, KS 67010
Phone Number:	(316)775-4510

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
IOWA – Medicaid and CHIP (Hawki)	**MONTANA – Medicaid**

Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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

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

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

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% 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.1

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

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

1 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.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name City of Augusta	4. Employer Identification Number (EIN) 48-6035719	
5. Employer address 113 E 6th	6. Employer phone number (316)775-4510	
7. City Augusta	8. State KS	9. ZIP code 67010
10. Who can we contact about employee health coverage at this job? Cesario Rodriguez		
11. Phone number (if different from above)	12. Email address crodriguez@augustagov.org	

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

- As your employer, we offer a health plan to:
  - ☑ All employees. Eligible employees are:

    Regular employees working 30 hours per week or more
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Legal spouse of employee subscriber or subscriber spouse by birth, adoption, legal guardianship or court-ordered custody who are under 26 or age 26 or over provided the dependent is unmarried and incapable of self-support due to severe handicap

☑ If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)