

CITY of Leawood

2024 EMPLOYEE BENEFITS GUIDE



Table of Contents

A Message from Human Resources	2
Introduction	3
Changes for 2024	3
Benefit Eligibility	3
Healthcare	4
Dental	5
Tax Savings Accounts	6
Life Insurance / Long-Term Disability	7
Voluntary Benefits	8 - 10
Work / Life Balance	11 - 14
Education Reimbursement	14
Employee Assistance Program	14
Retirement	15
Important Contacts	16
Required Notices & Disclosures	17

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 27 and 28 for more details.

A Message from Human Resources

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

There will be a slight increase in costs for all healthcare plans in 2024. The cost of healthcare has seen noticeable increases over the past few years and with medical costs skyrocketing, it was inevitable that this would affect the cost of premiums for the city and employees. We understand that this is not ideal, but it is reflective of the actual expenses of our plans. We have worked with BlueKC for several months and due to our longstanding relationship, we have been able to reduce the necessary renewal increase while adding a couple small plan enhancements and one plan modification with pharmacy co-pays. What you will see is there continues to be a zero-dollar (\$0.00) health plan option and the city continues to pay a large portion of the total premiums for employees and their families. Aside from the slight increase in medical premiums, you will still be receiving top-notch benefits at an affordable price.

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

Thank you for everything that you do each and every day, with inspiration and distinction.



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

Introduction

OPEN ENROLLMENT FOR THE 2024 PLAN YEAR

The benefits open enrollment period will begin October 3, 2023, at 10:00 am CST and run through October 31, 2023, at 4:00 pm CST. Any changes or enrollments submitted during this period will be effective January 1, 2024, with the exception of applications to enroll for new employees. During the open enrollment period, you may:

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

A personalized benefits statement will be generated for you upon submission of your 2024 open enrollment elections, confirming any changes you made to your benefits and indicating your enrollment status as of January 1, 2024. It is important that you confirm the personal information on your benefits statement is correct; contact Human Resources if there are any discrepancies.

CHANGES FOR 2024

- Healthcare
 - 2.69% overall increase in premiums
 - Elimination of Plan E: *Buy-Up PPO Preferred Care Blue*
 - Removal of co-pays for virtual behavioral health visits on Plans C & D
 - Addition of 4th tier to Plans C & D pharmaceutical co-pays of \$100 for specialty medication
 - Increase in lifetime fertility benefits from \$20,000 to \$50,000
 - For the HDHP plans to remain IRS compliant, the deductibles and out-of-pocket-maximums will increase to \$3,200 for individuals and \$6,400 for family
 - Increase in HSA maximum contribution limits to \$4,150 and \$8,300 for Employee Only and Family (Employee + 1 or more) coverages, respectively
- 3.00% increase Buy-Up Dental plan premiums

BENEFIT ELIGIBILITY

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

Eligible Dependents include the following:

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

Healthcare

Blue Cross Blue Shield of Kansas City will again be the health insurance provider for the 2024 plan year offering four (4) health plan options:

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

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

	A	B	C	D
Employee Only	\$0.00 ¹	\$0.00 ³	\$16.70	\$116.34
Employee + Spouse	\$324.76	\$561.00	\$613.72	\$822.96
Employee + Child(ren)	\$0.00 ²	\$0.00	\$45.08	\$224.42
Family	\$84.96	\$409.94	\$482.42	\$770.26

1, 2, 3 - Those electing this plan and tier will receive a contribution by the city to their individual UMB HSA on the first pay date in January and July of 2024 (1 - \$725.52 / 2 - \$1,215.66 / 3 - \$50.46).

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

TIER	2024 HSA ANNUAL CONTRIBUTION LIMITS
Employee Only	\$4,150
Employee +1 / Family	\$8,300
Additional Catch-up Contribution (Age 55+)	\$1,000

Dental

The city will continue to offer two (2) plans through Delta Dental of Kansas in 2024. Each plan covers the following services:

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

The monthly employee premium for each dental plan is below:

TIER	BASE	BUY-UP
Employee Only	\$4.38	\$10.36
Employee +1	\$33.82	\$46.38
Family	\$76.56	\$98.86

Tax Savings Accounts

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

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

HEALTH FLEXIBLE SPENDING ACCOUNT (Up to \$3,050 annually)

Eligible employees can set up a separate pre-tax account for healthcare expenses if they are not participating in the QHDHP. Most out-of-pocket health, dental and vision expenses may be paid through the Health Care FSA. During the open enrollment period, you may elect to contribute up to \$3,050 to this account on a pre-tax basis. Funds designated to this account are available for use on January 1 of the plan year, or first of the month, following your date of hire.

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

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

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

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

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

Life & Long-Term Disability

LIFE INSURANCE and AD&D

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

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

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

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

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

LONG-TERM DISABILITY

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

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

Vision

SUPPLEMENTAL VISION INSURANCE

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

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

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

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

Voluntary Benefits

VOLUNTARY SHORT-TERM DISABILITY

In addition to long-term disability, the city offers eligible employees voluntary short-term disability (VSTD) insurance through The Hartford. The VSTD benefit compensates the employee 60% of their salary to a weekly maximum benefit of \$1,500 for their time away from work due to illness for day fifteen (15) through day ninety (90) of the illness or disability. Rates are based upon your salary. Coverage may be subject to underwriting by The Hartford.

LONG-TERM CARE

The city has selected Unum as the provider for long-term care. Whether it's due to a motorcycle accident or a serious illness, long-term care is the type of care you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease.

To give you an idea of how you may use a long-term care benefit of \$3,000 per month, here are some of the 2017 national averages for long-term care services:

LONG-TERM CARE TYPE	ANNUAL COST
Adult Day Health Care	\$18,200
Part-time Home Health Aide	\$24,596
Full-time Home Health Aide	\$49,192
Assisted Living Facility	\$45,000
Nursing Home - Semi-Private Room	\$85,775
Nursing Home - Private Room	\$97,455

More information, enrollment forms and rates can be found by going to Unuminfo.com/Leawood or contacting Human Resources.

Voluntary Benefits

CRITICAL ILLNESS

An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and childcare can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

BENEFITS	
For you	Choice of \$10,000 or \$20,000
For your spouse	100% of the Employee's elected Coverage Amount
For your child(ren)	50% of the Employee's elected Coverage Amount (per child)

ACCIDENT INSURANCE

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

HOSPITAL INDEMNITY

Designed to help provide financial protection, Hospital Indemnity insurance can help offset out-of-pocket expenses and other expenses by paying a benefit due to a hospitalization of a covered individual. Benefits are paid directly based on their election, regardless of the actual cost of treatment.

Work / Life Balance

PAID HOLIDAY SCHEDULE

The city establishes fixed holidays to allow citizens and employees to plan for the closing of city offices. It is the policy of the city to provide employees with additional personal (floating) days to recognize the importance of family time and traditions. Holidays are observed on the actual date of the holiday except whenever a holiday falls on a Saturday, the preceding Friday shall be observed. When a holiday falls on a Sunday, the following Monday shall be observed. If an additional fixed holiday is observed, the number of personal holidays granted will be such that the total of fixed and personal holidays shall not exceed twelve (12) days. Employees scheduled to work 2,756 hours will observe the designated holiday on the actual date. Police department shift employees will be granted 96 hours (48 on January 1 and 48 on July 1); new hires will receive a prorated amount based on their date of hire.

The city shall observe the following holidays annually, unless modified by official action of the Governing Body:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Juneteenth National Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Day

Dates for 2024 Holidays are as follows:

Holiday	Date Observed
New Year's Day	Monday, January 1
Martin Luther King, Jr. Day	Monday, January 15
Memorial Day	Monday, May 27
Juneteenth National Independence Day	Wednesday, June 19
Independence Day	Thursday, July 4
Labor Day	Monday, September 2
Thanksgiving Day	Thursday, November 28
Day after Thanksgiving Day	Friday, November 29
Christmas Day	Wednesday, December 25

Work / Life Balance

VACATION LEAVE

The city provides vacation leave with pay to full-time (40+ hours / week) and part-time (27-39 hours / week) employees. New, full-time employees will be granted a minimum of 40 hours of vacation leave upon hire.

Employees are eligible to use vacation upon date of hire. Vacation may not be used until it has been earned. Employees are strongly encouraged to take a minimum of 40 (forty) hours of vacation each year not including any compensatory time, personal days, or any other type of accrued leave.

Vacation is earned at the following rates (part-time employees will receive amount based on their positions budgeted FTE):

Full-Time Employees (40 hours / week)			
Year Range	Hours / Pay Period (26)	Hours / Year	Maximum Balance
0 - 3	3.25	84.50	400
3 - 6	4.00	104.00	400
6 - 9	4.75	123.50	400
9 - 12	5.50	143.00	400
12 - 15	6.25	162.50	400
15 - 18	7.00	182.00	400
18+	7.75	201.50	400

Fire Department Shift Employees (2,756 hours / year)			
Year Range	Hours / Pay Period (26)	Hours / Year	Maximum Balance
0 - 3	4.25	110.50	500
3 - 6	5.25	136.50	500
6 - 9	6.25	162.50	500
9 - 12	7.25	188.50	500
12 - 15	8.25	214.50	500
15 - 18	9.25	240.50	500
18+	10.25	266.50	500

Work / Life Balance

SICK LEAVE

Regular full-time and regular part-time employees are provided defined amounts of sick leave with pay that may be used for the employee’s own illness/injury or the illness/injury of a member of the employee’s immediate family, to the extent reasonably practical for the city to grant such leave of absence. Sick leave may be used after it has been accrued.

It is also the policy of the city to reward employees who demonstrate a high degree of attendance by allowing eligible employees to accrue unused sick leave, and, upon proper conditions, receive payment for a portion of the accrued time – see the Vacation/Sick Leave Buy-Back section below.

Sick leave is accrued in 26 pay periods and is earned at the following rates:

Regularly Scheduled Work Hours	Sick Leave Earned (26 Pay Periods)	Maximum Accrual Carryover
Full-Time (40 hours/week)	3.75 hours	720 hours
Part-Time (30-39 hours/week)	Prorated based on position’s budgeted FTE	Prorated based on position’s budgeted FTE
Fire Shift (2,756 hours/year)	5.75 hours	1,080 hours

VACATION / SICK LEAVE BUY-BACK

The city offers an annual sick and vacation leave redemption program where employees may “sell back” sick leave and/or vacation leave. The number of hours the city will redeem is determined by the City Administrator and is dependent on the employee’s FTE, number of leave hours available, and the amount of sick/vacation leave used that year.

Work / Life Balance

MILITARY LEAVE

The city will grant any full-time employee who is a member of the organized reserves or any branch of the Armed Forces of the United States, including the National Guard, and other positions specified in USERRA, and who is called to active duty up to eighty (80) hours of paid military leave (106 hours for 24-hour shift firefighters) in a calendar year. Such leave will not count against accrued vacation or sick leave.

EDUCATION REIMBURSEMENT PROGRAM

The city encourages employees in pursuing educational opportunities that are of benefit to both the city and the employee. Any full-time employee who has successfully completed their introductory period, is eligible to receive up to \$3,500 on a reimbursement basis per calendar year towards undergraduate and graduate educational coursework. In order to receive reimbursement, the employee must submit for pre-approval before coursework begins and complete the course with at least a 2.0 grade on a 4.0 scale (undergraduate) or a 3.0 grade on a 4.0 scale (post-graduate). The city's reimbursement will only apply to those amounts not covered by other sources such as grants, scholarships or waivers. Fees for textbooks, materials, activity fees, parking fees, campus fees, and on-line charges will not be reimbursed.

EMPLOYEE ASSISTANCE PROGRAM

The city has a partnership with ComPsych to provide an Employee Assistance Program to help employees and their families resolve personal or behavioral problems they may encounter. Services include up to six (6) visits per incident for assistance for psychological, financial, and legal issues faced. Participation in the services offered are kept confidential, except as necessary to protect the safety of the employee, others, or city property.

HEALTH ADVOCATE

Through a single toll-free number and online experience, you can be connected to experts who can answer benefit questions, guide you to the right benefit and help them navigate the complicated healthcare system through Health Advocate. Access to this benefit is 100% paid for by the city and will help explain coverage and treatment options, locate the right, in-network providers, coordinate second opinions, research and resolve medical claims and billing issues and so much more!

Retirement

KANSAS PUBLIC EMPLOYEE RETIREMENT SYSTEM (KPERS and KP&F)

The city is affiliated with the Kansas Public Employee Retirement System (KPERS) for all benefit eligible positions. Each covered position will be under either KPERS I, II, III or KP&F (Kansas Police & Firemen). Employees in these positions are required to make contributions of a defined percentage of their compensation each pay period. The city is also required to make contributions to KPERS/KP&F of a defined percentage, as well.

As a participant in KPERS, employees receive long-term disability, accidental death & dismemberment, and life insurance at no cost. KP&F participants receive long-term disability and a death benefit at no cost. Participants may elect to add Optional Group Life Insurance (OGLI) for themselves, spouses, and/or child(ren) at their expense. OGLI is age-based and may increase as the years progress.

401a / 457 / Roth IRA / Roth 457 OPTIONS

The city allows all benefits-eligible employees to contribute to a 457 plan on a pre-tax basis through payroll deduction. KPERS covered employees may contribute to a 401a and/or a 457 and receive a matching contribution from the city, depending on the amount they contribute. All eligible employees may also elect to contribute to a Roth IRA or Roth 457 on a post-tax basis through payroll deductions.

Beginning in 2024, the city has one provider for 401a and 457 contributions in 2024, Voya, for all new hires. Those hired prior to 2024, will continue to have the option of two different providers for 401a and 457 contributions, MissionSquare and Voya. Representatives from both providers are available throughout the year for questions regarding investment performance, changing your investment allocations, and planning for retirement.

Important Contacts

If you have any questions, please feel free to contact anyone in Human Resources or any of our providers directly.

BENEFIT	PROVIDER	CONTACT INFORMATION
Medical / Mail Order Pharmacy	Blue Cross Blue Shield of Kansas City	bluekc.com 888-989-8842
Dental	Delta Dental of Kansas	deltadentalks.com/subscribers 913-381-4928
Vision	Superior Vision	superiorvision.com 800-507-3800
Employee Assistance Program	ComPsych	compsych.com 800-851-1714
Life, Long-Term Disability, Voluntary Short-Term Disability	The Hartford	account.thehartford.com 888-277-4767
Long-Term Care	Unum	unum.com 866-679-3054
Voluntary Critical Illness, Accident Insurance, Hospital Indemnity	The Hartford	account.thehartford.com 888-277-4767
KPERS / KP&F	KPERS	kpers.org 888-275-5737
Flexible Spending Accounts	Navia Benefit Solutions	www.naviabenefits.com 800-669-3539 service@naviabenefits.com
401a / 457 / Roth IRA / Roth 457	Voya Financial	voya.com 855-ONE-VOYA
	MissionSquare	icmarc.org 800-669-7400
Health & Benefits Navigation	HealthAdvocate	healthadvocate.com/members 866-695-8622 answers@healthadvocate.com

Required Notices & Disclosures

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from 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, 2023

. **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@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.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
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: https://www.kancare.ks.gov/ 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://dhcfnv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicicaid.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
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: -800-977-6740.</p> <p>TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/</p> <p>Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</p> <p>Phone: 1-800-657-3739</p>	<p>Website: https://medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>	<p>Medicaid Website: https://medicaid.utah.gov/</p> <p>CHIP Website: http://health.utah.gov/chip</p> <p>Phone: 1-877-543-7669</p>
OREGON – Medicaid	VERMONT – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html</p> <p>Phone: 1-800-699-9075</p>	<p>Website: http://www.greenmountaincare.org/</p> <p>Phone: 1-800-250-8427</p>
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 Rlte 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, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

HEALTH COVERAGE NOTICES

FOR YOUR FILES

This guide contains legal notices for participants in group health plan(s) sponsored by CITY OF LEAWOOD, KANSAS Group Health Care Plan. The notices included in this guide are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women’s Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 27 and 28 for more details.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than [8.39%] of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Nic Sanders, nics@leawood.org, (913)-663-9105.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Employer name City of Leawood, Kansas		Employer Identification Number (EIN) 48-6075890	
Employer address 4800 Town Center Drive		Employer phone number 913-339-6700	
City Leawood		State KS	ZIP code 66211
Who can we contact about employee health coverage at this job? Nic Sanders			
Phone number (if different from above) 913-663-9105		E-mail address nics@leawood.org	

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

- As your employer, we offer a health plan to some employees.

Eligible employees are:

- All full-time employees actively working 27 hours per week
- Retirees and their dependents who are eligible in accordance with the City of Leawood Employee Benefits Program
- With respect to dependents, we do offer coverage.

Eligible dependents are:

The employee's legal spouse & children of the employee or the employee's legal spouse (up to the end of 26)

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

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

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

CITY OF LEAWOOD, KANSAS GROUP HEALTH CARE PLAN NOTICE OF PRIVACY PRACTICES

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

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the *CITY OF LEAWOOD, KANSAS Group Health Care Plan* (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 1/1/23.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. *City of Leawood, Kansas* requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health

information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of *City of Leawood, Kansas* for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed

below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Nicholas Sanders
Director of Human Resources
4800 Town Center Drive
Leawood, Kansas 66211
(913) 663-9105
nics@leawood.org

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM CITY OF LEAWOOD, KANSAS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

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

If you decide to join a Medicare drug plan, your current City of Leawood, Kansas coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current City of Leawood, Kansas coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare Prescription drug coverage:

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

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

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

Date: January 1, 2024
Nicholas Sanders
Director of Human Resources
4800 Town Center Drive
Leawood, Kansas 66211
(913) 663-9105
nics@leawood.org

COBRA RIGHTS NOTICE

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

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

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

WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to CITY OF LEAWOOD, KANSAS Group Health Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee

will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Nic Sanders at 913-663-9105 or email nics@leawood.org.

How Is COBRA CONTINUATION COVERAGE PROVIDED?

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

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

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

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to Nic Sanders at 913-663-9105 or email nics@leawood.org.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

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

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 period¹ to sign up for Medicare Part A or B, beginning the earlier of:

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

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

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

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

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

IF YOU HAVE QUESTIONS

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

Date: January 1, 2024
Nicholas Sanders
Director of Human Resources
4800 Town Center Drive
Leawood, Kansas 66211
(913) 663-9105
nics@leawood.org

OTHER NOTICES

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the City of Leawood, Kansas or your medical plan administrator.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in *CITY OF LEAWOOD, KANSAS Group Health Care Pla* medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Leawood, Kansas coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Leawood, Kansas, Nic Sanders at (913) 663-9105 or nics@leawood.org.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

