PRAIRIE VILLAGE, KANSAS

BENEFITS GUIDE

2024

2024 BENEFITS OVERVIEW

FOR BENEFITS EFFECTIVE 1/1/2024 - 12/31/2024

It's that time of year again! The City of Prairie Village annual insurance open enrollment period is about to begin.

We know that benefits are an integral part of the overall compensation package provided to all of our eligible employees, which is why we take great care to review all available benefits options on an annual basis. Our focus is to always provide quality medical plans, while controlling the cost and financial risk for our employees. We continue to offer multiple options to meet the individual needs of our employees and their dependents.

As always, we value you as a member of the City of Prairie Village and wish you and your families a healthy and safe year.

ENROLLMENT MUST BE COMPLETED IN EMPLOYEE NAVIGATOR NO LATER THAN NOVEMBER 20TH.

NOT SURE HOW TO GET STARTED?
DON'T WORRY!

Prior to open enrollment, you will receive step-by-step enrollment instructions. Now is a great time to prepare by doing the following:

- ✓ Sign up for Employee Navigator
- ✓ Review the benefits in which you are currently enrolled
- ✓ Take a look at the changes for 2024
- ✓ Check out the plans being offered for the coming year

In this booklet, you will find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the City of Prairie Village family and look forward to a healthy and safe 2024.

IMPORTANT INFORMATION

Open enrollment is
November 6-20, 2023

2024 BENEFITS AT A GLANCE

- Medical insurance moving to **Blue Cross Blue Shield of Kansas City**
  - **NEW Spira Care plan**!
- **New** Employee Assistance Program (EAP)
- **Enhanced** life and disability benefits
- Vision plan **rates decreased** with the same great benefits
- Dental **rates increased** with **enhanced** plan design
  - Low Plan: Preventive now covered 100%
  - High Plan: Orthodontia benefit increased to $2,000 and dependents are covered to age 26
- Open enrollment is the time you can make changes to your benefits for the coming year
- Throughout the year you can ONLY change your elections if you have a qualifying life event, such as: marriage, birth of child, adoption, divorce, death of spouse or child, change in employment status

REMEMBER:

Open enrollment is the only time of year when you can make any adjustments for the upcoming plan year unless you have a qualifying life event.

New hire eligibility:

1st of month after hire date

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier or your City of Prairie Village Human Resources Manager below.

MEDICAL

Blue KC
www.bluekc.com
816-395-2270

DENTAL

Delta Dental of Kansas
www.deltadentalks.com
800-733-5823

VISION

Superior Vision
www.superiorvision.com
800-507-3800

LIFE AND DISABILITY

The Standard
www.thestandard.com
800-628-8600

FLEXIBLE SPENDING

WageWorks
www.wageworks.com
877-924-3967

HEALTH SAVINGS ACCOUNT

UMB
https://hsa.umb.com
866-520-4472

EAP

CuraLinc
https://www.supportlinc.com/
888-881-5642

VOYA RETIREMENT PLAN

Marisa Brown, Investment Advisor
marisa.brown@voyafa.com
913-661-3759

HUMAN RESOURCES MANAGEMENT

Cindy Volanti
cvolanti@pvkansas.com
913-385-4664

Erin Holland
eholland@holmesmurphy.com

Sydney Loethen
sloethen@holmesmurphy.com

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MOBILE APPS

MyBlueKC: manage your BlueKC coverage, no matter where you are. From claims to out-of-pocket costs to finding care, or accessing virtual care using your smart phone, you'll have the information you need to manage your plan and get the most from your BlueKC coverage.

The **A Healthier You** program gives you convenient online and mobile access to wellness tools that you can use to live your healthiest life. **Biometrics, Health Assessment, preventive visits and more will be tracked on this site for incentives. More to Come!**

The **Blue KC Care Management** app puts you in control, making it easier to manage your health. Connect to care right from your mobile device, whenever you need a dose of support and inspiration, helping you to be in control of your health.

Livongo - Livongo is designed to make living with diabetes easier by providing a connected glucose monitor, unlimited strips and coaching. By combining advanced technology with personalized support and education, Livongo can help members better manage their diabetes.

Rx Savings Solutions: Get free, personalized prescription savings advice delivered directly to you for the medications you're taking now and any you're prescribed in the future.

athenaPatient – for Spira Care Users: Access your health information and communicate with your Spira Care team anywhere, anytime.

Superior Vision: Use the Superior Vision app to locate an in-network provider-and use the app to call the provider and look up directions, review your benefits and the benefits of any dependents, see which benefits you have used and which benefits are currently available, view, print or email your member ID card

Delta Dental Mobile App: Make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards, and more, right on your mobile device.

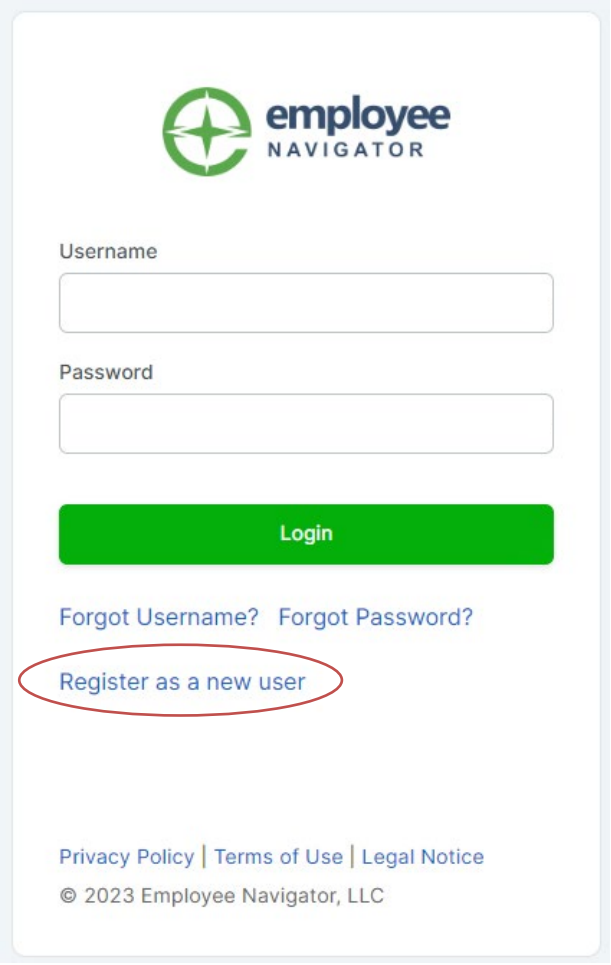
EZ Receipts – for flexible spending account holders: This app makes it easy to submit claims for your FSA account through WageWorks.

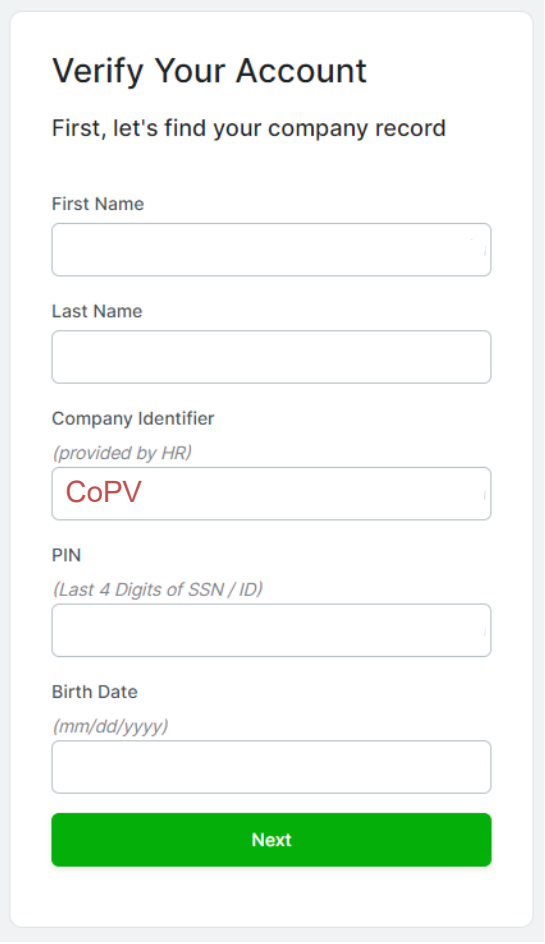
HOW TO ENROLL IN BENEFITS

The City of Prairie Village will utilize Employee Navigator, an online enrollment portal. All employees can elect and waive benefits online through Employee Navigator.

Directions are provided below.

- Go to https://hma.employeenavigator.com
- Click 'Register as a new user' and use the following information to create your account:
    - Name
    - Company Identifier: CoPV
    - Pin: Last 4 of SSN
    - Birthdate





MEDICAL INSURANCE

HOW TO GET STARTED

SELECT YOUR MEDICAL PLAN

- **OPTION 1: Base PPO**
- **OPTION 2: QHDHP**
- **Option 3: SPIRA Care Plan**

TIP: Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS

How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

I just got hired. When will my benefits become effective?

Your medical insurance benefit will begin on the 1st of the month following your hire date for regular full-time employees.

Note: Retirees can continue health coverage upon retirement at full premium cost.

YOUR HEALTH PLAN OPTIONS

As a full-time employee of The City of Prairie Village you have the choice between three medical plan options: a Preferred Provider Organization (PPO), a Qualified High Deductible Health Plan (QHDHP), or a SPIRA Care Plan.

For each, your deductible will run from January 1–December 31.

While the PPO and QHDHP plans give you the option of using out-of-network providers, you can save money by using in-network providers because Blue KC has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and Blue KC's UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

The QHDHP offers you lower premiums than the Base PPO and you can establish a Health Savings Account (HSA) through United Missouri Bank (UMB) and contribute all or part of the premium savings into the HSA. These funds can be used to cover medical expenses, including deductibles, and they're yours forever—even if you leave The City of Prairie Village. Unlike a Flexible Spending Account (FSA), these funds are not forfeited at the end of each year.

Things to consider when choosing your plan:

Base PPO	QHDHP	SPIRA Care Plan
• You are not interested in establishing an HSA • You would rather pay more in monthly premiums and less on medical expenses when they occur • You expect to incur medical expenses at the beginning of the year and don't have the resources to pay for them	• Lower premium contributions and potential maximum out-of-pocket expenses • You are interested in establishing an HSA • Your providers are not in the BlueSelect Plus network	• You are interested in establishing an HSA • You would like to utilize SPIRA Care Centers • Your providers are in the BlueSelect Plus network or at a Spira Care center • You do not need Out-of-Network benefits (does not apply to emergencies)

MEDICAL PLAN OPTIONS & COSTS

Kansas City

	Base PPO	QHDHP	SPIRA Care Plan
Network	**Preferred-Care Blue**	**Preferred-Care Blue**	**BlueSelect Plus**
Employee Monthly Contributions			
Employee Only	$0	$0	$0
Employee + 1	$263.04	$56.42	$29.92
Employee + Family	$495.16	$164.53	$95.76
City Funded HSA (Employee Only coverage)	N/A	$103.32	$175.17
Plan Design	**In-Network**	**In-Network**	**In-Network**
Deductible Individual / Family	$0 / $0	$3,200 / $6,400	$3,200 / $6,400
Member Coinsurance	30%	0%	0%
Out-of-Pocket Maximum Individual / Family	$5,500 / $10,000	$3,200 / $6,400	$3,200 / $6,400
Office Visit Primary Care / Specialist	$35 / $70	Deductible	$60 at Spira Care Centers
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Urgent Care	$70 Copay + 30%	Deductible	$60 at Spira Care Centers
Emergency Room	$250 Copay + 30%	Deductible	Deductible
Retail Tier 1 / Tier 2 / Tier 3	$10 / $35 / $60	Deductible	Deductible
Mail Order Tier 1 / Tier 2 / Tier 3	$25 / $88 / $150	Deductible	Deductible

***City contributions for the QHDHP and SPIRA Care Plans will be deposited into the employee HSA account**

(1)Family deductible is embedded; an individual covered in a family will not exceed the individual deductible (2)Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

(3)All Out-of-Network services subject to deductible, coinsurance and balance billing

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

All plans are detailed in Blue KC's 2024 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

MEDICAL OPTION SCENARIOS

Kansas City

EXAMPLE 1: You have Single coverage; you visit your Primary Care Physician one time per year; you have inpatient surgery, including services from physician and anesthesiologist, and hospitalized for 5 days.

	Base PPO	QHDHP	SPIRA Care Plan
Primary Care Office Visit ($90)	$35	$90	$60
Hospital Care ($7,000)	$2,100	$3,110	$3,140
Physician Services ($3,500)	$1,050	$0	$0
Anesthesiology ($1,500)	$450	$0	$0
Your Cost	$3,635	$3,200	$3,200
Your Annual Premium (Single)	$0	$0	$0
HSA Contributions	n/a	$103.32/mo	$175.17/mo
Your Annual Cost	**$3,635.00**	**$1,960.16**	**$1,097.96**

EXAMPLE 2: You have Family coverage; one family member has one Tier 3 brand name medication filled monthly and visits a Behavioral Health provider twice; three family members receive annual well check visits from Primary Care Physician and associated routine lab and x-rays.

	Base PPO	QHDHP	SPIRA Care Plan
Tier 3 Prescription ($82/month)	$720	$984	$984
Behavioral Health Office Visits ($150 each)	$140	$300	$120
Preventative Exam ($75)	$0	$0	$0
Preventative Lab Work ($130)	$0	$0	$0
Your Cost	$860	$1,284	$1,104
Your Annual Premium (Family)	$5,941.92	$1,974.36	$1,149.12
Your Annual Cost	**$6,801.92**	**$3,258.36**	**$2,253.12**

EXAMPLE 3: You have Employee + Spouse coverage; you go to your Primary Care Physician one time for an illness and have one Tier 1 prescription; Your dependent sees a specialist two times during the year.

	Base PPO	QHDHP	SPIRA Care Plan
Primary Care Office Visit ($90)	$35	$90	$60
Tier 1 Prescription $15	$10	$15	$15
Specialist Office Visit ($150 each)	$140	$300	$300
Your Cost	$185	$405	$375
Your Annual Premium (Employee + Spouse)	$3,156.48	$677.04	$359.04
Your Annual Cost	**$3,341.48**	**$1,082.04**	**$734.04**

MEDICAL NETWORKS

BLUESELECT PLUS NETWORK

- Applies to SPIRA Care Plan
- Blue KC has negotiated a decreased hospital service reimbursement rate with a group of high-quality, local providers
- A smaller network of 10 hospitals and 9 Spira Care Centers (approximately 3,300 providers) in the KC area
- Blue Card access outside of the KC area

Counties:

- Caldwell
- Cass
- Clay
- Clinton
- DeKalb
- Jackson
- Johnson
- Lafayette
- Platte
- Ray
- Wyandotte

In-Network Hospitals

- Children's Mercy Hospital
- Children's Mercy Hospital – South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Health - Olathe Medical Center
- University Health Truman & Lakewood
- AdventHealth (All Locations)
- Providence Medical Center
- The University of Kansas Health System
- Cameron Regional Medical Center
- St Joseph Medical Center
- St. Mary's Medical Center
- Western Missouri Medical Center

BlueSelect Plus and Preferred-Care Blue

Preferred-Care Blue

Out of Network

PREFERRED-CARE BLUE NETWORK

- Applies to Base PPO and QHDHP
- Largest selection of providers within the Blue KC 32-county service area
- Blue Card access outside of the KC area

Counties:

- All counties in BlueSelect Plus Network
- Andrew
- Atchison
- Bates
- Benton
- Buchanan
- Carroll
- Daviess
- Gentry
- Grundy
- Harrison
- Henry
- Holt
- Livingston
- Mercer
- Nodaway
- Pettis
- Saline
- St. Clair
- Vernon
- Worth

How do I find a Blue KC Provider?

1. Log in to your MyBlueKC portal and click "Find Care."
2. Click the Search Box
3. Click the dropdown box under **Choose A health plan**
4. Click **Medical Networks**
5. Select **BlueSelect Plus Network or Preferred-Care Blue Network**
6. Once you select your plan, type in your location and click **Search**

SPIRA CARE

WHAT IS SPIRA CARE?

Blue KC collaborates with one of the highest-performing Blue KC Medical Homes to create Spira Care – an innovative offering centered on a reimagined primary care experience.

Spira members benefit from the network's lower costs and convenient access to local providers across the metro area. Spira membership and care locations are exclusive to those enrolled.

WHAT SERVICES ARE INCLUDED IN SPIRA CARE?

All preventative health services conducted at your Care Centers are **100%** covered with no out-of-pocket cost to members. Urgent care and other diagnostic-related visits are covered by a $60 copay that counts towards the plan deductible. All diagnostic care is subject to a maximum allowable charge*.

- Routine Preventive Care
- Common Prescriptions Filled On-Site
- Behavioral Health Sciences
- Digital X-Rays
- Lab Draws
- Chronic Condition Management
- Specialist Referrals & Scheduling
- Extended Full Service Hours

* All diagnostic care (including but not limited to: Labs, x-rays, prescriptions filled on-site, follow-ups) are subject to the maximum allowable charge. ***Please refer to your benefit summary for more information.***

OLATHE
15710 West 135th St
Olathe, KS 66062

LEE'S SUMMIT
760 NW Blue Pkwy
Lee's Summit, MO 64086

CROSSROADS
1916 Grand Blvd
KC, MO 64108

TIFFANY SPRINGS
8765 N Ambassador Dr.
KC, MO 64153

SHAWNEE
10824 Shawnee Mission Pkwy
Shawnee, KS 66203

LIBERTY
8350 N Church Rd
KC, MO 64158

WYANDOTTE
9800 Troup Avenue
KC, KS 66112

OVERLAND PARK
7341 W 133rd St
Overland Park, KS 66213

INDEPENDENCE
3717 S. Whitney
Independence, MO 64055

WHAT IF I NEED CARE OUTSIDE THE CENTER?

For all needs outside the Care Centers, you'll have access to the BlueSelect Plus network (hospitals shown on previous page) within the Kansas City metro area.

Your dedicated care guide can help you navigate where to go—see the following page to learn more about care guides.

TAKE A VIRTUAL TOUR

Scan the QR code or visit https://spiracare.com/about/the-spira-care-difference/ to take a virtual tour and learn more about Spira Care Centers.

SPIRA CARE

CAN I HAVE AN HSA WITH SPIRA CARE?

We recognize that for many people a Health Savings Account (HSA) offering is very important, and that led us to create Spira Care (HSA Eligible), a novel, simple, no-surprises option that provides affordable, convenient Care Center visits paired with a Health Savings Account.

A member will incur an affordable charge for an office visit at Spira Care. Once their out-of-pocket maximum is reached, a member will have no additional fees for services at Spira Care or in the BlueSelect Plus network. Preventive services are still covered at 100%.

FAST FACTS

- All diagnostic care is subject to a maximum allowable charge*
- An HSA allows members to use tax-free HSA dollars to pay for qualified medical expenses
- Members can have part of their pre-tax earnings deposited into an HSA
- All preventive services are 100% covered
- Employee contributions allow you to save up for future medical expenses
- Unused HSA funds roll over each year and follow you for life
- Access to a team of Care Guides
- Convenient Care Center locations around the KC metro

* All diagnostic care (including but not limited to: Labs, x-rays, prescriptions filled on-site, follow-ups) are subject to the maximum allowable charge. ***Please refer to your benefit summary for more information.***

WHAT IS A CARE GUIDE?

As a Spira Care member, you will have access to first-class nurses and doctors, as well as a committed Care Guide Team dedicated to simplifying and enhancing your health journey.

Care Guides are real people and personal guides, many with nursing and benefit backgrounds, to help you on your health journey. They can coordinate care, answer questions and explain benefits. Now members have a single point of contact for both care and coverage questions. It truly is care with you at the center.

UNDERSTANDING COSTS

- Your doctor prescribed a blood test and a CT scan, but how much will it cost? And where should you go to have them done?
- Your care guide is ready to provide you with answers to these questions and more, ensuring you have the information you need to make smart healthcare choices for you and your wallet.

COORDINATING CARE

- Imagine you've recently been discharged from the hospital. Your Care Guide calls to see how you're feeling and follow up on treatment needs.
- It's a little something we call proactive outreach, and it can be a big help.

EXPLAINING BENEFITS

- You need to visit a specialist outside of your Spira Care Center? Naturally, you have questions. Is the specialist you chose in-network?
- Have you reached your deductible? Your Care Guide is available to answer your benefit questions.

Go to **www.spiracare.com** or call **913.297.7472** today!

LOCATION OF CARE

YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting bluekc.com.

PRIMARY CARE / SPIRA CARE CENTER*

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out of pocket. *SPIRA Care Centers only available to those on the SPIRA Care Plan.

TELEHEALTH

- Cold/flu
- Diarrhea
- Fever
- Rash
- Sinus problems

Retail Telehealth, or a "virtual visit," lets you see and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere! BCBS partners with Virtual Care to bring you care from the comfort and convenience of your home or wherever you are. Download the BlueKC Virtual Care app today!

CONVENIENCE CARE

- Common infections (ear infections, pink eye, strep throat & bronchitis)
- Flu shots
- Pregnancy tests
- Vaccines
- Rashes
- Screenings

These providers are a good alternative when you are not able to get to your doctor's office and your condition is not urgent or an emergency. They are often located in malls or retail stores (such as CVS, Walgreens, Wal-Mart and Target), and generally serve patients 18 months of age or older without an appointment. Services may be provided at a lower out-of-pocket cost than an urgent care center.

URGENT CARE

- Sprains
- Small cuts
- Strains
- Minor infections
- Sore throats
- Mild asthma attacks
- Back pain or strains

Sometimes you need medical care fast, but a trip to the emergency room may not be necessary. During office hours, you may be able to go to your doctor's office. Outside regular office hours — or if you can't be seen by your doctor immediately — you may consider going to an Urgent Care Center where you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY ROOM

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns
- Severe head injuries

An emergency medical condition is any condition (including severe pain) which you believe that, without immediate medical care, may result in serious injury or is life threatening. Emergency services are always considered in-network. If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once your condition has been stabilized.

If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 9-1-1, even if your symptoms are not described here.

HEALTH SAVINGS ACCOUNT (HSA)

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

Two ways you can put money into your HSA:

1. Regular payroll deductions on a pre-tax basis;
2. Lump-sum contributions of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

An HSA is exactly what it sounds like — a savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep—the HSA is owned by you, just like a personal checking or savings account.

YOUR HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds—or all three). Of course, your funds are always available if you need them for qualified health care expenses.

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money in your HSA always belongs to you, and we mean always. Even if you leave the company or you don't use a lot of health services now, your funds will carry over from year to year and will always be there if you need them in the future — even after retirement

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

Your HSA doesn't just benefit you. You can use the funds for your spouse and tax dependents for their eligible expenses, too — even if they're not covered by your medical plan.

CONTRIBUTE UP TO $4,150 AS A SINGLE & $8,300 AS A FAMILY

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health Plan (QHDHP) to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, such as your spouse's employer, unless that secondary coverage is also a Qualified High Deductible Health Plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. **Contributions are based on a calendar year. The contribution limits for 2024 are $4,150 for Single and $8,300 for Family coverage**. If you're age 55 or older, you are allowed to make extra $1,000 contribution each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the- counter medications, such as allergy medicine, cold and flu, pain relievers, and feminine hygiene).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your health care expenses are more than your HSA balance, you need to pay the remaining cost another way. Save your receipts in case you are ever audited! You can request reimbursement in your account later after you have accumulated more money
- NOTE: UMB banking fees may be applied.

FLEXIBLE SPENDING ACCOUNT (FSA)

SELECT YOUR FSA ACCOUNTS

- Health Care Flexible Spending Account (Health FSA)
- Limited Purpose Flexible Spending Account (LPFSA)
- Dependent Care Expense Account (DCFSA)

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Be aware—any unused portion of the account at the end of the plan year is forfeited. You have until March 15th each year to spend the prior year's contributions.

Eligible Expenses - Examples

- Coinsurance and copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care and support
- Nutrition counseling
- Hearing devices and batteries
- Hospital bills
- Deductible Amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical exam
- Seeing-eye dog expenses
- Prescribed vitamin supplements (medically necessary)

2024 Maximum Contributions

Health Care Flexible Spending Account	$3,200 max
Dependent Care Expense Account	$5,000 max

How the Health Care FSA Works

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to Wage Works. Reimbursement is issued to you through direct deposit into your bank account, or by check.

How the Limited Purpose FSA Works

This account works in the same way as the Health Care FSA, but only qualified Dental and Vision expenses apply. By limiting FSA reimbursements to dental and vision care expenses only, you (or your spouse) remain eligible to participate in both a limited-purpose FSA and an HSA. Participating in both plans allows you to maximize your savings and tax benefits.

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Qualified care centers include dependent care centers, preschool educational
institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a childcare tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

Contact Information

Request a full statement of your accounts at any time by calling 877-924-3967 or log on to www.wageworks.com to:

- Check your FSA balance
- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

DENTAL INSURANCE

DELTA DENTAL REMAINS THE CARRIER FOR 2024.

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Delta Dental's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the end of the month in which they turn age 26.

FIND A DENTIST

To find a Delta Dental provider in your area, visit the website at www.deltadentalks.com

- Click on "Find a Dentist"
- Enter your ZIP Code
- Select the "Delta Dental PPO" network for the best discounts, or you may choose the larger "Delta Dental Premier" network to select a dentist.
- Click "Submit" for a comprehensive directory of dentists

DENTAL INSURANCE PLAN OPTIONS & COSTS

Delta Low Option - PPO	Employee Cost Per Month
Employee Only Employee + 1 Family	$0 $26.97 $75.26
Calendar Year Deductible Individual / Family	$50 / $150
Annual Maximum	$1,000
	Delta Dental Pays
Diagnostic/Preventive Services	100% Enhanced!
Basic Services	60%
Major Services	40%
Orthodontia Services	Not Covered

Delta High Option - Premier	Employee Cost Per Month
Employee Only Employee + 1 Family	$11.86 $49.36 $116.64
Calendar Year Deductible Individual / Family	$50 / $150
Annual Maximum	$1,500
	Delta Dental Pays
Diagnostic/Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia Services	$2,000 lifetime maximum per person (child to age 26) Enhanced!

UNLIMITED CLEANINGS: Your plan allows for unlimited cleanings for all members. This includes regular/ prophylaxis cleanings and periodontal maintenance cleanings.

Dependent children covered to age 26

DENTAL INSURANCE

Right Start 4 Kids (RS4K)

The Right Start 4 Kids program removes the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist (Delta Dental Premier or Delta Dental PPO) is seen. If an out-of-network dentist is seen, the underlying contract applies including waiting periods, deductibles and coinsurance levels.

RS4K Summary of Dental Plan Benefits

	Low Option – PPO	High Option - Premier
Deductible For all covered services, the benefit year deductible is:	$50 Individual $150 Family	$50 Individual $150 Family
Annual Benefit Maximum Per person, per contract year	$1,000	$1,500
Diagnostic/Preventive Services Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: Exams and cleanings, X-rays, Topical Fluoride, Space Maintainers (for premature loss of primary molars), and Sealants (applied only to permanent molars with no decay or restorations on the occlusal surface and with the occlusal surface intact.)	100%	100%
Basic Services Ancillary: Emergency examinations for relief of pain Oral Surgery: Extractions and other oral surgery including pre- and post-operative care Regular Restorative: Amalgam/Silver restorations, composite/white resin restorations on all teeth, stainless steel crowns Endodontics: Root canal treatments and root canal fillings Periodontics: Treatment for diseases of the tissues supporting the teeth. Surgical periodontal treatments	100%	100%
Major Services Special Restorative: When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns Prothodontics: Includes partial and complete dentures. Repairs and adjustment of dentures.	100%	100%
Orthodontics	Not Covered	Available for dependent children to age 26

VISION INSURANCE

SUPERIOR VISION REMAINS CARRIER FOR 2024.

The vision plan offers coverage both in-network and out- of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule. In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to www.superiorvision.com.

FIND A PROVIDER

To find a Superior Vision provider in your area, visit the website at www.superiorvision.com

- On the right side of the web page you click on "Members"
- Towards the middle of the page, click "Find an eye care professional now"
- Enter your ZIP code and "Choose Your Coverage Type" (Insurance Through Your Employer)
- Then, "Choose Your Network" (Superior National)
- Results list providers closest to your zip code first
- Click on the "More Info" button next to the provider to display products, services, doctors, etc. for that location

VISION INSURANCE PLAN OPTIONS & COSTS

Superior Vision	**Employee Cost per Month**
Employee Only Employee + Spouse Employee + Child(ren) Family	$0.00 $5.48 $5.26 $10.91
	In-Network
Examination Copay	$10 copay
Materials Copay	$25 copay
Frequency of Service Exam Lenses Frames	 Every 12 months Every 12 months Every 24 months
Lenses Contacts (in lieu of glasses) Single Bifocal Trifocal Lenticular Progressive Frames Contacts Lens Fitting Fees	Covered by Materials Copay
Frames	$130 retail allowance
Contacts	$120 retail allowance

LIFE/AD&D INSURANCE

REVIEW YOUR LIFE INSURANCE POLICY

- **Increase your coverage**
- **Add your spouse**
- **Add your dependents**

DID YOU KNOW?

The City of Prairie Village provides you Basic Life and AD&D AT NO CHARGE

BASIC LIFE AND AD&D

For non-commissioned employees, City of Prairie Village provides $10,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

For commissioned employees, the City provides 5 times your annual earnings, to a maximum of **$500,000,** an enhancement to the previous benefit maximum.

The Basic Life and AD&D coverage is offered through The Standard at no cost to you. You may elect dependent coverage at your own cost.

Life Insurance **(Employer Paid)**	**Standard Insurance Company 1.800.628.8600** **www.standard.com**
Non-Commissioned Coverage Basic Life Basic AD&D	$10,000 Same as Basic Life. For other losses, a percentage will be payable
Commissioned Coverage Basic Life Basic AD&D	5 times your annual earnings, maximum of $500,000. Same as Basic Life. For other losses, a percentage will be payable.
Age Reduction	Coverage amounts reduce to 65% at age 65 and to 50% at age 70
Monthly Cost	100% paid by City
Dependent Coverage (optional) Basic Life Spouse Basic Life Child	$4,000 $2,000 each child Open enrollment is available for Spouse and Child coverage for 2024. ($1.76 per employee per month)
Monthly Cost	100% paid by Employee

Enhanced!

ADDITIONAL LIFE INSURANCE

New in 2024!

You can purchase additional life insurance for yourself, your spouse, and your child. See below for rates and additional details.

Employee	Increments of $10,000 Maximum: $500,000 Guarantee Issue: $150,000 Coverage amounts reduce to 65% at age 65 and to 50% at age 70
Spouse*	Increments of $5,000 Maximum: $250,000 Guarantee Issue: $25,000 Coverage amounts reduce to 65% at age 65 and to 50% at age 70 *Benefit cannot exceed 100% of Employee benefit
Child	Increments of $5,000 Maximum: $10,000 Guarantee Issue: Full Benefit

Age as of January 1	Life/AD&D rate per $1,000 of benefit
0-29	$0.090
30-34	$0.110
35-39	$0.120
40-44	$0.150
45-49	$0.210
50-54	$0.300
55-59	$0.470
60-64	$0.710
65-69	$1.300
70+	$2.650
Dependent Child	$0.260

Example:

- Employee – age 42, $250,000 benefit
- Spouse – age 39, $100,000 benefit
- Dependent child – $5,000 benefit

Monthly Cost of Employee = ($250,000 / $1,000) x $0.150 = $37.50
Monthly Cost of Spouse = ($100,000 / $1,000) x $0.120 = $12.00
Monthly Cost of Child = ($5,000 / $1,000) x $0.260 = $1.30

$37.50+$12.00+$1.30 = **$50.80**

Monthly Cost = (Benefit Amount / $1,000) x Rate

SHORT AND LONG-TERM DISABILITY INSURANCE

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability insurance is offered through The Standard as a voluntary, Employee paid benefit.

The plan benefit is 60% of basic weekly earnings up to a maximum of $500 per week, after a 14-day elimination period for illness or injury.

The Benefit Duration is 90 days.

Short-Term Disability Rates

Your Age (as of January 1)	Rate per $10 of weekly benefit
<30	$0.437
30-34	$0.437
35-39	$0.355
40-44	$0.373
45-49	$0.471
50-54	$0.615
55-59	$0.735
60-64	$0.827
65 +	$0.914

LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance offered through The Standard is provided at no cost to you. The plan benefit is 60% of basic monthly earnings up to a maximum of **$6,000** per month (an increase from $5,000 in previous years!).

Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings.

There is an Elimination Period of 90 days of disability due to the same or related Sickness or Injury, which must be accumulated within a 180-day period.

Your monthly cost = 0.27% of earnings

Could you pay the bills if you weren't working?

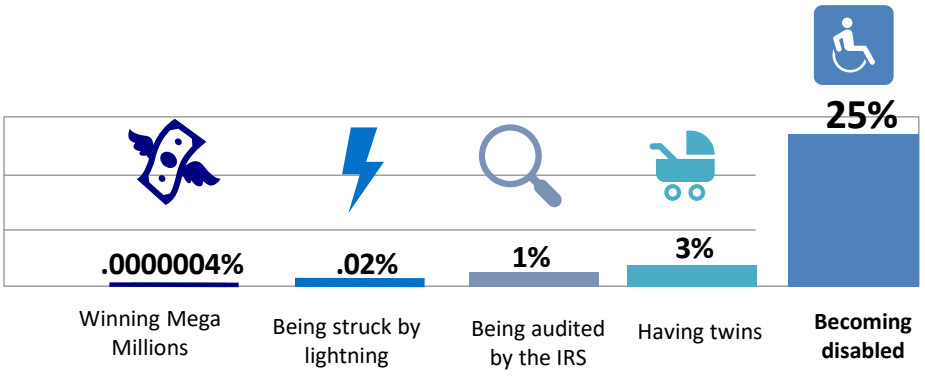
Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of living expenses.

Nearly 70% of workers that apply for Social Security Disability Insurance are **denied.**

WHAT'S MORE LIKELY?

Many workers think these events are more likely than becoming disabled during their careers.

Here are the actual odds:



In fact, nearly **40 million** American adults live with a disability.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Prairie Village provides an Employee Assistance Program (EAP) through CuraLinc which provides confidential professional consultation and **6 therapy sessions** per incident for employees and their family members at no charge. The program is designed to assist employees with personal issues and/ or workplace issues. Services are available to family members who reside with the employee.

Life can be complicated. Get help with all of life's questions, issues and concerns with CuraLinc. Anytime, 24 hours a day, 365 days a year. Call us at **888-881-5642**. You may also visit the CuraLinc web site at https://www.supportlinc.com/, or download the eConnect app below:

Download on the App Store

GET IT ON Google Play

The City of Prairie Village will not be advised that you have used this service.

Feel supported and connected with a confidential Employee Assistance Program and innovative well being resource.

CuraLinc offers support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and childcare, managing money, or health issues, you can turn to CuraLinc for a confidential service that you can trust.

How an EAP Can Help You

Strengthen relationships and improve communication	Work towards life goals
Deal with stress, anxiety and depression	Cope with isolation and loneliness
Resolve personal and emotional difficulties	Adapt across cultures
Address marital and relationship difficulties	Identify and cope with culture shock
Understand grief and bereavement	Address alcohol and drug misuse
Find solutions for work-related issues	Access crisis and trauma support

RETIREMENT

- KPERS
- City Police Pension Plan
- Supplemental Retirement Plan

KPERS (FOR NON-COMMISSIONED EMPLOYEES)

Kansas Public Employees Retirement System (KPERS) is a plan provided by the State of Kansas and includes retirement, disability, and survivor benefits provided for eligible public employees and their beneficiaries. The employee contribution rate is 6% and is deducted from each paycheck. Membership is mandatory if your position is not seasonal or temporary, and requires you to work at least 1,000 hours per year. Employees are vested after five years of service. Member online access: https://member.kpers.org

KPERS benefits include:

- Retirement benefit options for vested members
- Refund of your contributions and interest earnings if you should terminate employment
- The ability to purchase service credit. Purchasing eligible service credit affects your pension by increasing the number of years of credited service
- **Life insurance benefits equal to 150% of your eligible compensation if you are an active KPERS member**
- Disability income benefits provide a monthly benefit, based upon two-thirds of your annual rate of eligible compensation. To qualify, you must be totally disabled for 180 continuous days
- Survivor benefits which may include: refund of accumulated contributions; or pre-retirement survivor options; accidental death benefits; benefits payable for a death after retirement including survivor options, a lump sum death benefit of $4,000
- Annual membership statements

CITY POLICE PENSION PLAN (FOR COMMISSIONED EMPLOYEES)

Mandatory Participant Contributions shall equal 4% of compensation. Participants with 25 years or more of service may opt to contribute 8% for an increased benefit. Members of the plan are fully vested after 15 years of service, with partial vesting beginning after 5 years of service.

Participants will receive a monthly retirement benefit equal to 2.5% of the average monthly compensation multiplied by their credited years of service up to applicable cap of 30 years at 75%.

SUPPLEMENTAL RETIREMENT (NEXT PAGE)

RETIREMENT

SUPPLEMENTAL RETIREMENT (FOR ALL EMPLOYEES)

All full-time employees are eligible to participate in the City's 401(a) and 457(b) plan from the first day of employment with the City. The City recognizes that KPERS and Police Pension Plans alone will not be enough to allow employees to be financially stable after retirement, so the City's 401(a) and 457(b) programs were designed to serve as a supplement to the employee's KPERS and Police Pension retirement benefits.

The 401(a) plan is a defined contribution plan governed by federal regulation. The City will contribute 3.5% of an employees' gross salary into a 401(a) account for all full-time employees to a maximum of an additional 2.5%. Employees are required to enroll in the 401(a) plan through Human Resources and will not automatically be enrolled. Employees are vested in the 401(a) plan immediately and are eligible to withdraw or roll over the funds upon separation of employment with the City. Employees may make changes to their contributions throughout the year and do not need to wait for open enrollment.

The following is a summary of what the City will contribute to an employee's 401(a) plan based on the employee's own contribution into their 457(b) plan:

EMPLOYEE CONTRIBUTION 457(b)	CITY MATCH 401(a)
0%-0.99%	3.50%
1.0%-1.99%	4.00%
2.0%-2.99%	4.50%
3.0%-3.99%	5.00%
4.0%-4.99%	5.50%
5.0% and up	6.00%

VESTING SCHEDULE FOR EMPLOYER CONTRIBUTIONS

NON-COMMISSIONED EMPLOYEES	
0-1 year	0%
2+ years	100%

COMMISSIONED EMPLOYEES	
0-1 year	0%
1-2 years	20%
2-3 years	40%
3-4 years	60%
4-5 years	80%
5+ years	100%

OTHER BENEFITS

TIME-IN-SERVICE AWARDS

All regular full-time employees are eligible for a Time-In-Service Award on the third (3rd) anniversary of their employment date and every three (3) years thereafter. Time-In-Service awards will be paid on the first paycheck of the month following the employee's anniversary date of hire.

The Time-In-Service award will equate to 5% of the employee's base rate of pay as of their anniversary date and will be in the form of a lump sum payment. This payment will not become part of the base salary.

Payment of the Time-In-Service award is subject to approval by the City Administrator and will only be paid when it is in the best interest of the City. Employees who have not met performance expectations or who have expressed plans to resign (other than normal planned retirements) will not be eligible for the Time-In-Service award.

PAID PARENTAL LEAVE

Regular full-time employees are provided with paid parental leave upon the birth or adoption of a child and are eligible from their first day of employment with the City of Prairie Village. Eligible employees will receive 320 hours of paid parental leave equivalent to eight (8) weeks of pay, which must be used within 12 months.

PAID MILITARY LEAVE

Full-time employees taking part in a variety of military duties are covered under this policy. Such military duties include leaves of absence taken by members of the uniformed services, including active duty, reserve, or National Guard, for training, periods of active military service, and funeral honors duty, as well as time spent being examined to determine fitness to perform such service. All full-time employees are eligible for military leave from the first day of employment with the City, per the policy provision in the employee handbook.

POOL MEMBERSHIPS

All regular full-time and part-time employees, their spouses, and children living in the same home with the employee will be provided with a Prairie Village Pool membership at no charge.

EDUCATIONAL EXPENSE REIMBURSEMENT

The City encourages employees to take advantage of educational courses which will improve job performance and prepare employees for promotional opportunities. After one year of full-time employment employees are eligible for up to fifty (50) percent per year of educational expenses up to the non-taxable limit for accountable plans as determined by the Internal Revenue Service.

PUBLIC SERVICE LOAN FORGIVENESS (PSLF)

The City of Prairie Village is a qualifying employer to provide the PSLF Program. PSLF forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.

For assistance on these benefits, please contact the Human Resources Manager, Cindy Volanti, cvolanti@pvkansas.com or 913-385-4664

OTHER BENEFITS

PAID VACATION LEAVE

Paid vacation time is available to regular, full-time employees upon hire during any pay period he/she works forty (40) hours or more. Paid vacation time is accrued on a bi-weekly basis, resulting in the following annual vacation benefit based on years of service.

Years of Service	Days	Hours Per Pay Period	Maximum Allowed Hours
0-5	11 days	3.39	176
6-10	15 days	4.62	240
11-15	20 days	6.15	320
16-20	23 days	7.08	320
21+	25 days	7.69	320

ELIGIBILITY: Accrual and usage begins immediately

An employee's unused vacation hours may be accumulated up to double their annual vacation allocation. Once the maximum balance is met, accruals will cease until vacation time is used.

PAID SICK LEAVE

A regular, full-time employee earns and accrues 3.39 hours of sick leave on a bi-weekly basis up to a maximum of 11 days per calendar year. Sick leave with pay may be accumulated to a maximum of seven hundred fifty (750) hours and may be taken in 15 minute increments.

Upon retirement, employees will be compensated for twenty percent (20%) percent of their remaining balance of sick leave at the rate of pay in effect at the time of retirement. Should an employee with more than five (5) years of service with the City cease employment with the City on a voluntary basis (other than retirement), they will receive ten percent (10%) of their remaining sick leave balance.

PAID HOLIDAYS

Observed Holidays	
New Year's Day	Veteran's Day
Dr. Martin Luther King Jr. Day	Thanksgiving
President's Day	Thanksgiving Friday
Memorial Day	Christmas Eve *
Juneteenth	Christmas Day
Independence Day	Floating Holiday
Labor Day	

Should a holiday fall on a Saturday, City offices will be closed on the preceding Friday. If a holiday falls on a Sunday, City offices will be closed on the following Monday.

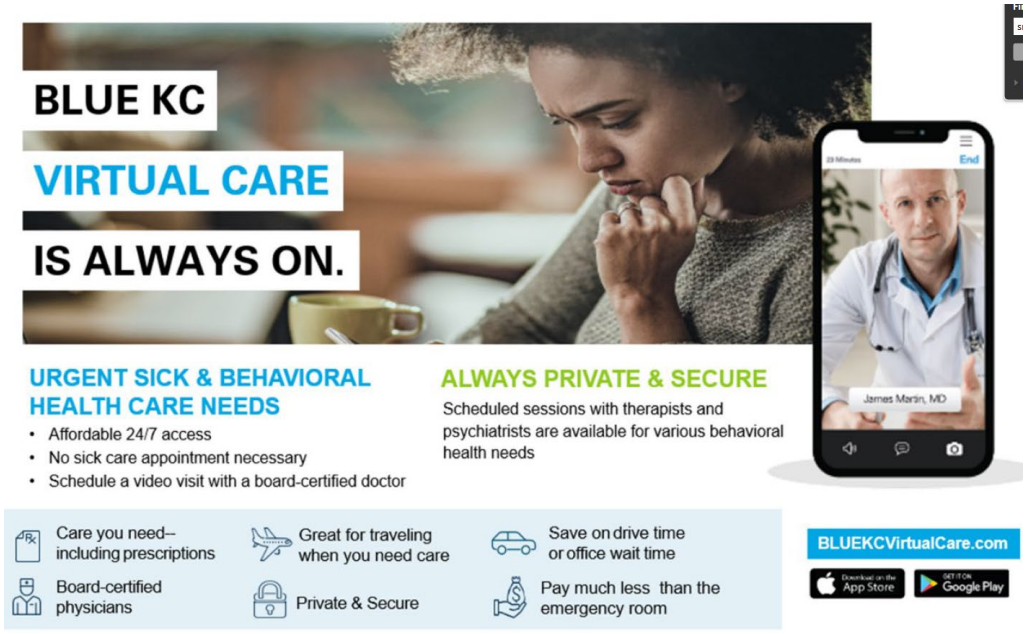
*Christmas Eve will only be observed as a half day holiday when it falls on a weekday. If Christmas Eve falls on a Friday, it will be observed on the preceding Thursday afternoon.

OTHER BENEFITS

VIRTUAL AND PREVENTIVE CARE

Routine Preventive Services:

- Must be preventive
- Performed in separate calendar years
- Services performed by out-of-network providers are not covered at 100%



MINDFUL BY BLUE KC

Blue KC is dedicated to thinking differently about coverage and care, enhancing the behavioral health services provided in member health plans. Mindful by Blue KC is a behavioral health initiative dedicated to addressing access and reducing stigma to support the behavioral health needs of our members. Our members have access to a variety of services and tools to address depression, anxiety, substance use, and everyday challenges. By calling one number and speaking to a Mindful Advocate, who's available 24/7, members can get in-the-moment support and care navigation, help locating and referring to in-network providers, or help connecting to expedited treatment options in crisis situations. We want to educate and assist members so that they get the right care when they need it.

Other behavioral health resources for Blue KC members include:

- **Online self-guided tools.** Unlimited access to resources to manage stress, improve mood, cope with crisis, and more.
- **Virtual Care by Appointment.** Access to a network of therapists trained and licensed in virtual care therapy techniques providing scheduled therapy visits, medication management, and specialty services like psychiatry. Normal cost-sharing and out-of-pocket maximum limits apply.
- **Suicide Prevention and Awareness.** Resources for employers to educate their workforce about the warning signs of suicide and how to help.

Kansas City Mindful By Blue KC

OTHER BENEFITS

SMART SHOPPER

Did you know costs vary considerably for the same procedure at a different location?

- Everyone wants to get the best deal on a purchase, including healthcare. Members often do not make cost comparisons when scheduling care. Many healthcare services are shoppable, meaning you can plan and budget for them.

SHOP	GO	EARN
Many common procedures, including examinations, scans and scheduled surgeries are eligible for cash rewards. Start shopping your procedures online at mybluekc.com or by calling 856-476-5027.	Have your procedure done at the SmartShopper-eligible location of your choice.	Once the claim has been processed, a reward check will be mailed directly to your home address. The amount of the reward you receive depends on the type of procedure.

LIVONGO – DIABETES MANAGEMENT

Livongo is designed to make living with diabetes easier by providing a connected glucose monitor, unlimited strips and coaching. By combining advanced technology with personalized support and education, Livongo can help our members better manage their diabetes. This program is offered at no cost to BlueKC members and covered dependents with diabetes. Eligible members will receive a welcome letter that provides the steps necessary to sign up.

Once enrolled, members will have access to the following features:

- Free Equipment – Livongo will provide participants with a free blood Sugar meter and unlimited free strips and lancets. They ship strips and lancets directly to members with no copays or coinsurance, and strip and lancet refills can be ordered right from the meter (this cost will be reflected in the client's claims experience).
- Better Diabetes Monitoring – Livongo's advanced meter uploads readings to members' private account—no more paper log books. The meter also provides personalized tips and support.
- Expert Support 24/7 – Certified diabetes educators are available to members on their terms. You can talk with them over the phone and from your couch about anything from nutrition to lifestyle.

Livongo® by Teladoc Health

SOLERA

Solera is a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. Through this benefit, you may be able to participate in a national weight loss program such as Weight Watchers ®, Retrofit or HealthSlate.
While programs differ, most include the following elements:

- Access to a personal health coach
- Weekly lessons
- A small group for support
- Tools like a wireless scale or an activity tracker

SOLERA

WELLNESS PROGRAM – A HEALTHIER YOU

Helpful Wellness resources and more! Access *A Heathier You* on the BlueKC portal! Biometric Screenings, preventive visits/screenings and the online Health Assessment will all be tracked in the portal. More to come on the Wellness program and incentives for 2024!

OTHER BENEFITS

BLUE KC CARE MANAGEMENT

Keeping your health on track can be tough. Connect with the Kansas City Care Team today to help you manage a condition (such as diabetes, asthma, cancer), get maternal health support, lose weight, quit smoking, manage pain, and more. Your Blue KC Care Team of patient advocates are here to help.

From the Blue KC Care Management mobile app:

- Receive daily tasks and track progress
- See clinically approved resources personalized to you
- Set appointment and medication reminders
- Message with your Care Team discreetly and at any time
- See your personalized checklist of to-dos
- Find services such as transportation for an appointment

DOWNLOAD THE APP ON YOUR FAVORITE DEVICE

Download on the App Store

GET IT ON Google Play

Scan the QR code or download the app and use access code **kchealth** to get started!

RX SAVINGS SOLUTIONS

Rx Savings Solutions helps you decide what's best for your health and budget.

- **Selection:** Online search tool to discover all options available
- **Price:** Personalized cost estimates and plan coverage
- **Convenience**: Email & text alerts if there are savings
- **Assistance:** Experienced staff works directly with your doctor

This is how it should be...

Selection
Discover all the options available to treat your condition and compare them to your current prescription(s).

Price
Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.

Convenience
Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.

Assistance
If you have a savings opportunity, the experienced Rx Savings staff can work directly with your doctor to help you make safe changes and start saving quickly!

This is how you can save...

Same Drug, Different Form
Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.

Different Drug, Same Treatment
There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.

Same Ingredients, Different Pills
If a drug has two active ingredients, the price can skyrocket! Take the active ingredients separately at the same time for the same treatment at a lower cost.

Same Active Ingredient, Lower Price
If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

GO ONLINE! **START SAVING!** Log in to MyBlueKC.com, access your pharmacy benefits and Rx Savings Solutions

rxss™ Rx Savings Solutions

OTHER BENEFITS

LEGALSHIELD and IDSHIELD

Have You Ever…

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving violation?
- Worried about being a victim to identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:	The IDShield Membership Includes:
Dedicated Law Firm: Direct access, no call center	Continuous Credit Monitoring
Legal Advice/Consultation: On unlimited personal issues	Financial Account Monitoring
Letters/Calls/Contracts & Documents Reviewed (up to 15 pages)	Consultation
Residential Loan Document Assistance: Primary Residence Purchase	Identity Restoration
Will Preparation/Speeding Tickets/IRS Audit Assi-tance	Unlimited Service Guarantee
Trial Defense/Uncontested Divorce, Separation, Adoption and/or Name Change Representation	$1 Million Protection Plan
25% Preferred Member Discount (Bankruptcy, criminal charges, DUI, Personal Injury, etc.)	24/7 Emergency Access
24/7 Emergency Access for covered situations	

IDENTITY AND/OR LEGAL PROTECTION		
PLAN	**FAMILY PRICE**	**INDIVIDUAL PRICE**
LegalShield	$18.95	N/A
IDShield	$18.95	$8.95
Combined	$33.90	$27.90
Employer Contribution	$5.00 per month towards the IDShield and Combined plan options.	
Eligibility	First of Month Following 30 Days of Employment	

For more information regarding identity and/or legal protection, visit adells.wearelegalshield.com or call 913-963-5411.

GLOSSARY

- **Coinsurance** — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.
- **Copays** — A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits, as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any
- **Deductible** — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.
- **Embedded Deductible** — The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the family plan can contribute more than the single amount toward the family deductible.
- **Emergency Room** — Services you receive from a hospital for any serious condition requiring immediate care.
- **Lifetime Benefit Maximum** — All plans are required to have an unlimited lifetime maximum.
- **Medically Necessary** — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.
- **Network Provider** — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.
- **Out-of-Pocket Maximum** — The most you will pay during a set period of time before your health insurance begins to pay
- **Preauthorization (also known as Prior Authorization (PA))——** A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is some- times called prior authorization, prior approval or precertification.
- **Prescription Drugs** — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.
- **Preventive Services** — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.
- **UCR (Usual, Customary and Reasonable)** — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.
- **Urgent Care** — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

DISCLAIMER

The information in this benefits guide is presented for illustrative purposes. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the benefit guide, please contact the Human Resources team at (913)385-4664 or cvolanti@pvkansas.com

2024 ANNUAL NOTICES

You will find the following notices and reminders included in this document. Please read through the information below as some of the notices may directly affect you now, while others will be more important at other times in your life. Many of the notices are required by law and it is important to keep track of these forms whether they apply to you at this time or not. These are required communications and are information only; no action is required on your part.

- Medicare Part D Creditable Coverage Notice
- Medicaid/CHIP Premium Assistance Notice
- COBRA Rights Notice for Employees, Spouses and Dependents
- Marketplace Exchange Notice
- Women's Health and Cancer Rights Act Notice
- Special Enrollment Rights Notice
- Wellness Program Notice

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.

MEDICARE PART D CREDITABLE COVERAGE

Important Notice from City of Prairie Village 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 Prairie Village 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 Prairie Village has determined that the prescription drug coverage offered by the health 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 Prairie Village coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the City of Praire Village medical plan, **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 Prairie Village 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 Prairie Village changes. You also may request a copy of this notice at any time.

Contact: Cindy Volanti 913-385-4664

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).

Name of Entity/Sender:	City of Prairie Village
Contact--Position/Office:	Cindy Volanti
Address:	7700 Mission Road, Prairie Village, KS 66208
Phone Number:	913-385-4664

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 cover- age 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 dependentsmight 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.

MISSOURI-Medicaid	KANSAS-Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884

To see if any other states have added a premium assistance program since July 31, 2023, or for more information onspecial 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, anddisplays 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 personshall 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 1/31/2024)

INITIAL COBRA NOTICE *[FOR NEW HIRES OR NEW BENEFITS ELIGIBLE ONLY]*

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 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 Prairie Village, 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;
- 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 the Human Resources Department.

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.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

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

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

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

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

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

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

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

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

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

IF YOU HAVE QUESTIONS

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

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

PLAN CONTACT INFORMATION

Human Resources Department: Cindy Volanti 913-385-4664

This notice is intended as a brief outline; please see HR for more information.

MARKETPLACE COVERAGE OPTIONS *[FOR NEW HIRES ONLY]*

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.

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.1

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact City of St. Joseph's HR department.

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% 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.

Employer Name: City of Prairie Village

Employer Phone Number: 913-385-4664

Employer Address: 7700 Mission Road Prairie Village, KS 66208

Phone Number: 913-385-4664

Who can we contact about employee health coverage at this job? Human Resources

Email Address: cvolanti@pvkansas.com

Employer Identification Number (EIN): 48-6077081

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:
  - ☐ Full time employees, working a minimum 30 per week on a regular basis. Employees will be effective the 1st day of the month, following date of employment.
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are: Legal spouses and children to age 26.
  - ☐ We do not offer coverage.

☐ 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. Above is 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.

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 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.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

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: [insert deductibles and coinsurance applicable to these benefits]. If you would like more information on WHCRA benefits, contact Cindy Volanti in Human Resources at 913-385-4664.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2024. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

NOTICE OF PRIVACY PRACTICES

The City is subject to the HIPAA privacy rules. In compliance with these rules,it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide, 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

Wellness Program and Reasonable Alternatives Notice

City of Prairie Village Studios Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of reduced premium. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the reduced premium. Additional incentives may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at **:** 913-385-4664 or cvolanti@pvkansas.com

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as diabetes programs and condition management programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Prairie Village may use aggregate information it collects to design a program based on identified health risks in the workplace, City of Prairie Village Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is BCBSK. in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the City of Prairie Village wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources at **:** 913-385-4664 or cvolanti@pvkansas.com and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at **:** 913-385-4664 or cvolanti@pvkansas.com

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 Prairie Village's 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 Prairie Village medical 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 Human Resources at **:** 913-385-4664 or cvolanti@pvkansas.com

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide, 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

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.