



2021 Benefits Guide

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

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

Benefits for You & Your Family

A Message to our Employees

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, City of Augusta has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. The City is committed to providing a comprehensive benefits package to its employees for the following year and has made changes to its 2021 offerings.

We are pleased to announce our 2021 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are highlights of the City of Augusta benefits available during open enrollment:

- Medical, Dental, Vision & Prescription
- Life Insurance and AD&D
- Flexible Spending Accounts
- Wellness Plan
- Telemedicine
- Short Term Disability, Accident, Cancer
- Identity Theft Protection
- Pre-Paid Legal Services
- Employee Assistance Program
- Gym Membership
- Pet Insurance

Who is Eligible?

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

Generally, dependents are defined as:

- Your legal spouse
- Dependent "child" up to age 26
- *NOTE:* Documentation of dependent eligibility is required upon initial enrollment

When and How Do I Enroll?

Open enrollment will be conducted Dec 16 – Dec 21, 2020. All eligible employees are required to complete the enrollment process via the Paylocity benefits module, even if you do not wish to make any changes to your benefits. Make benefit choices carefully. You cannot change elections again until next open enrollment, or unless you have a qualified event mid-year.

When is My Coverage Effective?

For open enrollment, the effective date for your benefits is January 1, 2021.

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

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified event change in status. These changes must occur within 30 days of the date of the qualifying event.

Events include:

- Marriage
- Divorce
- Legal Separation
- Birth or Adoption
- Change in Dependent status
- Death Commencement
- Termination of Adoption
- Change in Employment Status
- Change in Coverage Under Another Employer-sponsored Plan
- Child Support Order
- Entitlement to Medicare/Medicaid

Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes. Contact Human Resources with questions at (316)775-4510 or email humanresources@augustagov.org.

Benefits Available to You:

This City of Augusta follows all IRS guidelines and legislation as it pertains to taxation of benefits. For your convenience, this chart shows the tax treatment by benefit.

Benefit	Who Pays	Tax Treatment
Medical Coverage	City of Augusta & You	Pre-tax
Dental Coverage	City of Augusta & You	Pre-tax
Vision Coverage	City of Augusta & You	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	City of Augusta	After-tax
Optional Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
KPERS Long Term Disability Coverage	City of Augusta	After-tax
Flexible Spending Accounts	You	Pre-tax
KPERS Retirement Savings Plan	City of Augusta & You	Pre-tax
AFLAC plans	You	Pre-tax & After-tax
ICMA-RC 457 / Payroll IRA	You	Pre-tax
Gym Membership Contribution	City of Augusta & You	After-tax
Legal Shield	You	After-tax
Pet Insurance	You	After-tax
Additional Non-Taxed Benefits		
Employee Assistance Program	City of Augusta	N/A
Fair Market Health	City of Augusta	N/A
Healthcare BlueBook	City of Augusta	N/A
Wellworks	City of Augusta	N/A

Medical Insurance

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

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

Prescription Coverage







Medtrak (aka Elixir) will continue to be the pharmacy benefit manager (PBM). They have a network of over 63,000 pharmacies for our members to access. For information on the pharmacy network, please visit www.medtrakservices.com.

2021: Formularies are updated at least annually. Please be sure to check out MedTrak/Elixir's formulary list to ensure your prescriptions are covered. If you have a scrip that isn't listed, there is likely an alternative option MedTrak/Elixir can help you to identify so you can confirm its usage with your doctor.

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

MY MEDTRAKRX MEMBER PORTAL: <https://www.medtrakrx.com/Members>

Members can create an account on MedTrakRx/Elixir's website to view important information regarding their prescription benefits. The website is built with a mobile-responsive design which allows Members to log-in to their account from any mobile device or tablet and access their information on a user-friendly interface.

 Pharmacy Locator Find network pharmacies by zip code or city and state	 Claims History View your prescription claims history and co-pay amounts	 Rx Price Finder Search for drug prices and lower cost alternatives	 Drug Search Find information on drug and health conditions
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Once members register on our website, they will gain access to a multitude of information and resources including:

- * Prescription Drug Claims, Cost and Copay Amount
- * Pharmacy Locator
- * HIPAA Confidentiality Forms
- * Instructions/Forms for Reimbursement (if applicable)
- * Price Finder
- * Lower Cost Prescription Alternatives
- * Preferred Drug Lists
- * Mail Order Pharmacy Provider
- * Ability to Research Drugs and Health Conditions
- * FAQs and More

Important Notes

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

Important Responsibility – When Using In-Network Providers

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

Fair Market Health – Free Healthcare Services!

When seeking healthcare, it can be very difficult to figure out exactly what services will cost you or the health plan. **With Fair Market Health (FMH), you can pay \$0 out of pocket for a wide range of healthcare services and FMH offers a flat rate to the health plan.** These rates are at a negotiated price for certain services and are provide by high quality local physicians and facilities. By utilizing FMH, you can help the City of August control health care costs leading to better controlled increases (maybe even decreases!) in health care premiums. Using FMH could result in significant savings for our health plan and we plan on sharing the savings with you.

When you utilize FMH on any applicable service, your deductible, copays, and coinsurance will be waived. **You and your dependents pay \$0 out of pocket.**

Some services available at FHM

- Shoulder arthroscopy
- MRI
- Medical & Lateral Meniscectomy Knee
- Rotator Cuff Repair Shoulder
- Carpal Tunnel Release
- Plantar Fasciotomy
- Inguinal, Bilateral, Incisional, Umbilical Hernia
- Lumbar Laminectomy
- Ear Single Tube Placement
- Septoplasty Nose
- Tonsillectomy
- Hysterectomy
- Upper GI
- Peripheral Intervention – Stent
- Treadmill Cardiology Testing
- Radiology and Lab services

How Fair Market Health Works

When employees enroll in FMH for services, the City of August pays the provider directly which leads to lower costs for health care.

After the service is complete, the invoice is sent to Meritain, our Third Party Administer, to account for any expenses the City paid for your care. FMH is easier on physicians since they are paid before services which allows them to lower the cost of care.

All services must be pre-authorized thru Meritain. Only services typically covered by the health plan will be eligible for coverage thru the City's partnership with FMH.

How to Use Fair Market Health:

1. Obtain pre-authorization for a procedure thru Meritain (your doctor typically does this)
2. Go to www.Fairmarkethealth.com
3. Sign In or Create an Account
4. Select a Procedure
Can't find your procedure? Contact FMH as it may be so new to the options that it's not yet on the website.
5. Follow the prompts to check out
6. Send a copy of your invoice to HR immediately (to ensure prompt payment)
7. The provider will call you to schedule
8. Complete your procedure
9. **Pay \$0 out of pocket.**


 Search Now



City of Augusta will again offer employees the opportunity to participate in a wellness activity that rewards you. The wellness activity rewards you twice! Complete your annual physical and submit the physicians form thru Wellworks to earn your rewards! Like 2020, for 2021, both the employee and the employee's spouse enrolled in the medical plan must complete the wellness activity thru Wellworks to earn the rewards.

Steps to Earn Rewards

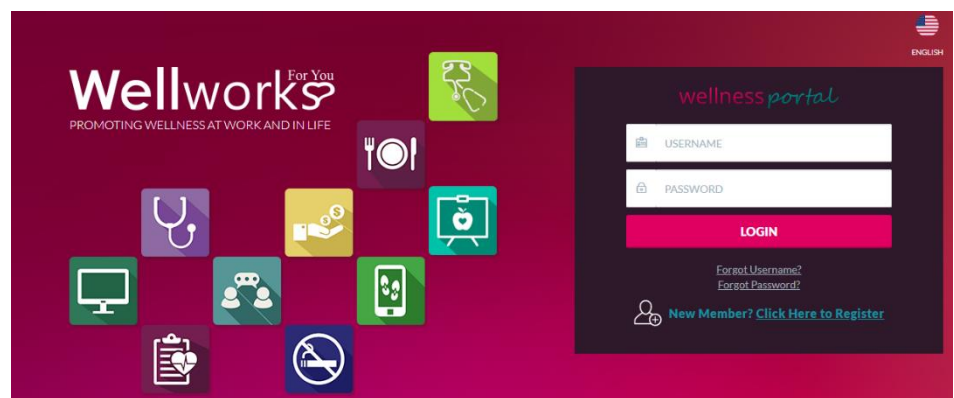
COMPLETE ANNUAL PHYSICAL AND SUBMIT PHYSICIAN RESULTS FORM TO WELLWORKS TO EARN 8 PTO HOURS AND A DISCOUNT OFF YOUR MEDICAL PREMIUM IN 2022

All employees and spouses enrolled on the City's medical plan must complete the Physician Results Form and submit it to Wellworks in order to be eligible for reduced medical premiums in 2022 and the 8 PTO hours for the employee. **If you both do not complete and submit the form, you will not be eligible, even if you have had your annual physical(s).**

- Wellworks Physician forms will be available to you on your benefit enrollment site and via Paylocity Community in January 2021. Take it to your doctor to be completed and submitted between **December 1, 2020 and November 30, 2021** to earn rewards. *(If you have had your physical Nov 30, 2020 - January 2021, have your physician complete and submit the form. You do not have to have a new physical or lab work.)*
- After Wellworks receives your completed physician form**, your completion will be reported by Wellworks to your HR Dept to receive your rewards credit. No personally identifiable information will be shared with the City, only aggregate data is provided (Ex. 23% of your responding workforce is pre-diabetic).
- You, as the employee, are responsible for ensuring your Wellworks forms (both yours and your spouse's if applicable) are received by the due date, December 1, 2021. Retain your fax or email confirmation for verification.**

Other Benefits of the Wellworks Program for You:

- Check out your personalized wellness portal!
- Attend webinars on topics such as financial wellness, mental wellness, and physical wellness.
- Review the monthly newsletter





My Health, My Time, myMERITAIN



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

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

With myMERITAIN you can:

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



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

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

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

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

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

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

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

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



Healthcare Bluebook™



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

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

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

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

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



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

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

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

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

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

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

Go Green to Get Green™

What is the Go Green to Get Green program?

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



How do I access Healthcare Bluebook?

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

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



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

Brought to you by:
TelaDoc, Inc.

Welcome to health care made simple



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

STEP 1

SET UP YOUR ACCOUNT

We've made it quick and easy to set up your account online. Simply visit the website and click "Set up account".

STEP 2

UPDATE YOUR MEDICAL HISTORY

Make sure the "My Medical History" tab is updated so the doctor has the information needed to provide an accurate diagnosis.

STEP 3

REQUEST A CONSULT

Teladoc doctors are available when you need care now. Request a consult anytime online or by phone.

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

Talk to a doctor anytime for Free

 Teladoc.com

 Facebook.com/Teladoc

 1-800-Teladoc

 Teladoc.com/mobile

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Dental Insurance

City of Augusta will continue to offer a dental program thru **Delta Dental of Kansas Premier Plan**. Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler, and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease. Dental care is an important part of maintaining your health. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Note: The dental plan is available to all eligible dependents. This includes your spouse and unmarried natural, step, and adopted children. Dependent children are eligible for coverage to the end of the month in which they reach age 26.

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



Employees are responsible to verify that services are being provided by a dentist in the Delta Dental of Kansas network. Verify participating providers at www.deltadentalks.com. Benefits will be significantly reduced when a non-participating provider is used.

Right Start 4 Kids (RS4K)
Children, age twelve (12) and under, receive coverage at 100% for all services covered under the plan.

Not subject to deductible, but plan's annual maximum and frequencies/limitations apply. Excludes orthodontics. Must see a Participating Premier or PPO Dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.

Vision Insurance

City of Augusta provides Vision Insurance thru **Superior Vision**. Practicing preventative care through periodic eye and vision examinations is important for early diagnosis and treatment of eye and vision problems, for maintaining good vision and eye health, and, when possible, for preventing vision loss.

Benefit Coverage	Superior Vision Plan															
	In Network provider	Out of Network provider														
Copay																
Routine Exams (Annual)	\$15 copay	Plan pays up to \$34														
Vision Materials																
Eye glass lenses (Single, Bifocal, Trifocal)	\$15 copay, covered every 12 months	Plan pays up to \$29 single, \$43 bifocal, \$53 trifocal, covered every 12 months														
Standard Lens Upgrades Scratch Coat Tints Anti-reflective Coat Polycarbonate High Index 1.6 Photochromic	<table border="1"> <thead> <tr> <th>Single Lenses</th> <th>Bifocal/Trifocal Lenses</th> </tr> </thead> <tbody> <tr> <td>\$13</td> <td>\$13</td> </tr> <tr> <td>\$25</td> <td>\$25</td> </tr> <tr> <td>\$50</td> <td>\$50</td> </tr> <tr> <td>\$40</td> <td>20% off retail</td> </tr> <tr> <td>\$55</td> <td>20% off retail</td> </tr> <tr> <td>\$80</td> <td>20% off retail</td> </tr> </tbody> </table>	Single Lenses	Bifocal/Trifocal Lenses	\$13	\$13	\$25	\$25	\$50	\$50	\$40	20% off retail	\$55	20% off retail	\$80	20% off retail	Plan pays up to \$53 retail
Single Lenses	Bifocal/Trifocal Lenses															
\$13	\$13															
\$25	\$25															
\$50	\$50															
\$40	20% off retail															
\$55	20% off retail															
\$80	20% off retail															
Contacts Covered in lieu of frames.	Elective contacts covered \$0 copay; up to \$150 allowance every 12 months	Up to \$100 allowance, every 12 months														
Medically necessary contacts	Covered at 100% of reasonable & customary charges	Plan pays up to \$210														
Contact Lens Fittings	Standard: Covered in Full Specialty: \$50 retail allowance	Not covered														
Frames	Up to \$150 allowance, every 12 months	Up to \$72 allowance, every 12 months														

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



Employee Premiums

The last two years were particularly tough for our health plan with multiple significant claims which resulted in a substantial increase to medical premiums for 2021. Unfortunately, the rising costs of healthcare are unavoidable. Which is why we've implemented programming like Healthcare Bluebook and Fairmarket Health to control costs. And why we continue to advocate to employees to treat healthcare much like buying a car. Excluding emergencies, consider your options – is there a good quality, lower cost option for that procedure? Are you getting the best price available for that new dental crown? Is a 10-minute drive to an alternate lab a better, more cost-effective option for that second round of lab work? It is imperative that we act as good consumers of our health benefits and connect with our physicians early to mitigate significant risk events.

Despite these increases, what remains is the **City paying 91% of the cost of premiums** with the employee paying only 9%.

As in years past, the City continues to bundle premiums for the core health benefits of Medical, Dental, Vision, and Prescription. Below are the premiums broken out by pay period (26 pay periods) and annually.

WELLNESS Plan Type	2021 Bi-Weekly Premiums			2021 Annual Premiums		
	Employee	City	Total	Employee	City	Total
Employee Only	\$27.05	\$273.54	\$300.59	\$703.30	\$7,112.04	\$7,815.34
Employee + Child(ren)	\$47.90	\$483.87	\$531.77	\$1,245.40	\$12,580.62	\$13,826.02
Employee + Spouse	\$54.20	\$547.78	\$601.98	\$1,409.20	\$14,242.28	\$15,651.48
Employee + Family	\$81.00	\$818.78	\$899.78	\$2,106.00	\$21,288.28	\$23,394.28

NON-WELLNESS Plan Type	2021 Bi-Weekly Premiums			2021 Annual Premiums		
	Employee	City	Total	Employee	City	Total
Employee Only	\$39.55	\$273.54	\$313.09	\$1,028.30	\$7,112.04	\$8,140.34
Employee + Child(ren)	\$60.40	\$483.87	\$544.27	\$1,570.40	\$12,580.62	\$14,151.02
Employee + Spouse	\$66.70	\$547.78	\$614.48	\$1,734.20	\$14,242.28	\$15,976.48
Employee + Family	\$93.50	\$818.78	\$912.28	\$2,431.00	\$21,288.28	\$23,719.28



Flexible Spending Accounts

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

How an FSA works:

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

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- Your plan year runs from Jan 1, 2021 – Dec 31, 2021. You have a grace period until March 15 following the end of the plan year to spend remaining funds. Anything remaining after March 15 is forfeited.

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

2021 FSA Options			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Minimum contribution is \$260 per year Maximum contribution is \$2750 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Minimum contribution is \$260 per year Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

Important Information About FSAs

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

BY REDUCING YOUR TAXABLE INCOME WITH AN FSA, **YOU SAVE** FICA, FEDERAL, STATE, AND LOCAL TAXES AND INCREASE YOUR TAKE-HOME PAY.

An FSA allows you to contribute money into an account with each paycheck to pay for qualified expenses on a pre-tax basis. You can then use these tax-free funds to pay for qualified out-of-pocket medical costs and other eligible expenses. With an FSA, you save FICA, federal, state, and local taxes by reducing your taxable income, an increasing your take-home pay.

HOW IT WORKS

Example: An employee makes \$2,000 each month and decides to participate in their employer's Flexible Spending Account. As a result, their insurance premiums and health and daycare expenses are paid with tax-free dollars, giving them an additional \$100 each month!

Without the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Net Earnings	\$1,100

With the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Adjusted Gross Earnings	\$1,600
FICA, Federal, State Taxes	- \$400
Net Earnings	\$1,200

FSAs MADE EASY

You have 24/7 access to your FSA benefit plan and funds. With the self-service portals, modern mobile app, and debit smart card, manage your account anywhere, anytime. We make accessing TPA benefit plans convenient and intuitive with:



Self-Service Employee Portal

Fully engage with benefit accounts and funds with our HIPAA-compliant portal. Enroll in benefits, submit claims, upload receipts, track expenses, view balances and activity, and much more.



Mobile App

Conveniently access your FSA balances, submit claims, and more with our Mobile App! Rest easy knowing sensitive account information is never stored on the device and secure encryption is used to protect all transmissions.



Debit Smart Card

Pay for qualified expenses with a debit card loaded with account balances. No more claim forms. No more paying out-of-pocket. No more hassle.

Life & Long-Term Disability Coverage

All State of Kansas Public Employers (KPER/KP&F) Pension program members coverage includes life insurance of 150% of annual salary and Long-Term Disability. The City pays for these benefits.

Long-term disability insurance is an insurance policy that provides income replacement for workers if they become unable to work due to an illness or injury so they can continue paying bills and meeting financial goals and obligations. It's an essential part of being fully insured.

Life and Accidental Death & Dismemberment (AD&D) Insurance



Basic Life and AD&D Insurance

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

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

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



Voluntary Life and AD&D Insurance

You also have the opportunity to purchase Voluntary Life with Accidental Death & Dismemberment (AD&D) Insurance for yourself, your spouse, and dependent children to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability. Your cost for this coverage is based on the amount you elect and your age. You must purchase Voluntary Life with AD&D Insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. Your AD&D amount will automatically match the amount of Voluntary Life insurance you elect.

Coverage	Available Benefit
Employee \$10,000 increments	\$10,000 to \$300,000* Guaranteed Issue \$150,000
Spouse \$5,000 increments	Lesser of \$300,000 or 100% of Employee's Voluntary Life Insurance Amount Guaranteed Issue \$30,000
Dependent Child(ren) \$2,000 increments	to age 25years, \$2,000 increments to max \$10,000 All Guaranteed Issue

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

Voluntary Life/AD&D Rates:

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

To calculate premium:

Find the rate for your age in the table above x amount of insurance requested

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

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

Child(ren) Life/AD&D rate per month:

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

ADDITIONAL RESOURCES INCLUDED

The Standard provides additional benefits to covered employees.

Travel Assistance provides assistance with pre-trip planning, medical assistance services, emergency transportation services, travel and technical assistance services and legal referral.

The **Life Services Toolkit** helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or funeral, and address financial concerns. Additionally, all covered employees will have access to online will preparation and estate planning documents as well as articles to help deal with identity theft, improve wellness, and more.

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

Important: Evidence of Insurability is required for ALL coverage above the Guaranteed Amounts. Evidence of Insurability will be required for all employees initially declining coverage.



Aflac

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

For additional information and to formally enroll, contact Aflac representative Gail Coe at (316) 765-1188.

- **Accident Advantage**

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking to work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

Coverage includes:

- Wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, and more.
- Benefits payable for initial treatment, X-rays, and more.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits.

- **Short-Term Disability**

Short-term disability is a type of insurance benefit that provides compensation or income replacement for non-job-related injuries or illnesses that render you unable to work for a limited time period. Your premiums are based on multiple factors including your salary and the length of waiting period before benefits start paying.

- **Cancer Indemnity Insurance (2 Options Available)**

Aflac cancer protection assurance helps cover innovative treatments with benefits that really care for you as a whole person. From prevention to recovery, Aflac is with you every step of the way. Choose the policy and riders that fit your needs. Check out the plan document for more information.

- **Critical Care Protection**

This policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging and therapy.

- **Choice Hospital Confinement Indemnity**

Aflac Choice offers best selection of hospital-related benefits to help with expenses not covered by major medical, which can help prevent high deductibles and out of pocket expenses from derailing your life plans.

Choose the policy that fits your needs:

- Hospital Confinement - pays \$500 - \$2,000 once per year, per covered person.
- Daily Hospital Confinement - pays \$100 per day, per covered person, for up to 365 days.
- Hospital Intensive Care Unit Confinement - pays \$50 per day, per covered person, for up to 360 days.

- **Hospital Intensive Care** (grandfathered plan for those on it when it sunset)

LegalShield & IDShield

LegalShield offers affordable legal access for all, giving you the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs. That's why, under the protection of LegalShield, you or your family can live your lives worry free. Then, as ID theft and privacy concerns became a larger problem for members, LegalShield took the best parts of its legal plans, built cutting edge technology and leveraged its provider network to develop the most comprehensive identity monitoring and restoration services available today.

For additional information and to enroll, contact LegalShield representative Kevin Ingwerson at (316) 250-2935.

The **LegalShield** Membership includes:

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

The **IDShield** Membership includes:

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

The **Law Officers Legal Plan** Membership includes:

- On and off the job coverage
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
- Tragic Accident Representation
- *Recommended for Law Enforcement in lieu of a LegalShield plan*

The **Gun Owner Supplement** includes:

- Emergency Access for Firearm Incident
- Trial Defense for Gun Related Matters (60 total hours)
- Consultation – includes 24/7/365 live support for covered emergencies
- *Requires a LegalShield or Law Officers Legal Plan to enroll*

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

MEMBERPERKS Discounts on up to 450+ popular brands like Verizon, MLB, Skechers and HP.

RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:

 APPAREL	 HOME SERVICES
 AUTOMOTIVE	 INSURANCE & PROTECTION SERVICES
 BOOKS, MOVIES & MUSIC	 OFFICE & BUSINESS
 CELL PHONES	 REAL ESTATE & MOVING SERVICES
 ELECTRONICS	 SPORTS & OUTDOORS
 FINANCE	 TICKETS & ENTERTAINMENT
 FLOWERS & GIFTS	 TRAVEL
 FOOD	
 HEALTH & WELLNESS	

KPERS/KP&F State Retirement System

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



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

1. Kansas Public Employees Retirement System (KPERS)

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

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

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



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

Eligibility

Full time employees are eligible immediately upon hire and wages are deducted and submitted to KPERS on the employees' behalf.

Employee Contributions

KPERS has a mandatory **6%** contribution amount by the employee. The City contributes an additional mandated amount. Currently this rate is approximately **9.87%**.

KP&F has a mandatory **7.15%** contribution amount by the employee. The City contributes an additional mandated amount. Currently this rate is approximately **22.8%**.

Questions? Contact KPERS directly:

✉ kpers@kpers.org ☎ Toll-free: 1-888-275-5737 or Topeka: 785-296-6166



ICMA-RC 457 Deferred Compensation Plan



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

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

To learn more or enroll in an ICMA-RC account, contact Human Resources or ICMA-RC directly.

457 Limitations	Contribution Limits	
	2020	2021
Annual Deferral Limits for 457 Plans	\$19,500	\$19,500
“Pre-Retirement” Catch-Up Limit	\$19,500 (\$39,000 total)	\$19,500 (\$39,000 total)
“Age 50” Catch-Up Limit	\$6,000 (\$25,500 total)	\$6,000 (\$25,500 total)

Voluntary ICMA-RC PAYROLL IRA

An **ICMA-RC Payroll IRA** is a simple, convenient, and voluntary way to fund a Roth or Traditional IRA.

Benefits to this account include:

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

Payroll IRA (Roth) Limitations	Contribution Limits	
	2020	2021
Annual Deferral Limits for IRA Plans	\$6,000	\$6,000
“Age 50” Catch-Up Limit	\$7,000	\$7,000

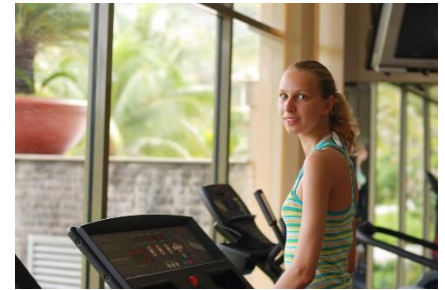
Wellness Support

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, the City of Augusta Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.

Gym Membership

YMCA Benefit

- 9 Greater Wichita Area Locations to utilize
- \$16.67 towards monthly cost of YMCA Membership
 - Cost to You Monthly: Single \$13.80, Family \$28.90
 - Cost to You Annually: Single \$165.60, Family \$ 346.80
(Rates are subject to change per gym discretion)
- Billed monthly thru personal bank draft
- Employees can sign up/terminate at any Greater Wichita YMCA location.



Employee Assistance Program

For more than 30 years, EMPAC has provided assistance, counseling and education to employees and their families to help them live healthy, balanced lives. This benefit, provided by the City of Augusta, provides the following for you, your spouse, and your dependents residing in your household: personal or family issues, including mental health, substance abuse, marital problems, parenting challenges, emotional issues, as well as financial and legal concerns.



Some examples of specific services include:

- **Telephone Consultation** – 24/7 with a counselor
- **Counseling Sessions** – up to THREE in person PER ISSUE at NO COST.
- **Legal Consultation** – with an attorney.
Up to 30 minutes via phone or in person, with a 25% discount for attorney fees if, after the free consultation, the situation requires hiring an attorney.
- **Money Management** –wide range of personal financial services e.g. budgeting, debt reduction, savings strategies, etc.
- **Web-based Resources** – located on the website for self-help
- **Employee Training** – in-person, online & on-site
- **Monthly Newsletters** – Employee, Supervisor, and “Lifestyle Tips”

This is a brief overview of Empac’s services. If you have further questions or need to schedule a confidential appointment, simply call 316-265-9922 or 800-234-0630 or visit www.empac-eap.com.

Paid Time Off to complete Annual Preventative Exam

The City wants you to nurture a relationship with your primary care physician and catch concerns early to promote your health and wellness. To do so, the City provides one day, 8 hours, of paid time off just for this reason. If you’re a planner you may be able to get your annual vision and dental exams done on this day as well!

Nationwide Pet Insurance



Pet insurance pays, partly or in total, for veterinary treatment of the insured person's ill or injured pet. Some policies will pay when pets pass on, or if the pet is lost or stolen.

Unbeatable Coverage, Unbeatable Price

90%

reimbursement†

Add wellness coverage

- Wellness exams
- Spay or neuter
- Flea and tick
- Vaccinations
- Dental cleaning
- And more

Pre-existing conditions are not covered

\$250 annual deductible
\$7,500 max annual benefit

\$20.82/paycheck*

Preferred pricing included

70%

reimbursement†

Add wellness coverage

- Wellness exams
- Spay or neuter
- Flea and tick
- Vaccinations
- Dental cleaning
- And more

Pre-existing conditions are not covered

\$250 annual deductible
\$7,500 max annual benefit

\$16.66/paycheck*

Preferred pricing included

50%

reimbursement†

Add wellness coverage

- Wellness exams
- Spay or neuter
- Flea and tick
- Vaccinations
- Dental cleaning
- And more

Pre-existing conditions are not covered

\$250 annual deductible
\$7,500 max annual benefit

\$12.49/paycheck*

Preferred pricing included

Boarding or Kennel Fees:

At a licensed kennel if the member or a family member is hospitalized as a result of injury or illness. Coverage is limited to a maximum annual benefit of \$500.

Advertising and Reward:

If an insured pet is stolen or strays during the policy term. Coverage is limited to a maximum annual benefit of \$500.

Loss Due to Theft or Straying:

Price the member paid for their pet if their pet is stolen or goes missing during the policy term and is not found within sixty (60) days. Pet replacement coverage is limited to a maximum benefit of \$500.

Mortality Benefit:

Covered veterinary expenses that are incurred during the policy term for fees associated with the death of an insured pet due to injury or illness.

Pet replacement coverage is limited to a maximum benefit of \$1,000. Additional options exist to cover birds/exotic animals.



Friendly, Expert Pet Advice

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

1-855-331-2833

When it comes to your pet's health, no concern is too big or too small.

Talk to a vet now
We're live and ready to help in real time.

📞 Call **1-855-331-2833**

💬 Chat live

Friendly, expert advice

We're available 24/7 to provide free guidance, from general questions to identifying urgent care needs—because early detection is crucial for preventing small problems from becoming big ones.

All of our vets are based in the U.S. and have years of clinical experience.

*Vet Helpline is available to all pet owners. Your helpline visit is complimentary for a visit to your primary veterinarian.

How it works

The Vet Helpline is there when you need it—and it's only from VPI®, a Nationwide® company.

- Covers cats and dogs
- Free to VPI® members (\$170 value)
- Talk to a veterinarian
- Unlimited access

Info to have when you call

- Your VPI policy number
- Your primary concern
- Your pet's symptoms and how long they've been going on
- Any other health problems
- Current medications
- Package label if a potentially poisonous substance was ingested

Facebook Twitter LinkedIn YouTube Instagram

Leave, Holidays & Other Benefits

Vacation Leave

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

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

Sick Leave

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

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

Family Medical Leave & Other Leave Options

Birth of a Child, Military Leave, Shoulder surgery. Circumstances may avail that require a leave of absence, be it continuous or intermittent. If/when those circumstances occur, contact Human Resources to learn about options available to you. It's imperative that leaves be processed and documented with HR as your benefit coverages may depend on it. You can find more information on leave options in your Employee Handbook.

Holidays

- New Year's Day – January 1*
- President's Day – 3rd Monday in February
- Memorial Day – Last Monday in May
- Independence Day – July 4*
- Labor Day – 1st Monday in September
- Veteran's Day – November 11 or as nationally recognized
- Thanksgiving – 4th Thursday in November and Friday following
- Christmas – December 25 and either the day prior to or the day following December 25

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

Longevity Pay

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

Congratulations! If you're reading this, send an email to humanresources@augustagov.org with subject line "Benefits Guide" to be entered into a drawing for a box of holiday treats!



USI

Why won't they pay my claim?

Services denied?!

How can my claim still be "in process"? It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

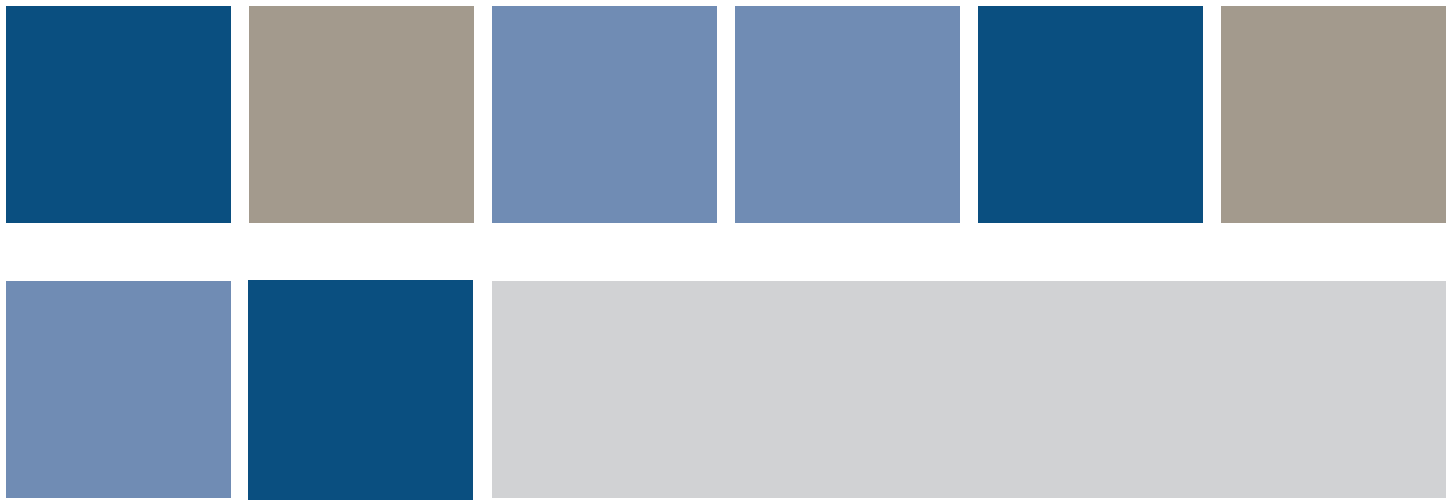
Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance.

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service—and more!

Benefit Resource Center

BRCMT@usi.com | Toll Free: 855-874-0742
Monday through Friday 8:00am to 7:00pm Central Time



Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Meritain Health (TPA)	800-925-2272	www.meritian.com
Prescription Rx	MedTrak/Elixir	800-771-4648	www.medtrakservices.com
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Zero Cost Healthcare Services	Fair Market Health	316-655-2992	www.fairmarkethealth.com
Healthcare Transparency Tool	Healthcare BlueBook	800-341-0504	www.meritain.com
Wellness Program	Wellworks For You	800-425-4657	www.wellworksforyoulogin.com
Dental PPO	Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
Vision	Superior Vision Services, Inc.	800-507-3800	www.superiorvision.com
Life and AD&D/Vol Life	Standard Insurance Company	800-628-8600	www.standard.com
Public Employees Retirement, LTD, Life, AD&D	KPERS, KP&F	888-275-5737	www.kpers.org
Voluntary Retirement Plan	ICMA-RC	800-669-7400	http://www.icmarc.org
Employee Assistance Plan	Empac	800-234-0630 316-265-9922	www.empac-eap.com
Flexible Spending Account	Paylocity	800-520-2687	www.paylocity.com
Pet Insurance	Nationwide	877-738-7874	www.petsnationwide.com
Accident	AFLAC	316-260-4100	www.aflac.com
Prepaid Legal & ID Theft	Legal Shield	800-654-7757	www.legalshield.com

City of Augusta Human Resources

Contact HR anytime by emailing humanresources@augustagov.org or by calling 316-775-4510.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

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

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

NOTICE REGARDING WELLNESS PROGRAMS

Wellworks is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary annual preventative well exam. Your healthcare provider who conducts your exam may ask questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the exam or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of 8 hours of paid time off for to utilize for wellness purposes. Although you are not required to complete the physical or participate in the biometric screening, only employees who do so will receive 8 hours of paid time off.

If you are unable to participate in the exam required to earn the incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources dept.

The information from your exam and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your concerns with your doctor.

Protections from Disclosure of Medical Information

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

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

In addition, no medical information is required to be submitted to earn your incentive through the wellness program, and no information you provide as part of the wellness program will be used in making any employment decision. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Dept at the City of Augusta.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Makala Navarro
113 W 6th Ave
Augusta, Kansas United States 67010
316-775-4510
mnavarro@augustagov.org

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

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

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

Your Choices

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

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

Our Uses and Disclosures

We may use and share your information as we:

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

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

In these cases, you have both the right and choice to tell us to:

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

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

- In these cases, we never share your information unless you give us written permission: Marketing purposes, Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

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

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

Pay for your health services

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

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

Administer your plan

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

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

Run our organization

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

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

How else can we use or share your health information?

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

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

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

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

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

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

Changes to the Terms of this Notice

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

Other Instructions for Notice

- 1/1/2021
- Makala Navarro, Human Resources Manager, (316)775-4510

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

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **City of Augusta has determined that the prescription drug coverage offered by the City of Augusta is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current **City of Augusta** coverage will not be affected.

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

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

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

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

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

Contact the person listed below for further information or call Human Resources Dept at (316)775-4510. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Augusta changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	01/01/2021
Name of Entity/Sender:	City of Augusta
Contact--Position/Office:	Human Resources Manager
Address:	113 E 6 th , Augusta, KS 67010
Phone Number:	(316)775-4510

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

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

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

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

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

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

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p>CALIFORNIA – Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>MAINE – Medicaid</p>	<p>NEW JERSEY – Medicaid and CHIP</p>

<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
OREGON – Medicaid	VERMONT– Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
TEXAS – Medicaid	WYOMING – Medicaid
<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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

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

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

Paperwork Reduction Act Statement

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

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



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

PART A: General Information

OMBNo.1210-0149

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

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

¹ An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

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

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

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

Regular employees working 30 hours per week or more

- With respect to dependents:
 We do offer coverage. Eligible dependents are:

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

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

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

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

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- An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)