# Employee Benefit Guide

July 1, 2019 -
June 30, 2020

City of Riverside • 2950 NW Vivion Rd • Riverside, MO 64150

# Meet Your Bukaty Service Team

**Scott Hefner**
Vice President
shefner@bukaty.com
913-396-0860

Scott oversees all aspects of your employee benefits program.

**Jeff Walstrom**
Benefits Consultant
jwalstrom@bukaty.com
913.647.3981

Jeff oversees all aspects of your benefits program

**Deborah Fabrizius** - Dedicated Account Coordinator - dfabrizius@buktya.com, Direct Line: 913.258.2243

Deborah's key objective is to provide a smooth experience for clients establishing group benefits for the first time, renewing current plans or changing carriers and benefits. She helps coordinate all the moving pieces needed for a successful underwriting and implementation process. She also provides ongoing support to clients and their employees for questions regarding ID cards, claims, billing, enrollments, changes, terminations, or other customer service needs.

**Alex Frihart** – New Business/Renewal Specialist, afrihart@bukaty.com, Direct Line: 913.222.5222

Alex joined Bukaty Companies in 2019 as a New Business/Renewal Specialist. She works with carriers to obtain competitive health insurance quotes for both prospects and clients, prepares comparison spreadsheets, and assists in the group renewal process.

**Enrollment Support Help Desk**
enrollmentsupport@bukaty.com 913.345.0440.
Please contact our Help Desk for any Employee Navigator questions or issues.

*This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.*

Bukaty Companies
4601 College Avenue
Leawood, KS 66221
Phone: 913.345.0440
Fas: 913.345.2608
www.bukaty.com

BUKATY COMPANIES
*Expertise you experience*

# IMPORTANT INFORMATION

## WELCOME

The City of Riverside provides a wide range of employee benefits for you and your dependents and encourages you to thoroughly evaluate your needs and the needs of your family before enrolling or declining to participate in any of the benefit plans. This Benefits Guide contains an overview of some elements of the employee benefit plans sponsored by City of Riverside. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) as described by the Employer Retirement Income Security Act. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language in the Plan Documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Riverside. Each plan may be amended or terminated at the sole discretion of the City of Riverside. Nothing in this guide is intended to guarantee employment of any employee with the City of Riverside.

## ELIGIBILITY

**Employee** - All active full time employees working 30 more or hours per week are eligible to enroll in the group medical insurance plan. New employees are eligible the first of the month following date of hire.

**Dependents** - As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse
- Your dependent child or step child up to age 26 for medical, dental and vision
- Any child placed with you for adoption or for whom you have legal guardianship
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order

## OPEN ENROLLMENT

Open Enrollment is the one time during the year employees may elect to enroll, change how enrolled or waive coverage without a qualifying life event. The Open Enrollment Period occurs in early May and your benefit elections will be effective on July 1. Employees who choose not enroll at time of hire, may only be able to enroll during an open enrollment period. Since premiums are paid through a Section 125 Plan, you will not be able to terminate coverage until the next open enrollment period, unless you terminate employment or have a qualified Election Change Event.

## QUALIFYING EVENT

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 30 days following a Qualifying Life Event including:

- Birth or adoption of a dependent child
- Marriage, legal separation, annulment, or divorce
- Death of spouse and/or dependent
- Dependent's loss of eligibility (see above)
- Termination or commencement of spouse's employment with health care coverage offered or open enrollment
- Employee or spouse's eligibility for Medicare

## GLOSSARY

**Copay or Copayment** is an amount you pay for a specific covered medical service such as office visits, emergency room visits and prescription drugs. Copays are usually collected by the provider when you receive service.

**Deductible** is the amount you pay 100% before the insurance company begins to pay.

**Coinsurance** is the shared payment by you and the insurance company after your deductible is satisfied.

**Out-of-pocket Limit** is the total amount you pay for covered services including the deductible, coinsurance and copayments.

**Contracting Providers** contract with the insurance company's Preferred Provider Organization (PPO) and agree to accept a discounted payment for their services. The contracting provider agrees not to bill you for the difference between their normal fee and the discounted payment.

**Non-contracting Providers** do not contract with the insurance company. Non-contracting providers do not offer discounted fees and will probably bill you for the difference between the non-contracting provider's fee and the insurance company's "allowed" amount. This amount can be significant. The insurance company also requires you to pay more coinsurance for services received from a non- contracting provider.

**Emergency Room** services should only be used for emergency situations. If the emergency room determines your condition was not an emergency, the charges may be denied by the insurance company. Only use the emergency room for emergencies.

## EFFECTIVE DATES

- New employees are eligible for all insurance benefits effective the first of the month following date of hire.
- Parents have 30 days following the birth or adoption of a child to add the child to the insurance plans.
- New employees and eligible dependents must enroll within 30 days of their eligibility date.
- Insurance benefits cease on the last day of the month following the date of separation.
- Insurance plans renew with new rates and plan summaries on July 1 each year.

# Medical: BCBS of Kansas City

BlueCross BlueShield of Kansas City

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact Blue Cross Blue Shield of KC at 888.989.8842 or visit www.bluekc.com. Deductibles run calendar year. Network: **Preferred Care Blue.**

## BASE PLAN

| PCB BlueSaver $4000 Deductible HSA | Network | Non-Network |
|---|---|---|
| Deductible - Individual/Family (per calendar year) | $4,000 / $8,000 | $4,000 / $8,000 |
| Out-of-Pocket Maximum - Individual/Family (per calendar year) | $5,500 / $11,000 | $11,000 / $22,000 |
| Co-Insurance | 80% | 60% |
| Routine Preventive Care | 100% | Deductible + Co-Insurance |
| Office Visit – PCP | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Office Visit - Specialist | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Urgent Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Emergency Services | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Hospital Inpatient Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Hospital Outpatient Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Retail Pharmacy Drug Coverage - Tier 1/Tier 2/Tier 3/Tier 4 | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Mail Order Pharmacy Drug Coverage - Tier 1/Tier 2/Tier 3 | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Lifetime Maximum | Unlimited | |

| Employee Rates | Employee Only | Employee/Spouse | Employee/Child | Family |
|---|---|---|---|---|
| **Monthly Rates** | **$0.00** | **$280.74** | **$280.74** | **$332.77** |
| **Per Pay Rates** | **$0.00** | **$140.37** | **$140.37** | **$166.39** |
| **Total Premium Costs** | **$484.03** | **$1,122.94** | **$1,122.94** | **$1,331.07** |

**The amount City of Riverside contributes to your HSA on this plan is $100/month ($1,200/year)**

# Medical: BCBS of Kansas City

BlueCross BlueShield of Kansas City

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact Blue Cross Blue Shield of KC at 888.989.8842 or visit www.bluekc.com. Deductibles run calendar year. **Network: Preferred Care Blue.**

## Buy-Up Option 1 - $3,000 Deductible

| HDHP PPO $3000 Deductible | Network | Non-Network |
|---|---|---|
| Deductible - Individual/Family (per calendar year) | $3,000 / $6,000 | $3,000 / $6,000 |
| Out-of-Pocket Maximum - Individual/Family (per calendar year) | $5,000 / $10,000 | $10,000 / $20,000 |
| Co-Insurance | 80% | 60% |
| Routine Preventive Care | 100% | Deductible + Co-Insurance |
| Office Visit – PCP | $40 Copay | Deductible + Co-Insurance |
| Office Visit - Specialist | $40 Copay | Deductible + Co-Insurance |
| Urgent Care | $40 Copay | Deductible + Co-Insurance |
| Emergency Services | $100 Copay+Ded+Coins | $100 Copay+Ded+Coins |
| Hospital Inpatient Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Hospital Outpatient Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Retail Pharmacy Drug Coverage - Tier 1/Tier 2/Tier 3/Tier 4 | $15/$70/$110/$200 | Copay+50% Co-Insurance |
| Mail Order Pharmacy Drug Coverage - Tier 1/Tier 2/Tier 3 | $37.50/ $175/ $275 | $37.50/ $175/ $275+50% Coins. |
| Lifetime Maximum | Unlimited | |

| Employee Cost | Employee Only | Employee/Spouse | Employee/Child | Family |
|---|---|---|---|---|
| **Monthly Rates** | **$0.00** | **$311.75** | **$311.75** | **$388.06** |
| **Per Pay Rates** | **$0.00** | **$155.88** | **$155.88** | **$194.03** |
| **Total Premium Costs** | **$540.50** | **$1,253.95** | **$1,253.95** | **$1,486.36** |

## Buy-Up Option 2 - $1,000 Deductible

| Base Plan PPO $1000 Deductible | Network | Non-Network |
|---|---|---|
| Deductible - Individual/Family (per calendar year) | $1,000 / $3,000 | $1,000 / $3,000 |
| Out-of-Pocket Maximum - Individual/Family (per calendar year) | $4,000 / $8,000 | $8,000 / $16,000 |
| Co-Insurance | 80% | 50% |
| Routine Preventive Care | 100% | Deductible + Co-Insurance |
| Office Visit – PCP | $30 Copay | Deductible + Co-Insurance |
| Office Visit – Specialist | $30 Copay | Deductible + Co-Insurance |
| Urgent Care | $30 Copay | Deductible + Co-Insurance |
| Emergency Services | $100 Copay+Ded+Coins | $100 Copay+Ded+Coins |
| Hospital Inpatient Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Hospital Outpatient Care | Deductible + Co-Insurance | Deductible + Co-Insurance |
| Retail Pharmacy Drug Coverage - Tier 1/Tier 2/Tier 3/Tier 4 | $15/$70/$110/$200 | Copay+50% Co-Insurance |
| Mail Order Pharmacy Drug Coverage - Tier 1/Tier 2/Tier 3 | $37.50/ $175/ $275 | $37.50/ $175/ $275+50% Coins. |
| Lifetime Maximum | Unlimited | |

| Employee Cost | Employee Only | Employee/Spouse | Employee/Child | Family |
|---|---|---|---|---|
| **Monthly Rates** | **$61.34** | **$555.05** | **$555.05** | **$676.46** |
| **Per Pay Rates** | **$30.37** | **$277.53** | **$277.53** | **$338.23** |
| **Total Premium Costs** | **$645.37** | **$1,497.25** | **$1,497.25** | **$1,774.76** |

# Medical: BCBS of Kansas City

BlueCross BlueShield of Kansas City

You are eligible to participate in the employee benefit plan on the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact Blue Cross Blue Shield of KC at 888.989.8842 or visit www.bluekc.com. Deductibles run calendar year.
**Network: BlueSelect Plus on both Spira Care Plans.**

## BSP HSA Spira Care EPO

| BSP SPIRA CARE $3,000 Deductible | In-Network | Non-Network |
|---|---|---|
| Deductible - Individual/Family (per cal. year) | $3,000 / $6,000 | Not Covered |
| Out-of-Pocket max. - Individual/Family (per cal. year - *includes deductible*) | $3,000 / $6,000 | Not Covered |
| Co-insurance | 100% | Not Covered |
| Office Visit Copay | Deductible | Not Covered |
| Routine Preventive Care | 100% | Not Covered |
| Retail Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3 | Deductible | Not Covered |
| Mail order Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3 | Deductible | Not Covered |
| Urgent Care | Deductible | Not Covered |
| Inpatient Hospital Care | Deductible | Not Covered |
| Outpatient Hospital Care | Deductible | Not Covered |
| Emergency Services | Deductible | Deductible |

| Employee Rates | Employee Only | Employee/Spouse | Employee/Child | Family |
|---|---|---|---|---|
| **Monthly Rates** | **$0.00** | **$227.50** | **$227.50** | **$262.19** |
| **Per Pay Rates** | **$0.00** | **$113.75** | **$113.75** | **$131.10** |
| **Total Premium Costs** | **$443.69** | **$1,029.36** | **$1,029.36** | **$1,220.15** |

**The amount City of Riverside contributes to your HSA on this plan is $140.34/month ($1,684.08/year)**

## BSP - $1,500 Spira Care

| BSP SPIRA CARE $1,500 Deductible | In-Network | Non-Network |
|---|---|---|
| Deductible - Individual/Family (per cal. year) | $1,500 / $3,000 | Not Covered |
| Out-of-Pocket max. - Individual/Family (per cal. year - *includes deductible*) | $1,500 / $3,000 | Not Covered |
| Co-insurance | 100% | Not Covered |
| Office Visit Copay | $0 Copay in Spira Care Facility | Not Covered |
| Routine Preventive Care | 100% | Not Covered |
| Retail Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3 | $15/ $50/ Deductible | Not Covered |
| Mail order Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3 | $15/ $125/ Deductible | Not Covered |
| Urgent Care | $0 Copay in Spira Care Facility | Not Covered |
| Inpatient Hospital Care | Deductible | Not Covered |
| Outpatient Hospital Care | Deductible | Not Covered |
| Emergency Services | Deductible | Deductible |

| Employee Rates | Employee Only | Employee/Spouse | Employee/Child | Family |
|---|---|---|---|---|
| **Monthly Rates** | **$0.00** | **$218.17** | **$218.17** | **$277.14** |
| **Per Pay Rates** | **$0.00** | **$109.09** | **$109.09** | **$138.57** |
| **Total Premium Costs** | **$500.16** | **$1,160.37** | **$1,160.37** | **$1,375.44** |

**Blue Select Plus Spira Care are limited network Plans. Please make sure your providers are in-network**

# Spira Care– Primary Care Reimagined

Members have easy access and support in navigating toward their healthiest self.

**SIMPLIFIED MEMBER EXPERIENCE** | **PROVIDER COST & QUALITY INCENTIVE STRUCTURE** | **GROUP SAVINGS AND BETTER OUTCOMES**

## A simplified member experience

Spira Care offers a new approach to healthcare paired with a support team that enhances primary care in their lives. Every aspect of the member's experience has been redeveloped to create simplicity, transparency and access.

## A coordinated approach to quality care

We are working with one of the highest-rated Blue KC Medical Home provider groups to staff the care centers and create an enhanced member experience including: proactive patient outreach, expanded hours, chronic condition management, member care plans and transparency for costs of services outside Spira Care.

## Primary care and behavioral health at no additional cost

Spira Care is the first plan in Kansas City to offer comprehensive primary care and behavioral health services at no additional cost to the member, bringing simplicity and peace of mind. Spira Care will offer an array of free services to the member including: primary care visits (preventative/non-preventative), routine behavioral health services, lab draws, X-rays and more. Services outside of Spira Care, like a specialist visit with a doctor in the BlueSelect Plus network, will go toward the member's usual deductible.

## A care guide and team

All Spira Care members will have access to a care guide – someone to help them through each step of their health journey. A care guide will provide comprehensive support including explanations of medical services and benefits as well as network/specialist navigation for outside-of-clinic support services.

- **Explain benefits and costs for services outside of Spira Care**
- **Help schedule specialist visits**
- **Follow-up to see how you are doing**
- **Discuss care plan**

## Five convenient locations

Spira Care is built around designated and integrated primary care centers in Johnson & Jackson County. Locations provide easy access to care in an exclusive setting.

For added convenience, a select number of the most commonly prescribed formulary drugs will be available to be filled at Spira Care. This service will provide members with medications where they are prescribed to increase member satisfaction and reduce complications from non-adherence.

## An exclusive offering

To ensure the highest quality care and access, a limited number of Spira Care memberships will be available.

SPIRA CARE™

# Spira Care Centers

*Care Lives Here*

## THERE'S A SPIRA CARE CENTER NEAR YOU.

### Crossroads

**Spira Care Crossroads**
1916 Grand Boulevard
Kansas City, MO 64108

### Lee's Summit

**Spira Care Lee's Summit**
760 NW Blue Parkway
Lee's Summit, MO 64086

### Liberty

**Spira Care Liberty**
8350 N Church Road
Kansas City, MO 64158

### Olathe

**Spira Care Olathe**
15710 W 135th Street, Suite 200
Olathe, KS 66062

### Shawnee

**Spira Care Shawnee**
10824 Shawnee Mission Parkway
Shawnee, KS 66203

### Wyandotte

Coming in 2019

**Keep an eye out for more information on our Wyandotte location!**

Kansas City

# BLUESELECT PLUS NETWORK - **PPO PLAN TYPE**

## When savings is just as important as having quality care close to home.

BlueSelect Plus is a high-performance network of healthcare providers specially designed to provide affordable access to quality care across the metro area. With this select network, your premiums will be lower based on the discounts Blue Cross and Blue Shield of Kansas City (Blue KC) has negotiated with these providers.

### Who should enroll in a BlueSelect Plus plan?

BlueSelect Plus is designed for employees who reside and receive healthcare in the five-county Kansas City metropolitan area, which includes Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas.*

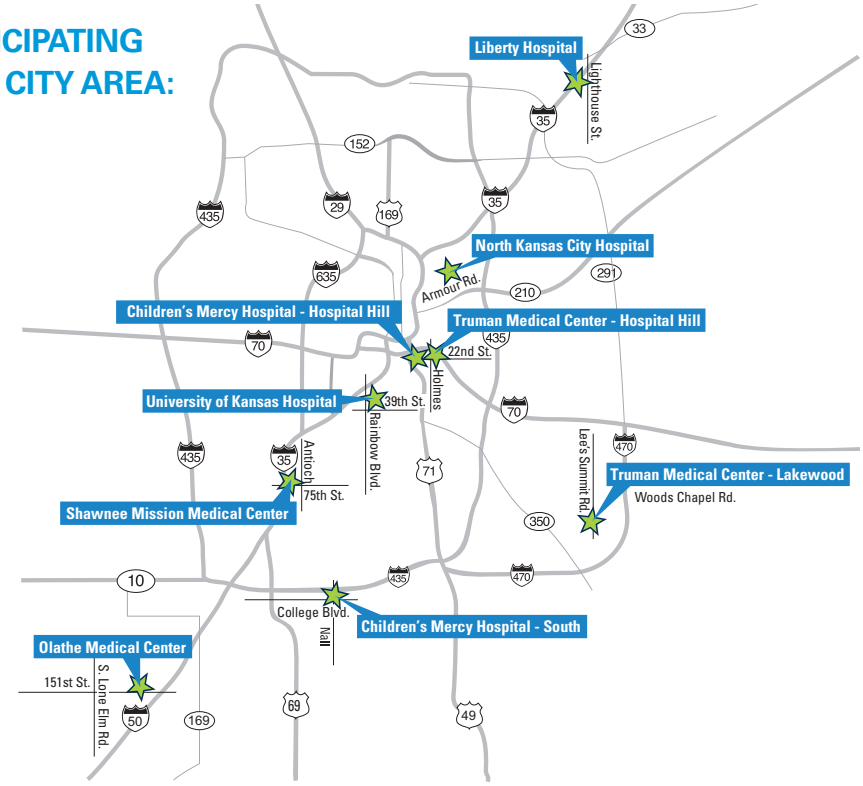
***Please note, for employees of Level Funded employer groups with 5-99 employees and mid-market groups with 51-99 employees, access to this network is also offered to those residing in Cass, Clinton, Johnson (MO), Lafayette and Ray counties in Missouri.**

### What providers and hospitals do I have access to?

Seek care from your choice of more than **3,600 high-quality healthcare providers** and **nine top hospitals** in the five-county BlueSelect Plus network.

### THE NETWORK INCLUDES NINE PARTICIPATING HOSPITALS IN THE GREATER KANSAS CITY AREA:

- Children's Mercy Hospital
- Children's Mercy Hospital - South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- Truman Medical Center - Hospital Hill
- Truman Medical Center - Lakewood
- University of Kansas Hospital



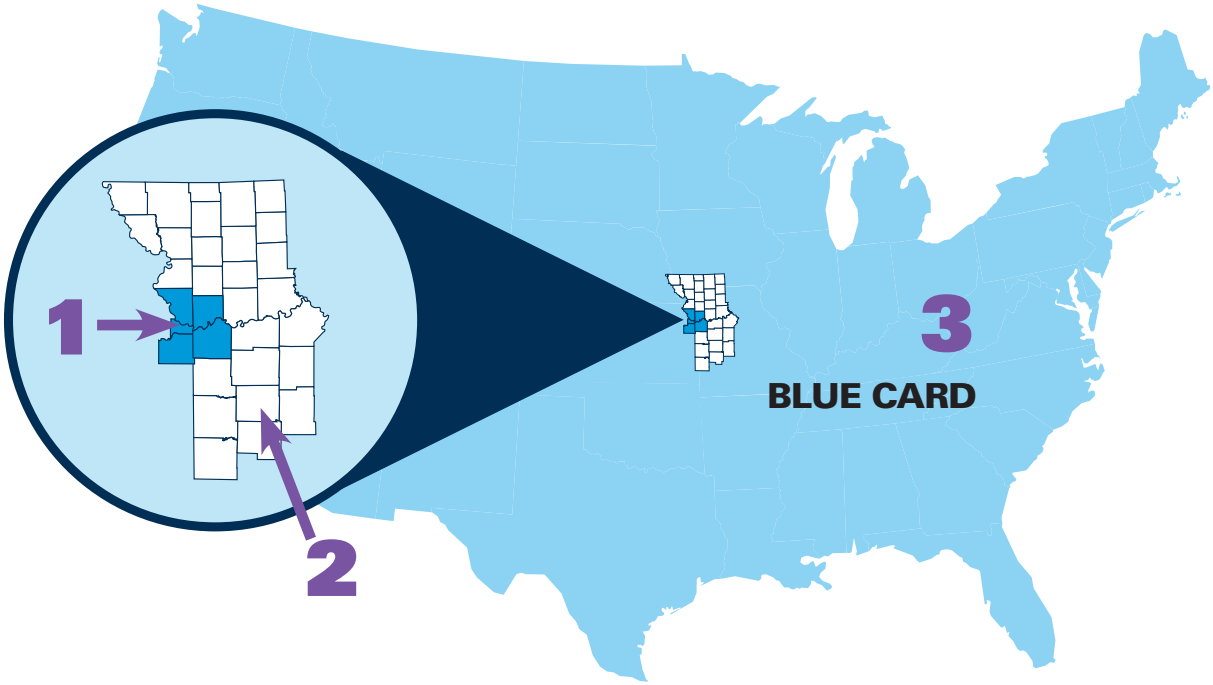

Over 3,600 Providers.
9 Top Hospitals.

Kansas City

## My employer is offering BlueSelect Plus as a PPO (Preferred Provider Organizaton) plan type. What does that mean?

Please refer to the map and table below to understand he PPO plan type:

## BLUESELECT PLUS NETWORK - PPO PLAN TYPE




| | | PPO Plan Type - Your Coverage |
|---|---|---|
| 1 | **When receiving care in the BlueSelect Plus Network (Clay, Jackson and Platte counties in Missouri, and Johnson and Wyandotte counties in Kansas)** | You have in-network coverage when using any of the 3,600+ providers and **nine hospitals** in the five Kansas City metro counties.<br>**Important note:** All other hospitals (and their providers) in the KC metro area that are **not in the BlueSelect Plus network** are considered out of network. With the PPO plan type, your out-of-network benefits provide some coverage, but higher out-of-pocket costs will apply.* Emergency services are always covered at the in-network cost share. |
| 2 | **When receiving care outside the BlueSelect Plus Network within the 32-county Blue KC service area** | Out-of-network coverage, meaning higher out-of-pocket costs will apply.* |
| 3 | **When receiving care outside the 32-county Blue KC service area (when traveling or on vacation, for example)** | You have access to the BlueCard network which provides you in-network access to medical care. |

*Out-of-network benefits are subject to the plan's allowable charge. Out-of-network providers may bill the member for the remaining balance.

## START YOUR SEARCH

To view the most accurate provider finder results for the BlueSelect Plus network, be sure to first log in as a member on **MyBlueKC.com**. After logging in, click on **Find Care** and from the next screen click **Find a Doctor** to search for a provider in the **BlueSelect Plus network**.

**Questions?** Please call Blue KC Customer Service at the number listed on your member ID card.



Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association

Kansas City

SPIRA CARE™

# VIRTUAL CARE

## 24/7 HEALTHCARE

- Get care wherever you are for common urgent care issues
- Provided by American Well (Amwell)[1]

**85%** of Amwell patients' issues are resolved during a virtual care visit.

## Who uses VIRTUAL CARE?

- Busy professionals who can't wait for an appointment
- Families, including sick children
- Individuals that live in rural areas or outside the city

## Why use VIRTUAL CARE?

Speak with a doctor in minutes – **AVERAGE WAIT TIME IS 7-10 MINUTES**

Connect easily with your camera phone or personal computer with camera

Get the care you need – including some prescriptions[2]

Meet with licensed, U.S. board-certified physicians with an average 15 years' experience practicing medicine

Feel safe with Amwell's private, secure tool

Save on drive time or office wait time

Rest assured if you are traveling and need care quick

Avoid the costs of an emergency room visit for common medical issues

## What can be treated?

Common medical issues, such as:

- Sinus Pain
- Mild Asthma
- Mild Allergic Reactions
- Minor Headaches
- Burning with Urination
- Cold Sores
- Sprains, Strains
- Pink Eye
- Nausea, Vomiting, Diarrhea
- Bumps, Cuts, Scrapes
- Coughs, Sore Throat
- Eye Swelling, Irritation, Redness or Pain
- Minor Fevers, Colds
- Rashes, Minor Burns

Amwell is a provider in the Blue KC network, and their contracted rates are subject to change. Enter your member information in the **Amwell Mobile app** or at Amwell.com to see the current cost of virtual care services. All services by Amwell are subject to the terms and conditions of your Blue KC plan documents.

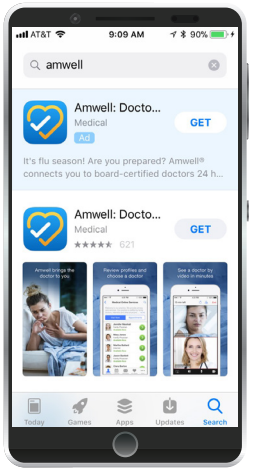
**VIRTUAL CARE IS NOT FOR EMERGENCIES**

**If you are experiencing severe symptoms or have a serious medical concern, it's important to go to the emergency room or call 911.**

## How do I make an appointment?

1. Download the **Amwell Mobile App** or visit Amwell.com.
2. Create an account using your Blue KC member ID card for reference. Ensure you choose **Blue KC** from the drop-down list.
3. View a list of available doctors, their experience and ratings, and select one.
4. Stream a live visit directly from the Web or your mobile device.
5. Share your virtual care summary with your Spira Care Team via Fax **1-855-244-7123**.

If needed and if medically appropriate, you can request a sick slip or back-to-work documents from your Amwell doctor.




[1] Amwell is available to most Blue KC members (Medicare Advantage members do not have access).
[2] Blue KC does not guarantee a prescription will be written.
American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.



Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association

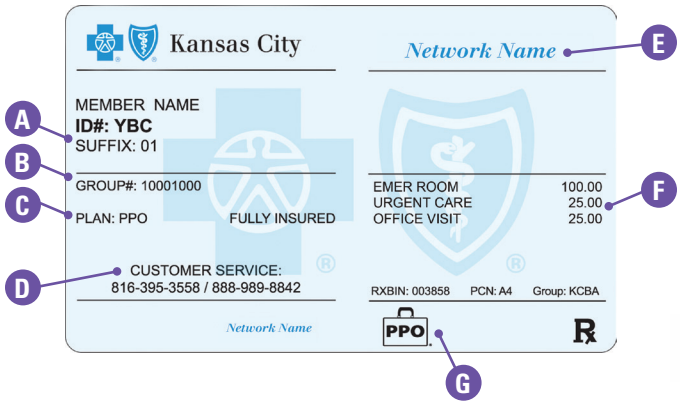
Kansas City

# HOW TO REGISTER ON MYBLUEKC.COM

The Blue Cross and Blue Shield of Kansas City (Blue KC) member ID card is your key to unlocking all the coverage and benefits your plan has to offer.

## Step 1: Understand Your Member ID Card

To make sure you are covered, present your card when you visit your doctor to receive healthcare services or fill a prescription.




(A) **Member ID and Suffix Numbers:** These are the numbers we use to identify you and your policy. It's also what providers use to file claims on your behalf.

(B) **Group Number:** This number is used to classify our members into groups, usually by the employer that issued the plan.

(C) **Plan Type:** This describes what type of insurance plan you have (for example, a PPO plan).

(D) **Customer Service Phone Number:** Call this number when you have a question about your Blue KC policy. Our Customer Service staff is available Monday through Friday from 8 a.m. to 8 p.m. Central Time.

(E) **Network Name:** This is the network of hospitals, physicians and pharmacies that accept your Blue KC policy. It's important that you see healthcare providers who are in your network to ensure you receive the maximum benefits.

(F) **Copayment:** The amount you pay each time you receive a covered healthcare service.

(G) **Suitcase:** Some Blue KC members have access to our "BlueCard" program, which extends the benefits of your Blue KC plan to all 50 states.

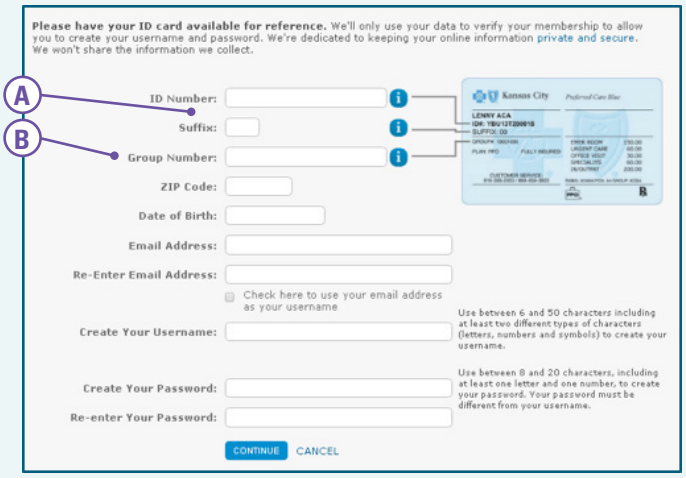
## Step 2: Register for Your Health Portal

Use your card to register for your personalized health portal on MyBlueKC.com.

Blue KC understands the complexities of healthcare. That's why we've developed a website just for you.

- Go to **MyBlueKC.com** and log in.
- If you haven't previously registered, click the **Register Now** button.

**You will need your member ID card to complete registration.**

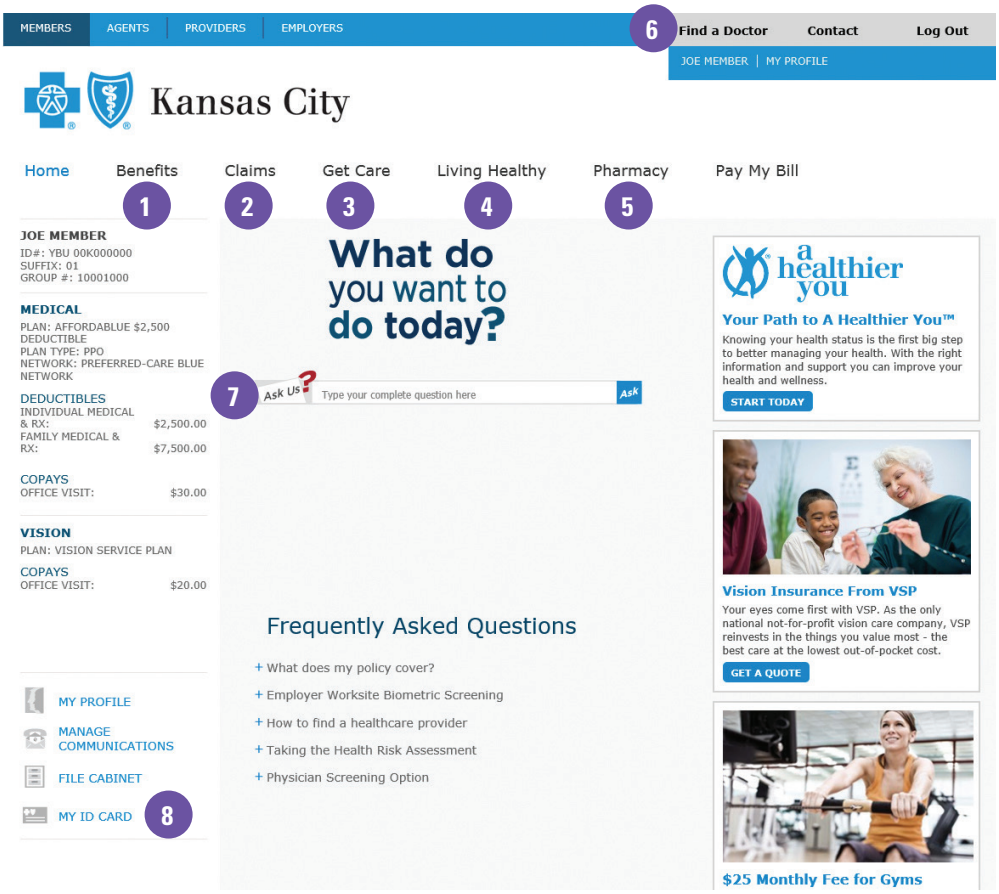



**Please Note:** The Suffix is **00** for the Employee, **01** for the Spouse, and **02, 03, 04** etc. for each Dependent.

Kansas City

# YOUR MEMBER PORTAL

You deserve to enjoy all the benefits of being a Blue KC member, and our member portal can help you find just what you need. Simply register online at MyBlueKC.com to take advantage of the tools and information available to you.




1. **Benefits:** This section includes graphs and tables to illustrate your plan usage. From here you can also view your medical contract, summary of benefits and coverage, and more.

2. **Claims:** Check the status of your claims and export a list of past claims. You can also view a copy of your Explanation of Benefits, which you receive after every visit to a healthcare provider.

3. **Get Care:** Everything you need to understand how insurance works and how you can get the most value from your Blue KC plan. Learn the difference between an in-network and out-of-network doctor, research treatment options, see how costs vary by provider and more.

4. **Living Healthy:** We're proud to offer a variety of resources to help you stay healthy and live well. Learn more about our A Healthier You™ wellness program and Healthy Companion™ condition management program.

5. **Pharmacy:** If your Blue KC policy includes pharmacy benefits, you'll have tools to help you locate a pharmacy, learn about the differences between generic and brand name medications, save on prescriptions and access the Blue KC Prescription Drug List.

6. **Find a Doctor:** See which providers are covered by your network, and search for ones who can meet your specific healthcare needs.

7. **Ask Us:** Get answers to questions about your Blue KC policy or health insurance in general.

8. **Print a Temporary ID Card:** Print a temporary copy of your Blue KC member ID card or order additional cards.

**Questions?** Contact the Blue KC Customer Service number found on your Member ID Card.



Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross Blue Shield Association

Kansas City | a healthier you

# TAKE CONTROL OF YOUR HEALTH

## WITH THE NEW **A HEALTHIER YOU** ONLINE & MOBILE EXPERIENCE

## Making Healthy Choices Easier

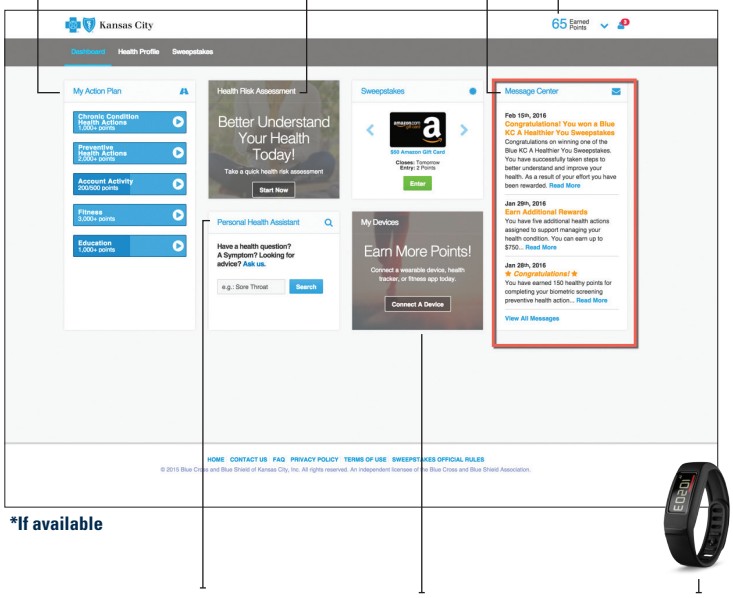
Achieving your best health doesn't have to be difficult. With the new **A Healthier You®** **online and mobile experience**, staying healthy and managing your conditions is easy. Now you can access all your health and wellness tools and information online with your laptop, tablet or smartphone. Plus, you will be rewarded for meeting your health goals.

**Track your critical health numbers.** Such as blood pressure, weight, cholesterol and blood sugar.*

**Take the health risk assessment and receive a personal health summary.**

**Watch your Message Center for helpful reminders on sweepstake details and more.**

Track and **earn points**, and enter into **sweepstakes**!




*If available

**Access the health knowledge base and other interactive tools.**

**Receive personalized health alerts and preventive steps to improve your health.**

**Sync your health or fitness device and earn more points!**

## TAKE YOUR WELLNESS ONLINE

Your new A Healthier You portal on **MyBlueKC.com** brings you a personalized health action plan and tracking tools so you can earn rewards for taking steps to manage and improve your health. This new online and mobile experience has what you need to stay on track with your health goals - right when and where you need it!

## MANAGE YOUR CONDITIONS

Managing your chronic conditions just got easier. With your new **A Healthier You** online portal you can be sure you are taking the right steps to help you best manage your condition.

- Receive personalized health actions and screening reminders based on your condition
- Have access to a personal health assistant
- Enroll in the Blue KC Healthy Companion program for more encouragement, education and access to a nurse for support

**YOUR PATH TO WELLNESS BEGINS TODAY**

Getting started on A Healthier You at **MyBlueKC.com** is easy. Access the program either from a desktop computer or mobile device.

MyBlueKC.com

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.

D/15480_12/15_DP/SG

Kansas City

# LIVE & IMMEDIATE ACCESS TO CARE

**Retail Telehealth Offers Online Doctor Visits 24/7**

## Retail Telehealth Benefits

Schedule and 'see' a doctor online from your phone, tablet or computer, from home, the office or while traveling using the Amwell mobile app.

**Open 24 Hours**
Doctors are available 24 hours a day, 365 days a year.

**Visit Anywhere, Anytime**
Install the mobile app and access healthcare from anywhere, anytime.

Services are not currently available in Texas, Arkansas or Louisiana. Prescribing is not allowed in Indiana.

**Safe & Secure**
Your information is kept private throughout the visit.

**No Appointments**
Just sign in – no more waiting rooms.

**To learn more about Retail Telehealth and the Amwell app, visit Amwell.com.**

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to improve your access to care. That's why we've partnered with American Well (Amwell)* to bring you care from the comfort and convenience of your home or wherever you are. Beginning June 2016, Retail Telehealth will be available to most Blue KC members. (Medicare Advantage members will not have access)

## Get Started Today

With the Amwell app, you'll have healthcare right in the palm of your hand.

### 1: Download the Amwell Mobile App
The Amwell app can be downloaded directly to your smart phone or tablet. Or, if you prefer the web, visit **Amwell.com.**

### 2: Enroll
Create an account in a few simple steps. Be sure to include your Blue KC insurance information when creating your account. Your information is stored securely.

### 3: Choose a Doctor
View a list of available doctors, their experience and ratings, and select one.

### 4: Visit
Engage in a secure live video visit directly from the web or your mobile device in high-quality streaming video.

*American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.

D/ 16255_06/08

# Web & Mobile Tools

## PROVIDER TOOLS

### Healthgrades

**www.healthgrades.com**

***Find a Doctor or Hospital by:***

- Condition
- Speciality
- Procedure
- Location

### FH Consumer

**www.fairhealthconsumer.com**

***Estimate Costs for Medical Procedures and Services:***

- By Zip Code
- Type of Procedure
- Conduct up to 15 searches per week-FREE

## PRESCRIPTION TOOLS

### OneRx

**www.onerx.com**

***OneRx is a Free App that Saves you Money on your Prescriptions:***

- Find Deals and Discounts
- Compare Prices with Coupons
- Real-Time Savings on the go

### GoodRx

**www.goodrx.com**

***Services Available:***

- Compare Prices of all FDA-Approved Drugs
- Find Coupons and Manufactures's Discounts
- Save up to 80% at Local Pharmacies
- Help with cost of drugs not covered by your insurance

## REVIEW/FEEDBACK TOOLS

### Rate MDs

**www.rateMDs.com**

***There's a Right Way to Find the Right Doctor:***

- Search over 2 Million Doctor Ratings and Review
- Find Top Doctors, Hospitals, Urgent Care Centers in your Town

### Leapfrog

**www.leapfroggroup.org**

***Who is Leapfrog?***

- National Non-Profit Watchdog
- The Nation's Premier Advocate of Transparency to help make giant leaps forward in quality and safety of care in U.S. hospitals

## Dental: MetLife

MetLife

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. You are eligible for benefits on the first of the month following date of hire. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) under the age of 26 not eligible as a subscriber under another dental plan.

To identify participating MetLife dentists, you may call MetLife at 800.880.1800 or visit their website at www.metlife.com.

| **MetLife Dental: PDP Plus Network** | |
|---|---|
| Deductible *(applied to Basic & Major services)* | $50 per person / Maximum of $150 per family |
| Annual Maximum | $1,250 per covered person |
| Preventive Services *(not subject to deductible)* | Covered at 100% (In-Network) |
| Basic Services | Covered at 80% (In-Network) |
| Major Services | Covered at 50% (In-Network) |
| Orthodontia | Covered at 50% (In-Network) |
| Orthodontia Lifetime Maximum is $1,250 Per Person. Covers Child(ren) to age 19. | |

| Dental Plan | Employee Only | Family |
|---|---|---|
| Monthly Rates | **$2.50** | **$18.00** |
| Per Pay Rates | **$1.25** | **$9.00** |
| Total Premium Cost | **$27.07** | **$80.13** |

## Vision: MetLife

MetLife

Annual eye exams are important to your overall health. During your eye exam, a MetLife doctor will look for vision problems and signs of other health conditions like diabetic eye disease, high blood pressure, and high cholesterol. You are eligible to participate in the vision program first of the month following date of hire along with your eligible dependents that include your legal spouse and/or dependent child(ren) to age 26.

To identify participating doctors, you may call MetLife at 800.880.1800 or visit their website at www.metlife.com.

| | In-Network | Out-of-Network |
|---|---|---|
| Vision exam (once every 12 months) | $10 Copay | $45 Allowance |
| Lenses Single: (once every 12 months) | $20 Copay | $30 Allowance |
| Bifocal/Trifocal | $20 Copay/ $20 Copay | $50 Allowance/$65 Allowance |
| Frames: (once every 24 months) | $130 allowance | $70 Allowance |
| Contact Lenses Conventional | $130 Allowance | $105 Allowance |
| Contact Lenses Medically necessary: | Copay then covered in full | $210 Allowance |

| Vision Plan | Employee Only | Employee + Spouse | Employee + 1 Child | Family |
|---|---|---|---|---|
| Monthly Rates | **$2.50** | **$5.00** | **$5.00** | **$6.00** |
| Per Pay Rates | **$1.25** | **$2.50** | **$2.50** | **$3.00** |
| Total Premium Cost | **$6.78** | **$12.74** | **$12.74** | **$18.14** |

## Group Life Insurance

City provides $50,000 in Group Term Life and AD&D Coverage for each employee through Kansas City Life

**Voluntary Plans Through New York Life**

| Employee Rates | Term Life | Whole Life | Additional Information |
|---|---|---|---|
| **Employee** | **Up to $100,000** | **Up to $200,000** | **Up to 10x Salary with qualification** |
| **Spouse** | **Up to $50,000** | **Up to $25,000** | **Covered Up to Age 70** |
| **Child(ren)** | **Up to $10,000** | **Up to $25,000** | **Covered from 15 Days to 25 Years** |

**Term Life Insurance Program Benefits:**

- Group Term coverage effective while employed by City of Riverside
- 10 or 20 year supplemental coverage
- Additional Term premiums may be payroll deducted

**Whole Life Insurance Program Benefits:**

- Life-long coverage that does not expire
- Flexible coverage. Coverage may start small and be increased later under our Guaranteed Issue provision.
- Owned by YOU! You can keep this coverage even if you leave employ-ment with City of Riverside for any reason

**Micah Coston**

**New York Life Insurance** C

**Company 1212 South Main St.,**

**Suite A1 Maryville, MO 64468**

**660-224-2946**

**mjcoston@ft.newyorklife.com**

## Voluntary Short-Term Disability: MetLife

Voluntary Short Term Disability insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and help maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury kept you from working. Please see below highlights.

| Benefit | |
|---|---|
| Short Term Disability Benefit | $1,000 or 60% of predisability earnings |
| Maximum Weekly Benefit | Increment schedule (min of $100) |
| Benefit Duration | 11 Weeks |
| Elimination Period | Accident: 14 Days / Sickness 14 Days |

## Voluntary Long-Term Disability: MetLife

Long Term Disability insurance helps replace a portion of your income for an extended period of time. Benefits begin a elimination period. This benefit replaces a portion of your predisability monthly earnings. Below are the highlights.

| Benefit | |
|---|---|
| Long Term Disability Benefit | 60% of predisability monthly earnings |
| Maximum Monthly Benefit | $6,000 |
| Benefit Duration | Family Social Security |
| Elimination Period | 90 days or end of STD max benefit period |

*****Rates for all Voluntary Benefits available on Employee Navigator*****

# Employee Assistance Program (EAP) Employer Reference Guide – Standard Option

Up to **5 sessions of distance counseling (phone or video)** per issue per year included

## Support for Employees

### Integrated services, including

- Educational Materials
- Resources and Personalized Researched Referrals
- EAP Consultation – access to qualified EAP consultants for information, support, crisis intervention, educational materials in electronic format, and referral to local resources and assistance
- Distance Counseling includes up to five (5) virtual sessions – assessment and short-term problem resolution by network of qualified EAP consultants. If it is determined that the presenting clinical issue is not appropriate for short-term counseling, the participant will be referred to the appropriate resources

### Work-Life Services

- Work-Life Consultation – access to qualified consultants for information, assessment, action planning and resources, educational materials in electronic format, and referral to local resources and assistance in areas like:
  - Parenting, Eldercare and aging
  - Consumer and community needs
  - Education
  - Disability
  - Adoption
  - Referrals matched and confirmed for vacancies for child care and elder care
  - Emotions and stress
  - Workplace issues

### Financial Services

- Financial Consultation – access to qualified consultants for information, assessment, action planning and resources, educational materials in electronic format, and referral to local resources and assistance
- Financial Professional Consultation – access to consultation with certified financial professionals; LifeWorks does not provide investment advice or loan funds

### Legal Services

- Access to qualified consultants for information, assessment, action planning and resources, educational materials in electronic format, and referral to local resources and assistance
- Network Attorney Consultation – access to consultation with network attorneys delivered via telephone or in-person to include up to thirty (30) minutes of consultation per legal issue ("Initial Attorney Consultation"). LifeWorks does not provide legal advice or representation, or review of real estate or trust documents; discount on Attorney Services – following Initial Attorney Consultation, discount off standard legal fees as offered by LifeWorks' network of attorneys

### Identity Theft Recovery Services

- This service includes a telephonic consultation up to sixty (60) minutes in length with a financial counselor who will help the Member to determine if the Member was a victim of identity theft and recommend options on how to place fraud alerts, freeze credit, file police reports, and conduct other activities necessary to resolve fraud. General information on identity theft prevention is also available

### Telephonic Life Coaching

- Access to life coaches who are Masters level counselors/consultants with disciplines in social work, counseling and psychology,); are board certified coaches (BCCs) and are credentialed through the (CCE) Center for Credential and Education. Each coach received their training from the ILTC (Institute for Life Coach Training)
- Ability for participants to partner with a life coach to help address issues, overcome obstacles and attempt to achieve goals agreed to between the life coach and the Participant

**Call:** 1-888-319-7819

**LifeWorks Mobile App**:
Apple & Android Stores
**User ID:** metlifeeap
**Password:** eap

**Website:**
metlifeeap.lifeworks.com
**User ID:** metlifeeap
**Password:** eap

Assurity®

# Group Accident Expense Insurance

Assurity's Group Accident Expense insurance plan includes the benefits listed in the schedule below for a covered accident. All treatment must be provided or prescribed by a physician and maximum benefits per insured person are one per accident unless otherwise noted. Each benefit is subject to conditions for payments as detailed in the certificate.

## Key features

- **Coverage is guaranteed issue;** there are no medical exams or tests to take.
- **Employee and family coverage** - Coverage is available for employees, plus their spouse/domestic partner and children.
- **Family-friendly benefits** covering Child Organized Sports, Hospital Confinement-Child Care and Accidental Death-Children Education.

## Accident Expense Benefits - 24 Hour Coverage

| Emergency Care | TIER 3 |
|---|---|
| **Initial Accident Treatment**<br>One physician's office, urgent care or ER visit per accident | $150 Physician Office/Urgent Care<br>$300 Emergency Room |
| **Telemedicine Treatment** | $60 |
| **Ambulance**<br>Transport to or from hospital; one ground or air per accident | $300 Ground / $900 Air |
| **X-Ray** | $300 |
| **Diagnostic Exams**<br>CT, CAT, MRI or EEG | $150 |
| **Blood, Plasma or Platelets**<br>Processing or transfusion | $900 |
| **Emergency Room Observation Unit**<br>Held in hospital, without addmission, after ER treatment | $75 Held 4-20 hrs.<br>$150 Held 20+ hrs. |
| **Supportive Care -** Payable only if Initial Accident Treatment or Telemedicine Treatment benefit was paid for the same injury | **TIER 3** |
| **Follow-Up Treatment**<br>Two per accident | $150 |
| **Physical, Occupational or Speech Therapy**<br>Six per accident | $90 |
| **Chiropractic or Acupuncture Treatment**<br>Six per accident | $90 |
| **Epidural Pain Management** | $150 |
| **Prescription Medication**<br>Other than while confined in hospital or nursing home; six per calendar year | $15.00 |
| **Medical Supplies**<br>Over-the-counter: once per accident:three per calendar year | $15.00 |
| **Appliance**<br>Rented or purchased, such as crutches or wheelchair | $375.00 |
| **Prosthetic Devices**<br>Not including hearing or dental aids, eyeglasses or cosmetic devices | $1,500 Single / $3,000 Multiple |
| **Residence or Vehicle Modification** | $1,500 |
| **Transportation**<br>For physician treatement 50+ miles from residence; up tp three round trips per accident | $300 Ground / $750 Air |
| **Lodging**<br>For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident | $300 |

Assurity®

| Specific Injury Care | TIER 3 |
|---|---|
| **Burns**<br>Payable percent of benefit shown varies by degree of burn and percentage of body affected | $1,500 |
| **Burns – Skin Graft**<br>Percentage of burn benefits | 50% |
| **Child Organized Sports**<br>Percentage of all other payable benefits for dependent child if injured during amateur organized athletic competition or supervised practice for such; up to $1,000 | 10% |
| **Coma**<br>Not medically induced or the result of drug or alcohol use | $30,000 |
| **Concussion**<br>Not payable if tramatic brain injury benefit is paid | $75.00 |
| **Dental Emergency**<br>Natural tooth treatment provided by a dentist | $300 Crown / $90 Extraction |
| **Dislocation**<br>Payable percent of benefit shown varies by joint or bone and degree of dislocation | $6,000 Open Reduction<br>$3,000 Closed Reduction |
| **Ear Injury**<br>Resulting in hearing loss greater than 60%; once per lifetime | $300 |
| **Eye Injury**<br>Requiring surgery or removal of foreign object | $300 |
| **Fracture**<br>Payable percent of benefit shown varies based on joint or bone, open or closed reduction, or chip | $6,000 Open Reduction<br>$3,000 Closed Reduction |
| **Gunshot Wound**<br>Requires hospitalization and surgery | $1,500 |
| **Laceration**<br>Payable percent of benefit shown varies by length of laceration | $150 |
| **Occupational HIV**<br>Not available with off-the-job coverage | $900 |
| **Paralysis**<br>Lasting 90+ days, diagnosed permanent; one quadriplegia or paraplegia benefit per lifetime | $45,000 Quadriplegia<br>$22,500 Paraplegia |
| **Poisoning** | $75.00 |
| **Post-Traumatic Stress Disorder** | $600 |
| **Traumatic Brain Injury**<br>Diagnosed by CT, CAT, MRI, EEG, PET, or X-Ray | $900 |

| **Hospital Care** - Daily benefits unless otherwise noted | TIER 3 |
|---|---|
| **Hospital Admission**<br>Once per accident; once per calendar year | $1,500 |
| **Hospital Confinement**<br>Up to 365 days per accident | $300 |
| **Intensive Care Unit**<br>Up to 30 days per accident | $600 |
| **Sub-Acute Intensive Care Unit**<br>Up to 30 days per accident | $450 |
| **Rehabilitation Unit**<br>Up to 30 days per accident; 60 days per calendar year | $300 |
| **Hospital Confinment - Child Care**<br>For all dependent children, by licensed provider, while insured is confined to hospital; up to 30 days per accident | $60 |

| Surgical Care | TIER 3 |
|---|---|
| **Open Abdominal, Thoracic or Cranial Surgery**<br>Does not include hernia | $3,000 |
| **Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery** | $1,500 |
| **Ruptured Disc Surgery** | $1,500 |
| **Hernia Surgery** | $750 |
| **Exploratory Surgery**<br>Diagnostic arthroscopic or laparoscopic and not payable if any other surgery benefit is paid | $750 |
| **Miscellaneous Outpatient Surgery**<br>Requires anesthesia and not payable if any other surgery benefit is paid | $300 |
| **Anesthesia**<br>Administered for a payable surgery benefit | $300 |

| Accidental Death and Dismemberment Rider (Form R G1712C) | TIER 3 |
|---|---|
| **Accidental Death and unless otherwise noted below**<br>50% spouse/25% child; not payable if Accidental Death-Common Carrier benefit is paid | $60,000 |
| **Accidental Death – Seatbelt**<br>Additional benefit if seatbelt in use; 50% spouse/25% child | $15,000 |
| **Accidental Death – Common Carrier**<br>If fare-paying passenger on common carrier; 50% spouse/25% child | $150,000 |
| **Accidental Death – Children Education**<br>Additional benefit for dependent children enrolled in post-secondary educational institution; one per accidental death, per qualifying dependent child | $1,500 |
| **Accidental Dismemberment**<br>Percent of benefit shown varies by body part; 50% spouse/25% child | $60,000 |

Assurity®

# Critical Illness - Covered Benefits

The amount payable is the percentage for each specific critical illness specified below multiplied by the selected benefit amount.

| | |
|---|---|
| **Heart Attack** | 100% |
| **Coronary Bypass Surgery** | 25% |
| **Stroke** | 100% |
| **Invasive Cancer** *(30-day waiting period)* | 100% |
| **Non-Invasive Cancer** (30-day waiting period) | 25% |
| **Skin Cancer** *(30-day waiting period)* | $250 |
| **Kidney (Renal) Failure** | 100% |
| **Major Organ Transplant** | 100% |
| **Advanced Alzheimer's Disease** | 100% |

| | |
|---|---|
| **Coma** | 100% |
| **Paralysis** | 100% |
| **Loss of Sight** | 100% |
| **Loss of Speech** | 100% |
| **Loss of Hearing** | 100% |
| **Advanced Parkinson's Disease** | 100% |
| **Benign Brain Tumor** | 100% |
| **Occupational HIV** | 100% |

**Skin Cancer Benefit**
Assurity will pay a benefit of $250 for a diagnosis of skin cancer. This benefit is payable once per insured person per calendar year.

**Additional Diagnosis Benefit**
Once benefits have been paid for a Critical Illness, Assurity will pay benefits for each additional Critical Illness when the date of diagnosis is at least 30 days apart, and if the new Critical Illness is not caused or contributed to by a Critical Illness for which benefits have already been paid.

If an additional diagnosis is for a diagnosis of cancer, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

**Reoccurrence Diagnosis Benefit**
Once benefits have been paid for a Critical Illness, Assurity will pay benefits for that same Critical Illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the new Critical Illness is not caused or contributed to by a Critical Illness for which benefits have already been paid.

If a subsequent diagnosis is for a diagnosis of cancer, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

**Waiver of Premium Benefit**
Renewal premiums will be waived on the first premium due date after the insured person has been totally disabled for 90 days due to a critical illness for which benefits have been paid. Any premium paid during this period which became due after your total disability started will be refunded.

**Return of Premium upon Death Benefit**
If the primary insured person dies from a cause other than a defined Critical Illness, Assurity will return 100% of all premiums paid for coverage under the policy and any applicable riders, net of benefits paid for the policy and riders.

**Health Screening Rider (Form R G1720C)**
This rider pays a benefit of $50 per calendar year per insured person for a variety of services, some of which are listed below.

| | | | |
|---|---|---|---|
| Mammography | Pap smear | Flexible sigmoidoscopy | Biopsies/Blood Tests for Various Cancers |
| Breast Ultrasound | Chest x-ray | Hemocult stool analysis | Stress Test (bicycle or treadmill) |
| Colonoscopy | Thermography | | |

*****Rates for the Critical Illness Benefit is available on Employee Navigator*****

# RETIREMENTS & INVESTMENTS

## LAGERS RETIREMENT PLAN

### Employer Paid Benefit
100% Coverage

LAGERS
701 W. Main St.
Jefferson City, MO 65102
P. 800-447-4334
F. 573636-9671
info@molagers.org
www.molagers.org

**Description**
A non-profit pension system that provides retirement, disability, and survivor benefits to Missouri's local government employees using a defined benefit formula for determining member benefits.

**Eligibility**
All active, full-time employees working at least 1500 hours per year will be enrolled after 6 months of employment. Must be employed 5 years to become vested and eligible to receive retirement benefits.

**Defined Benefit Calculation**
Benefit Factor (2%) x Final Average Salary (last 5 years) x Years of Service Credit = Monthly Benefit

**Retirement Age**
- 60 years of age for general employees
- 55 years of age for police and fire employees

## VOLUNTARY INVESTMENT PLANS

International City Management Association Retirement Corporation
777 North Capitol St., NE
Washington, DC 20002-4240
Client Services: 800-669-7400
www.icmarc.org
Denise Crawford
202-553-6578
dcrawford@icmarc.org

VALIC

Justin Oldham
13220 Metcalf Ave, Ste. 360
Overland Park, KS 66213
816-260-9494
Justin.oldham@valic.com

**Description**
Optional retirement investment plans allow employees to select individualized contribution amounts and investment options.

**Eligibility**
All active, full-time employees working at least 40 hours per week are eligible to enroll anytime after date of hire.

**Plan Offerings**
- 457b Deferred Compensation
  - Contributions are pre-tax
- **Roth IRA**
  - Plan payments are set-up through payroll deduction
- **Traditional IRA**
  - Plan payments are set-up through payroll deduction

Retirement Age
60 years of age

## OTHER BENEFITS

**Holiday Leave:** 9 paid holidays

**Sick Leave:** 96 hours per year, up to 720 hours for regu-lar staff and 132 hours per year, up to 1008 hours for shift firefighters

**Vacation Leave:** 80-258 hours per year depending on years of service with carryover

**Compensation Time:** Earn compensation leave time in lieu of overtime pay

**Paid Absences:** Bereavement

**Education Assistance:** Employees may apply for tuition reimbursements for educational advancement related to their employment by agreeing to a 3 year service agree-ment

**College Incentive Program:** Monthly incentive payments based on degree level. $25-Associate's, $50-Bachelor's, $75-Master's

**Wellness:** 75% gym membership reimbursement

# Your Flexible Spending Account (FSA)

## What is a FSA?

Your Employer provides you with the opportunity to enroll in a Flexible Spending Account or FSA. The FSA allows you to set aside pre-tax money to pay for eligible expenses that are determined by the type of FSA you choose to enroll in. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period. Maximum contribution is $2700/year.

There are three types of FSAs available to help you save – a Healthcare FSA, Limited Purpose FSA and a Dependent Care FSA.

## Healthcare FSA

With this account you are able to pay for eligible medical, dental, prescription, vision not covered by insurance. Eligible expenses include but are not limited to:

- Copays, coinsurance & deductibles
- Dental (excludes cosmetic)
- Eyeglasses & contact lenses
- Over-the-counter (OTC) items*
- Physical therapy & chiropractic care
- Hearing aids
- Laser surgery
- Prescriptions
- Orthodontics

*OTC medicines and drugs require a prescription from your doctor in order to be reimbursed through a FSA. There are however OTC items that do not require prescription to be reimbursed such as:

- Contact lens supplies
- Band-aids, elastic bandages
- Insulin & diabetic supplies
- Braces & Supports
- Denture adhesive
- Reading glasses

## Dependent Care FSA

If you have dependent care costs for a child under the age of 13 OR a spouse or dependent, who is unable to care for themselves, you should consider the dependent care FSA. As long as both spouses or custodial parents are employed, you can contribute up to $5,000 pre-tax per calendar year to pay for expenses such as:

- Day care (child & adult)
- Nursery school & preschool
- Before and after school programs
- Summer day camp

## Why Enroll?

If you could save **25%** or more on your medical, dental, vision, and dependent care expenses, would you? The FSA can help you do just that.

## Savings Can Add up

An employee earns $32,000 annually, which is $1,333.33 per semi-monthly payroll. This employee elects $250 per pay period (pre-tax) to cover the cost of insurance, health and daycare expenses.

| | Without FSA | With FSA |
|---|---|---|
| Gross Earnings | $1,333.333 | $1,333.333 |
| FICA, Fed/State taxes | $275.48 | $203.24 |
| Insurance Premiums | $50.00 | $50.00 |
| Daycare Exp. | $200.00 | $200.00 |
| **NET EARNINGS** | **$807.85** | **$880.09** |
| **Savings Per Paycheck** | | **$72.24** |
| **Savings Per Month** | | **$144.48** |
| **Savings Per Year** | | **$1,733.76** |

NueSynergy

Customer Focused • Technology Driven

# Flexible Spending Account

*Increasing your take home pay has never been easier*

## $500 Carryover

The Employee Health Plan has adopted a provision that will replace the Grace Period and allow you to carry over up to $500 of unused Healthcare or Limited Purpose FSA funds into a new FSA plan year. This valuable feature gives you the flexibility to spend your FSA funds at a future date and reduces the likelihood that your unused funds are forfeited. The carryover will not count against your annual election, and your cumulative carryover balance from year to year cannot exceed $500.

## FREE!
## FSA Debit Card

Employees may elect to receive a **free** FSA debit card at Open Enrollment. Selecting the debit card gives you access to all of your FSA dollars at the beginning of the plan year, on January 1.

- Easy to elect – simply click the debit card option during enrollment or download the election form at **www.NueSynergy.com**
- Eliminates up-front out-of-pocket expenses

- Pay for dependent care expenses
- Pay for qualified medical expenses
- Pay for qualified Limited Purpose FSA expenses

## NueSynergy Mobile App

The NueSynergy mobile app gives you on-the-go access to your FSA account balances and plan details. With the mobile app, you can:

- Review recent transactions
- Read all email and text alerts
- Submit claim documentation by taking a photo
- Contact NueSynergy customer service

## Claims & Supporting Information

All documentation must show dates of service, services rendered and amount owed.

Expenses should be itemized on the claim form with copies of all receipts/documentation.

Submit all claim documentation through your NueSynergy Mobile App, your online portal, or by emailing, mailing, or faxing to NueSynergy.

*The IRS requires participants to keep receipts of reimbursed expenses and FSA debit card transaction for seven years.*

**Access Your FSA Information Online**
www.NueSynergy.com

**General FSA Questions**
Phone: 913.653.8381
Toll-Free: 855.890.7239
7:30 a.m. - 5:00 p.m. CST, Monday - Friday

**FSA Email**
customerservice@NueSynergy.com

**FSA Fax**
855.890.7238

**NueSynergy Administration Services**
10901 Granada Lane, Ste. 100
Leawood, KS 66211
Phone: 913.653.8381
Toll-Free: 855.890.7239
Fax: 855.890.7238
www.NueSynergy.com

NueSynergy
*Customer Focused • Technology Driven*

# Know Your Options

## Your Options

Depending on your plan design, you may want to participate in one or a combination of the available accounts within a Flexible Spending Account (FSA). Pre-tax contributions are made through regular payroll deductions and maintained in your FSA account. As qualified expenses are incurred, you are reimbursed from the account with your pre-tax dollars.

### Option 1: Health Care Spending Account

Health care expenses that are not covered by insurance can be reimbursed through a health care spending account. Examples of qualified expenses include co-pays, deductibles, prescriptions, eye glasses or contacts, dental services, orthodontics and more.

### Option 2: Dependent Care Spending Account

Dependent care costs for a child or adult can be reimbursed through a dependent care spending account. Both spouses or custodial parents must be employed and dependents must be:

- A child under age 13 or;
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours in your household.

### Option 3: Limited Purpose FSA

If you have a Health Savings Account (HSA), enrolling in a Limited Purpose FSA is a great way to save your HSA dollars. You can use your Limited FSA funds to pay for dental and vision expenses while conserving your HSA dollars for future medical expenses.

# Your Savings

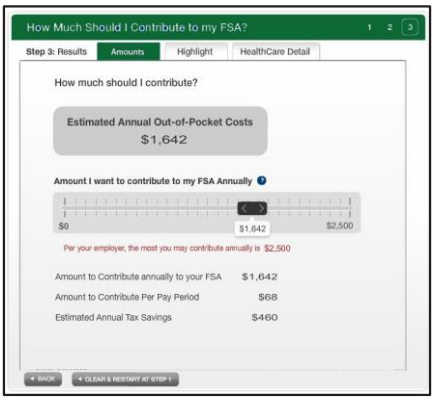
## Savings Add Up

The example below illustrates how this valuable benefit can result in significant savings. An employee earns $33,000 annually, which is $1,375.00 per bi-monthly payroll. This employee elects to contribute $1,200 annually or $50 per pay period (pre-tax) into the Health Care FSA to help cover any out-of-pocket medical expenses.

| | Without FSA | With FSA |
|---|---|---|
| Gross Earnings | $1,375.00 | $1,375.00 |
| FICA, Fed/State taxes | $343.75 | $331.25 |
| Health Care Expenses | $50.00 | $50.00 |
| **Net Earnings** | **$981.25** | **$993.75** |
| Total Savings Per Paycheck | | $12.50 |
| Total Savings Per Month | | $25.00 |
| Total Savings Per Year | $0.00 | $300.00 |

## Custom FSA Calculator

Want to see your savings potential with an FSA? Try the custom calculator online at **www.NueSynergy.com**. Enter your data into the required fields so you can get a quick and easy look at your estimates savings.




# Your Benefits

## Covered Expenses

### Medical

- Deductibles
- Co-pays
- Office Visits
- Prescriptions

### Dental

- Routine Checkups
- Fillings/Crowns
- Orthodontics

### Vision

- Exams
- Lenses/Frames
- Contacts
- Contact Solution
- Eye Surgery

### Dependent Care

- Daycare Centers
- Before/After School
- Adult Daycare

Visit **www.irs.gov** for a complete list of eligible expenses.

## Online Access

Employees will have their own FSA portal at **www.NueSynergy.com**. YThe site gives you 24/7 access to your account. You can check your account balance, view recent transactions, submit claims online, and download FSA forms and guides.

No need to convert your claims documentation to PDF. NueSynergy accepts most images and file types: JPG, JPEG, GIF, PNG, TIFF, XLS, DOC and PDF.

# Eligible FSA Health Care Expenses

The Internal Revenue Service allows certain medical, dental and related services to be reimbursed through a Flexible Spending Arrangement (FSA). Below is a partial list of expenses that qualify for FSA reimbursement. Over-the-counter medications prescribed by a physician, while not listed below, are also eligible for FSA reimbursement. This list is subject to change and without notice due to new legislation. For a complete list please refer to IRS Publication 969.

**A**
Acupuncture
Alcoholism treatment
Ambulance service
Artificial limb/teeth

**B**
Bandages, band-aids, wraps and splints
Breast-reconstructive surgery following mastectomy
Birth control pills (Norplant, ovulation kits)
Braille books and magazines

**C**
Chiropractor professional fees
Christian Science Practitioner fees
Contact lenses/solution
Contraceptives
Crutches/braces & supports

**D**
Dental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, orthodontia; does not include cosmetic treatments such as teeth whitening, bonding, etc.)
Diagnostic services and tests
Drug dependency treatments
Drugs (prescription)

**E**
Eye surgery (includes cataract, LASIK, corneal rings, etc.)
Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)

**F**
Fertility treatments (ovulation predictor kits and pregnancy tests, in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)
Flu Shots

**G**
Guide dog or other animal used to assist persons with physical disabilities

**H**
Health institute
Hearing aids and batteries
Hospital services

**I**
Insulin, syringes

**L**
Laboratory fees
Lead-based paint removal
Legal fees (fees you pay that are necessary to authorize treatment for mental illness)
Lodging (see IRS Publication 502, Lodging)

**M**
Meals (only as part of inpatient hospital care)
Medical conference admission and transportation to/from (if concerns chronic medical condition of you, spouse or child)

**N**
Nursing home (if necessary for medical care and only the portion for medical services)
Nursing services

**O**
Operations (legal operations that are not cosmetic in nature)
Orthodontia
Orthopedic devices
Osteopath fees
Oxygen equipment

**P**
Physical therapy
Pregnancy test kits
Psychiatric care (for medical reasons)
Psychologist fees

**S**
Schools and education, (for mentally impaired or physically disabled person - see IRS Publication 502)
Special home for person adjusting from life in mental institution to community living
Sterilization procedures (vasectomy or tubal ligation)
Stop-smoking programs
Surgical fees (for legal operations not cosmetic in nature)

**T**
Therapy, physical or speech
Transplants (donor expenses, if you pay those expenses)
Transportation and related travel expenses for person seeking treatment (See IRS Publication 502, Transportation and Trips)
Treatment for learning disability caused by mental or physical impairment or nervous system disorders (treatment must be recommended by physician - see IRS Publication 502, Learning Disability)

**V**
Vaccinations
Vasectomy

**W**
Weight-loss program (only if medically necessary to treat existing disease such as heart disease and undertaken under physician's direction)
Wheelchair
Wigs (if purchased upon advice of physician for mental health of patient)

**X**
X-ray fees

NueSynergy

# Your Health Savings Account (HSA)

**Individual HSA Contribution Limit**
**$3,500**

**Family HSA Contribution Limit**
**$7,000**

## What is a HSA?

An HSA is an individually owned, tax-favored account that allows consumers to pay for qualified health care expense .

## HSA & QHDHP

An HSA must be coupled with a Qualified High Deductible Health Plan (QHDHP) to receive the tax advantages allowed by the IRS. Premiums associated with a QHDHP should be lower than a traditional plan, allowing employees to capture the savings to fund an HSA. Similar to a 401(k) savings plan, individuals can make tax-deductible contributions into an HSA and the account can earn interest tax free. HSA funds can then be used to pay for any qualified, out-of-po ket medical, dental or vision expense. HSAs are also commonly used to pay for deductible and prescription drug expenses.

## How much can I contribute to a HSA?

The U.S. Treasury Department establishes annual contribution limits and minimum deductible amounts for HSAs and HSA-qualified health plan , which are adjusted each year for inflation. 2017 limits:

- Maximum HSA contribution: $3,450 for individuals with single coverage, $6,850 for individuals with family coverage.
- Minimum deductible for HSA-qualified health plan: $1,300 for individuals with single coverage, $2,600 for individuals with family coverage.
- Maximum out-of-pocket expense (including deductibles): $6,550 for individuals with single coverage, $13,100 for individuals with family coverage.
- If age 55 or older then you can contribute an additional $1,000 catch-up contribution

## Who is eligible to participate in an HSA?

In general, to be eligible for an HSA, you must meet the following criteria:

- You must be covered under a QHDHP and cannot have other health care coverage.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

## Why an HSA?

HSAs provide several tax and cost-savings benefit .

- By combining an HSA with a QHDHP, you can reduce your insurance premiums.
- Known as a triple-tax savings account, contributions are made tax free, grow tax free and can be withdrawn tax free to pay for a variety of qualified medical expense , many of which are not covered by traditional health insurance plans (including dental visits, prescription drugs, eyeglasses, contact lenses and chiropractor).
- Unlike other benefit account , unused funds are rolled over annually enabling them to be used for future expenses.

BUKATY COMPANIES
*Expertise you experience*

# Eligible HSA Health Care Expenses

The Internal Revenue Service allows certain medical, dental and related services to be reimbursed through a Health Savings Account (HSA). Below is a partial list of expenses that qualify for HSA reimbursement. Over-the-counter medications prescribed by a physician, while not listed below, are also eligible for HSA reimbursement. This list is subject to change and without notice due to new legislation. For a complete list please refer to IRS Publication 969.

**A**cupuncture
Alcoholism treatment
Ambulance service
Artificial limb/teeth
**B**andages, band-aids, wraps and splints
Breast-reconstructive surgery following mastectomy
Birth control pills (Norplant, ovulation kits)
Braille books and magazines
**C**hiropractor professional fees
Christian Science Practitioner fees
Contact lenses/solution
Contraceptives
Crutches/braces & supports
**D**ental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, orthodontia; does not include cosmetic treatments such as teeth whitening, bonding, etc.)
Diagnostic services and tests
Drug dependency treatments
Drugs (prescription)
**E**ye surgery (includes cataract, LASIK, corneal rings, etc.)
Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)
**F**ertility treatments (ovulation predictor kits and pregnancy tests, in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)
Flu Shots
**G**uide dog or other animal used to assist persons with physical disabilities
**H**ealth institute
Hearing aids and batteries
Hospital services
**I**nsulin, syringes
**L**aboratory fees
Lead-based paint removal
Legal fees (fees you pay that are necessary to authorize treatment for mental illness)
Lodging (see IRS Publication 502, Lodging)
**M**eals (only as part of inpatient hospital care)
Medical conference admission and transportation to/from (if concerns chronic medical condition of you, spouse or child)
**N**ursing home (if necessary for medical care and only the portion for medical services)
Nursing services
**O**perations (legal operations that are not cosmetic in nature)
Orthodontia
Orthopedic devices
Osteopath fees
Oxygen equipment
**P**hysical therapy
Pregnancy test kits
Psychiatric care (for medical reasons)
Psychologist fees
**S**chools and education, (for mentally impaired or physically disabled person - see IRS Publication 502)
Special home for person adjusting from life in mental institution to community living
Sterilization procedures (vasectomy or tubal ligation)
Stop-smoking programs
Surgical fees (for legal operations not cosmetic in nature)
**T**herapy, physical or speech
Transplants (donor expenses, if you pay those expenses)
Transportation and related travel expenses for person seeking treatment (See IRS Publication 502, Transportation and Trips)
Treatment for learning disability caused by mental or physical impairment or nervous system disorders (treatment must be recommended by physician - see IRS Publication 502, Learning Disability)
**V**accinations
Vasectomy
**W**eight-loss program (only if medically necessary to treat existing disease such as heart disease and undertaken under physician's direction)
Wheelchair
Wigs (if purchased upon advice of physician for mental health of patient)
**X**-ray fees

NueSynergy

# Common FAQs on HSAs

## Eligibility

**Q**: **Can an individual have an HSA and an FSA at the same time?**
**A**: Yes, provided that the FSA is set up as a limited purpose FSA (typically used to pay for vision and dental expenses) or post-deductible FSA. A post-deductible FSA allows funds to be available after the minimum HSA deductible has been satisfied.

**Q**: **Can a person have more than one Health Savings Account?**
**A**: Yes, as long as the combination of the contributions to the accounts do not exceed the yearly contribution limit.

**Q**: **What happens if an account holder is no longer covered under an HSA eligible high-deductible health plan?**
**A**: The account holder can continue to use the funds in the HSA to pay for eligible medical expenses. However, they cannot make additional contributions to the account if they are no longer covered under a qualified high deductible health plan.

**Q**: **What happens when an account holder turns 65?**
**A**: If they enroll in Social Security they automatically enroll for Medicare Part A. Enrollment in Medicare makes the account holder no longer eligible to contribute to their HSA. They can still use the funds to pay for medical expenses. At age 65, if the account holder withdraws HSA funds for ineligible expenses, they will pay taxes but no penalty.

If they do not enroll in Medicare they can still contribute to their HSA.

**Q**: **Beginning September 23, 2010, a parent can allow a child to stay on the family insurance until the age of 26. Can the parent use the HSA money to pay for medical expenses for that child?**
**A**: HSA dollars can be spent on the account holder's spouse and any people claimed as dependents on the account holder's taxes. If a child is covered by the insurance but is NOT a dependent on the account holder's taxes, HSA dollars cannot be spent for the child's medical expenses. However, as long as they are otherwise eligible, the child can open his/her own HSA and contribute up to the family amount to the account.

## Tax Reporting

**Q**: **What tax forms will the account holder get in the mail for the HSA?**
**A**: NCTC's custodian bank partner, UMB, will send Form IRS 1099-SA by January 31. This form will show total distributions (withdrawals) made from the HSA during the previous calendar year. This will only be received by account holders with a distribution during the tax year.

NCTC's custodian bank partner, UMB, will also send IRS Form 5498-SA by May 31. This form will show total contributions (deposits) made to the HSA for the previous calendar year. This will only be received by account holders with any contributions to the HSA during the tax year.

**Q**: **Why won't the account holder receive IRS Form 5498-SA until May 31?**
**A**: Account holders have until April 15 to make contributions to the HSA for the previous year. The IRS allows Form 5498-SA to be sent after the contribution deadline to ensure that all contributions (including those made before April 15 for the previous year) are reported.

# Rights & Disclosures

**This information is intended to be shared by employees with their spouse and dependents.**

**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. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

**Woman's Health and Cancer Rights Act (WHCRA) of 1998**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

**COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage…**

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

**Disability Extension**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

**Second Qualifying Event**

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

**Other Coverage Options Besides COBRA**

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

**Questions**

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

**Keep Us Informed of Status Changes**
It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

A detailed explanation of COBRA rights and procedures is available in the Plan's Summary Plan Description.

## 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. You should contact your State for further information on eligibility.**

| **KANSAS** – Medicaid | **MISSOURI** – Medicaid |
|---|---|
| Website: http://www.kdheks.gov/hcf/<br>Phone: 1-800-967-4660 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |

**Lifetime limit**
The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information, contact Bukaty Companies at 888-657-0440.

**Governing Plan**
When you enroll or continue participation in the City of Riverside plans, you are acknowledging that the benefits you have elected are subject to the provisions of the City of Riverside Group Benefits Program and the terms and conditions of the benefit plans, and you are authorizing City of Riverside to withhold from your pay any employee contributions required for such benefits.

You acknowledge that if you enroll in a plan that provides for binding arbitration of any controversy between a plan member or beneficiary and a plan, including, as applicable, its agents, associates, providers and staff physicians, then any such controversy is subject to binding arbitration.

This communication provides information about certain City of Riverside benefits. Receipt of this document does not automatically entitle you to benefits offered by City of Riverside. Every effort has been made to ensure the accuracy of the contents of this communication. However, if there are discrepancies between this communication and the official plan documents, the plan documents always will govern. City of Riverside reserves the right to amend or terminate any benefit plan in its sole discretion at any time and for any reason.

The benefits and services offered by City of Riverside may be changed or terminated at any time. These benefits are not a guarantee of your employment with City of Riverside.

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

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

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact City of Riverside - Amy Strough.

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<br>City of Riverside | | 4. Employer Identification Number (EIN) |
| 5. Employer address<br>2950 NW Vivion Road | | 6. Employer phone number<br>816.741.3993 |
| 7. City<br>Riverside | 8. State<br>MO | 9. ZIP code<br>64150 |
| 10. Who can we contact about employee health coverage at this job?<br>Amy Strough | | |
| 11. Phone number (if different from above) | 12. Email address<br>astrough@riversidemo.com | |

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

- As your employer, we offer a health plan to:

  ☒ All employees. Eligible employees are:

  Full-time W-2 employees working an average of 30 or more hours per week

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Eligible dependents of full time employees including legal spouse and/or dependent children age 26 and under

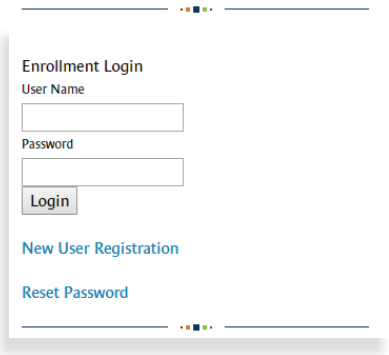
  ☐ We do not offer coverage.

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

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

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

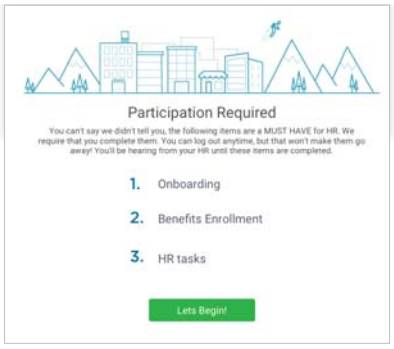
# ENROLL IN YOUR BENEFITS: One step at a time




## Step 1: Log In

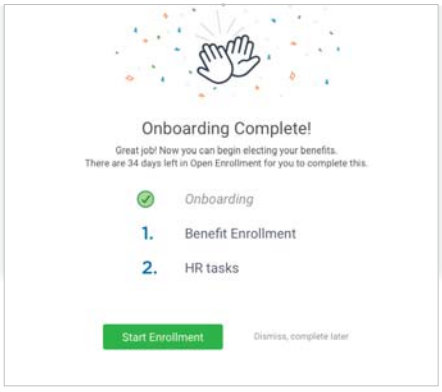
Go to www.bukaty.com/online–enrollment

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.
- You will be asked to provide the following:
  - First and last name
  - PIN (last four digits of your SSN)
  - DOB (MM/DD/YYYY)
  - Company Identifier: CORiverside




## Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

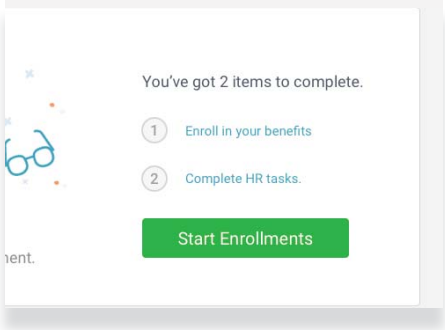



## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

**TIP**

if you hit "**Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**




## Step 4: Start Enrollments

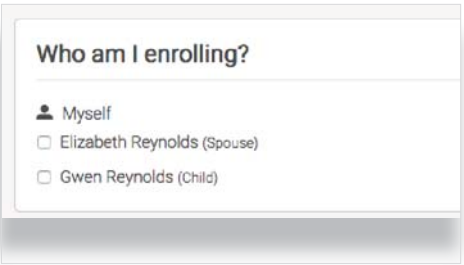
After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

**TIP**

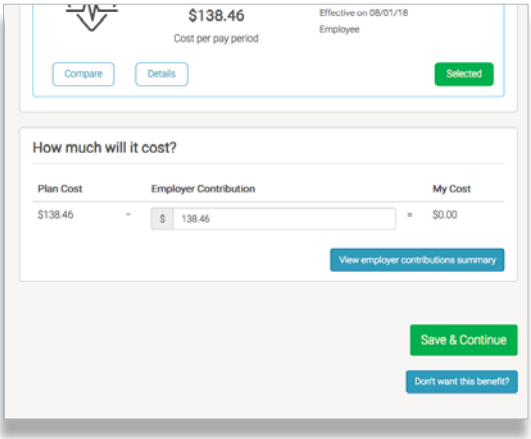
*Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.*

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**




Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

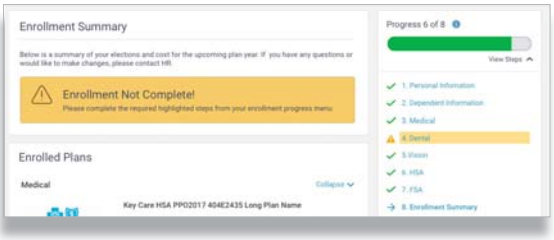



Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

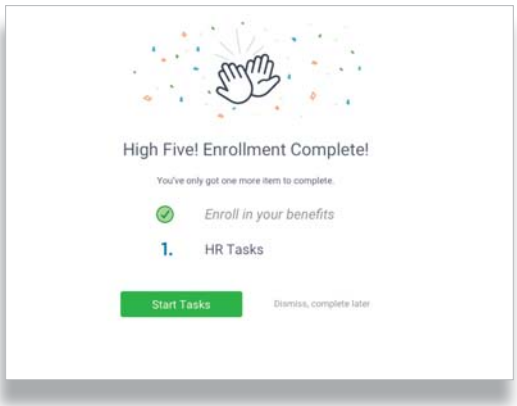



## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

**TIP**

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.




## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

**City of Riverside**
**Human Resources**
**2950 NW Vivion Rd**
**Riverside, MO 64150**
**816-372-9049**