

CITY OF LEAWOOD

2022 EMPLOYEE BENEFITS GUIDE



On the cover:

(L - R) Jason Webb, Julian Rhodes, Jason Parker, Aaron Kline

Fire Department

Table of Contents

Topic	Page
Introduction	2
Changes for 2022	4
Benefit Eligibility	4
Health Care	6
Benefits 101	7
Spira Care	8
Health Plan Benefits	9 - 10
Dental Care	12
Tax Savings Accounts	14
Life Insurance / LTD	16
Voluntary Benefits (Vision, VSTD, Long-Term Care)	19 - 20
Work / Life Balance (Holidays, Vacation, Leave)	22 - 25
Education Reimbursement	25
Employee Assistance Program	25
Retirement	28
Benefit Vendor Contact Information	29
Required Disclosures & Notices	32

Scott Gamerl
Nature Center

About this Guide

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

You may also contact the benefit providers directly to discuss your personal situation or attend a meeting during the open enrollment period.

OPEN ENROLLMENT FOR THE 2022 PLAN YEAR

The benefits open enrollment period will begin October 5, 2021 at 10:00 am CST and run through October 18, 2021 at 4:00 pm CST. Any changes or enrollments submitted during this period will be effective January 1, 2022 with the exception of applications to enroll for new employees. During the open enrollment period, you may:

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

BENEFITS STATEMENTS

A personalized benefits statement will be generated for you upon submission of your 2022 open enrollment elections, confirming any changes you made to your benefits and indicating your enrollment status as of January 1, 2022. It is important that you confirm the personal information on your benefits statement is correct; contact Human Resources if there are any discrepancies.





Changes for 2022 / Eligibility

CHANGES FOR 2022

- 0.00% overall increase in health insurance premiums.
- Addition of fertility coverage under health insurance.
- New Employee Assistance Program (EAP) provider, ComPsych.
- Addition of Voluntary Pet Insurance through Nationwide Pet.
- Increase in HSA maximum contribution limits.
- No increase in Base and Buy-Up Dental plan premiums.
- No change in Supplemental Vision premium rates.

BENEFIT ELIGIBILITY

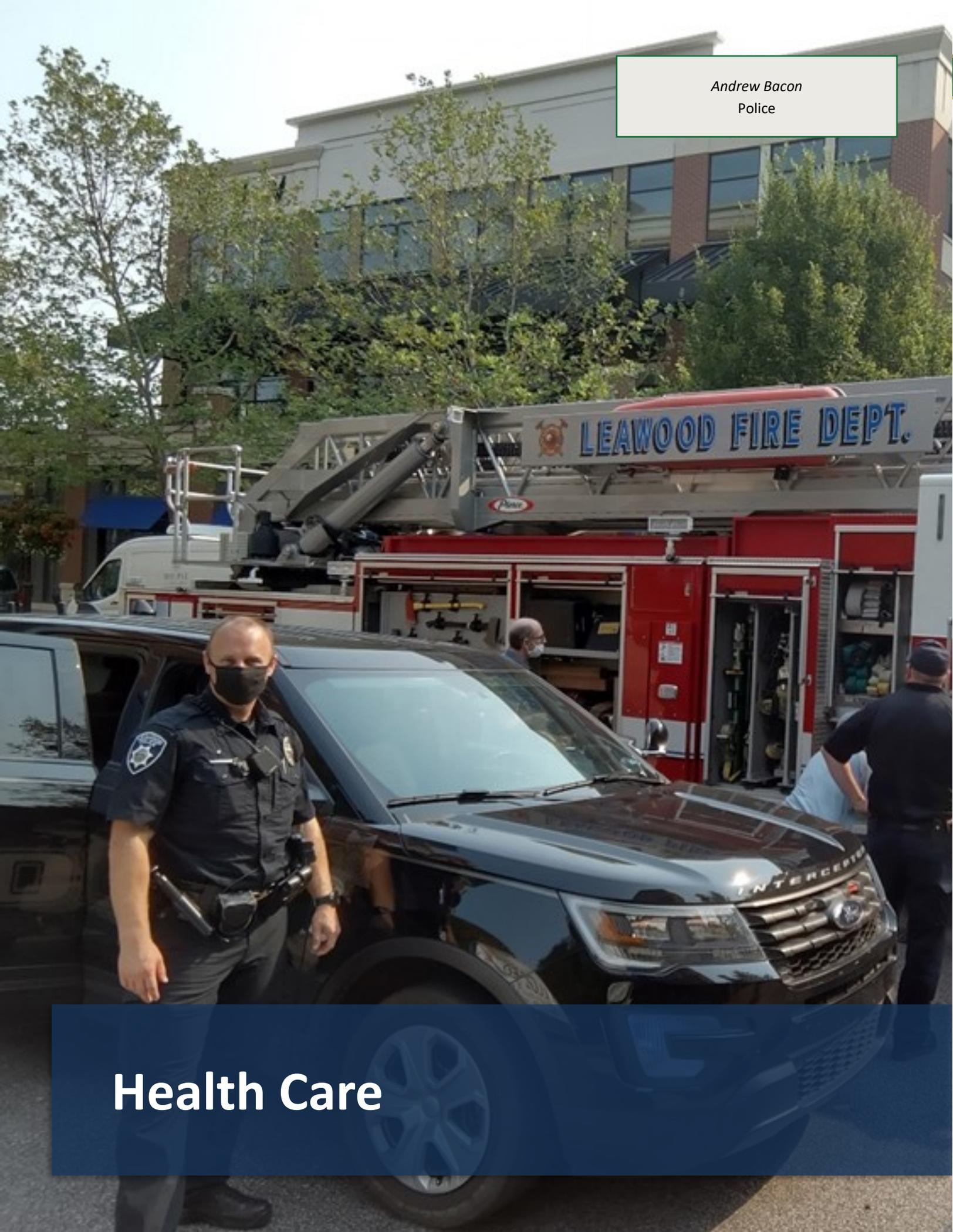
Eligible employees include any individual employed in a position classified as Regular Full-Time (40 - 53 hours per workweek) or Regular Part-Time (27 - less than 40 hours per workweek). Individuals classified as Part-Time (less than 27 hours per week), Seasonal, Variable, On-Call, or Elected are not eligible for most benefits.

Eligible Dependents include the following:

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

When adding dependents, supporting documents may be required to prove dependency. A list of acceptable dependent documents can be obtained by contacting the City's Human Resources department.

Andrew Bacon
Police



Health Care

Blue Cross Blue Shield of Kansas City will continue to be the health insurance provider for the 2022 plan year. The City will offer five (5) health plan options:

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

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

	A	B	C	D	E
Employee Only	\$0.00 ¹	\$0.00 ³	\$15.20	\$105.88	\$249.30
Employee + Spouse	\$295.56	\$510.58	\$558.54	\$748.98	\$1,050.14
Employee + Child(ren)	\$0.00 ²	\$0.00	\$41.00	\$204.22	\$462.36
Family	\$77.32	\$373.10	\$439.06	\$701.02	\$1,115.32

1, 2, 3 - Those electing this plan and tier will receive a contribution by the City to their individual UMB HSA on the first pay date in January and July of 2022 (1 - \$660.30 / 2 - \$1,106.58 / 3 - \$45.90).

Employees electing the QHDHP are eligible to establish an individual Health Savings Account (HSA) through UMB and make pre-tax contributions to their UMB HSA through payroll deduction. Because of their relationship with Blue Cross Blue Shield of Kansas City, UMB has decreased the monthly service fee for the HSA to \$2.50 per month for those accounts with a balance less than \$3,000; those HSAs with \$3,000 or more will have the monthly service fee waived. Employees may elect to setup an HSA at a non-UMB financial institution on their own, however the City will not be able to deduct contributions to the non-UMB HSA on a pre-tax basis. Employees with a Health Savings Account are not allowed to have a Healthcare Flexible Spending Account.

TIER	2022 HSA ANNUAL CONTRIBUTION LIMITS
Employee Only	\$3,650
Employee +1 / Family	\$7,300
Additional Catch-up Contribution (Age 55+)	\$1,000



Below are some basic questions you may have regarding some of the terminology used in the various benefits offered by the City:

QUESTION	ANSWER
What is a premium?	A premium is the monthly cost of maintaining your enrollment in the plan of your choice. For the City’s plans, the monthly premiums are divided equally between the first two paychecks. The premiums are generally shared between the City and the employee.
What is a deductible?	A deductible is the amount you pay out-of-pocket before your insurance pays. The deductible is within a calendar year and once you have met that dollar amount, you have met the requirement for the year. For example, if you have a deductible of \$500, you are required to pay that amount before the insurance begins to pay their percentage of the costs (see coinsurance). All deductibles count towards your out-of-pocket maximum.
What are copays?	Copayments or copays, as they’re commonly called, are a pre-set dollar amount you are expected to pay for office visits, medical procedures or prescription drugs under your insurance plan. Once the copay has been met, the insurance company pays all remaining costs. All copays count towards your out-of-pocket maximum. Copays do not count towards the annual deductibles.
What is coinsurance?	Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible. When your annual deductible is met, the insurance provider then shares the cost of your service with you. For example, if your coinsurance is 20%, this means you will pay 20% of the contract cost for a service and the insurance provider pays the other 80%, after you have met your annual deductible. All your coinsurance payments count towards your annual deductible and out-of-pocket maximum.
What is the out-of-pocket maximum?	An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including copays, deductibles and coinsurance throughout the plan year. These annual caps are set for a single person or a family. Once the out-of-pocket maximum is met insurance will cover 100% of remaining expenses.

SPIRA CARE

Spira Care, developed by Blue KC, combines integrated primary care and coverage in one place, simplifying the healthcare experience to make it more personal and affordable.

Lower Cost Quality Care Simplified Experience

INTEGRATED PRIMARY CARE



Routine Preventive Care

Adult & Pediatric Primary Care



Chronic Condition Management

Behavioral Health Consultations



Digital X-Rays at select locations

Routine Lab Draws



Extended Hours for Appointments



Patient Wellness Follow-Ups

Health Coaches On-Site

Blue KC members enrolled in Spira Care have access to convenient Care Centers located across the metro area, the expertise of our Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

CONVENIENT BENEFITS



Select Number of Generic Prescriptions Filled On-Site



Support in Understanding Your Plan's Network



Referrals & Scheduling for In-Network Specialists



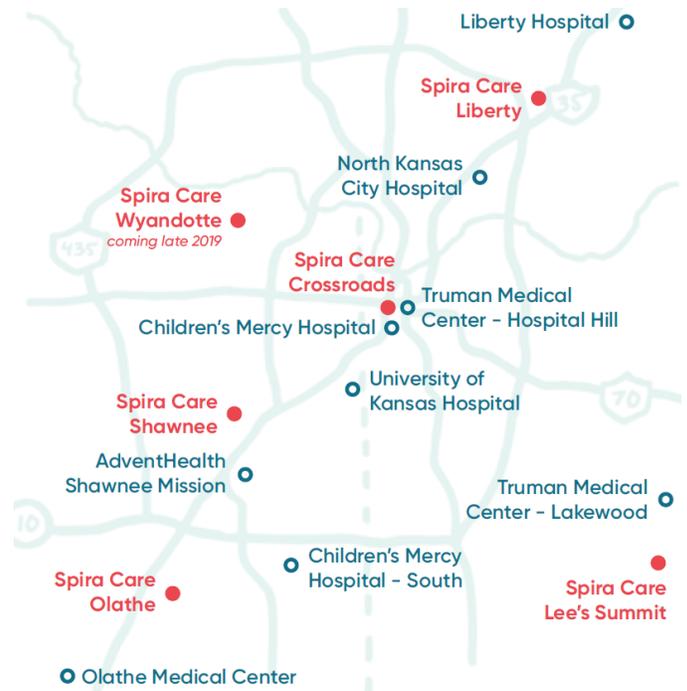
Access to *A Healthier You* Platform



Online Appointment Scheduling

Virtual Care and Online Communication with Your Care Team

Spira Care & BlueSelect Plus Network



Questions? Please call Spira Care at 1-877-33-SPIRA or go to SpiraCare.com

	A		B	
	QHDHP - BlueSelect Plus		QHDHP - Preferred Care Blue	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$2,800	\$8,400	\$2,800	
Family	\$5,600	\$16,800	\$5,600	
Coinsurance	Preferred 0%	Non-Preferred 30%	Preferred 0%	Non-Preferred 20%
Out-of-Pocket Maximum				
Individual	\$2,800	\$13,500	\$2,800	\$5,600
Family	\$5,600	\$54,000	\$5,600	\$11,200
Physician Office Visit	Deductible + Coinsurance		Deductible + Coinsurance	
Spira Care Center Visits	Deductible + Coinsurance	N/A	N/A	
Lab Services	Deductible + Coinsurance		Deductible + Coinsurance	
X-ray & Radiology	Deductible + Coinsurance		Deductible + Coinsurance	
Routine Vision Care Co-pay	Deductible + Coinsurance		Deductible + Coinsurance	
Emergency Room	Deductible + Coinsurance		Deductible + Coinsurance	
Urgent Care	Deductible + Coinsurance		Deductible + Coinsurance	
Prescription Drugs Retail	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1/Tier 2/Tier 3	Deductible then no Copay	Deductible then 50% after \$10/30/50	Deductible then no charge	Deductible then 50% after \$10/30/50
Prescription Drugs Mail-Order	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1/Tier 2/Tier 3	Deductible then no Copay	Deductible then 50% after \$20/60/100	Deductible then no charge	Deductible then 50% after \$20/60/100



C		D		E	
PPO - BlueSelect Plus		PPO - Preferred Care Blue		BUY-UP PPO I	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$500	\$1,500	\$500		\$0	\$1,000
\$1,000	\$3,000	\$1,000		\$0	\$2,000
Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
20%	50%	20%	40%	10%	30%
\$3,500	\$17,500	\$3,500	\$7,000	\$1,500	\$3,000
\$7,000	\$35,000	\$7,000	\$14,000	\$3,000	\$6,000
PCP: \$25 Specialist: \$35	Deductible + Coinsurance	PCP: \$25 Specialist: \$35	Deductible + Coinsurance	\$20 Copay	Deductible + Coinsurance
N/A		N/A		N/A	
No Copay	Deductible + Coinsurance	No Copay	Deductible + Coinsurance	No Copay	Deductible + Coinsurance
Deductible + Coinsurance		Deductible + Coinsurance		Deductible + Coinsurance	
\$25	Deductible + Coinsurance	\$25	Deductible + Coinsurance	\$20	Deductible + Coinsurance
\$200 Copay then Deductible + Coinsurance		\$200 Copay then Deductible + Coinsurance		\$75 Copay then Deductible + Coinsurance	
\$35	Deductible + Coinsurance	\$35	Deductible + Coinsurance	\$20	Deductible + Coinsurance
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$10/30/50	\$10/30/50 then 50%	\$10/30/50	\$10/30/50 then 50%	\$10/30/50	\$10/30/50 then 50%
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$20/60/100	\$20/60/100 then 50%	\$20/60/100	\$20/60/100 then 50%	\$20/60/100	\$20/60/100 then 50%



Dan Mahanke
Recreation



Dental Insurance

The City will continue to offer two (2) plans through Delta Dental of Kansas in 2022. Each plan covers the following services:

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

The monthly employee premium for each dental plan is below:

TIER	BASE	BUY-UP
Employee Only	\$4.70	\$9.98
Employee +1	\$36.18	\$47.28
Family	\$81.90	\$101.64



Katie Curatola-Burruss
Recreation



Tax Savings Accounts

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The City of Leawood offers both a Health Care FSA and Dependent Care FSA for benefits-eligible employees. You may contribute to either account or both. These accounts allow you to pay for out-of-pocket health expenses and dependent care expenses without paying taxes on the funds. The City will deduct any premiums for health, dental, and/or vision plans on a pre-tax basis from the employee's paycheck.

HEALTH FLEXIBLE SPENDING ACCOUNT (Up to \$2,750 annually)

Eligible employees can set up a separate pre-tax account for healthcare expenses if they are not participating the QHDHP. Most out-of-pocket health, dental and vision expenses may be paid through the Health Care FSA. During your open enrollment period, you may elect to contribute up to \$2,750 to this account on a pre-tax basis. Funds designated to this account are available for use on January 1 of the plan year, or first of the month, following your date of hire.

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

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

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

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

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



A man with a beard and mustache, wearing a checkered shirt, is speaking and gesturing with his right hand. The background is a blurred indoor setting.

Ricky Sanchez
Planning

Life Insurance & Long-Term Disability

LIFE INSURANCE and AD&D

The City provides group term life insurance, and accidental death and dismemberment coverage in the amount of 1 1/2 times base annual salary for all regular full-time and regular part-time benefits-eligible employees through Lincoln Financial Group. Coverage is effective the first day of hire or transfer to a benefits-eligible position. Coverage under these plans ends on the date an employee's active service ends for any reason. The City pays 100% of the cost of this coverage.

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

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

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

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

LONG-TERM DISABILITY

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

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

Dion Ratliff
Parks Maintenance



Voluntary Benefits

SUPPLEMENTAL VISION INSURANCE

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

COPAYS	PLAN 1: FULL PLAN	PLAN 2: MATERIALS ONLY
Exam	\$10	N/A
Materials (Copay applies to lenses and frames)	\$25	\$25
Contact Lens Fitting	\$25	\$25
SERVICES/FREQUENCY		
Exam	12 months	N/A
Frames	24 months	24 months
Lenses	12 months	12 months
Contact Lens Fitting	12 months	12 months
Contact Lenses	12 months	12 months

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

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



VOLUNTARY SHORT-TERM DISABILITY

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

LONG-TERM CARE

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

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

Long-Term Care Type	Annual Cost
Adult Day Health Care	\$18,200
Part-time Home Health Aide	\$24,596
Full-time Home Health Aide	\$49,192
Assisted Living Facility	\$45,000
Nursing Home - Semi-Private Room	\$85,775
Nursing Home - Private Room	\$97,455

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



CRITICAL ILLNESS

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

Benefits	
For you	Choose from \$5,000 to \$20,000 of coverage—in increments of \$5,000
For your spouse	Choose from \$2,500 to \$10,000 of coverage — in increments of \$2,500
For your child(ren)	Choose from \$2,500 to \$5,000 of coverage — in increments of \$2,500

Healthy Living Rider

\$75 benefit payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.

ACCIDENT INSURANCE

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the

Life & Dismemberment Losses (Employee only)	Benefit	
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$15,000	
Loss of one hand, foot, leg, or arm	\$7,500	
Loss of sight of one eye or loss of one eye	\$7,500	
Two or more fingers or toes	\$1,500	
Dislocations	Open (surgery)	Closed (no surgery)
Knee, ankle, bones of the foot	\$2,000	\$1,000
Elbow or wrist	\$800	\$400
Shoulder	\$1,000	\$500
Finger(s) or toe(s)	\$200	\$100
Fractures	Open (surgery)	Closed (no surgery)
Hip or thigh	\$4,000	\$2,000
Skull-depressed	\$7,500	\$3,750
Skull-simple	\$3,000	\$1,500
Vertebral process	\$700	\$350
Bones of the face & nose	\$700	\$350
Leg	\$2,000	\$1,000
Vertebrae, Sternum	\$1,600	\$800



Nick Ray
Public Works



Work / Life Balance

PAID HOLIDAY SCHEDULE

The City establishes fixed holidays to allow citizens and employees to plan for the closing of City offices. It is the policy of the City to provide employees with additional personal (floating) days recognizing the importance of family time and traditions. Holidays are observed on the actual date of the holiday except whenever a holiday falls on a Saturday, the preceding Friday shall be observed. When a holiday falls on a Sunday, the following Monday shall be observed. If an additional fixed holiday is observed, the number of personal holidays granted will be such that the total of fixed and personal holidays shall not exceed eleven (11) days. Employees scheduled to work 2,756 hours will observe the designated holiday on the actual date. Police department shift employees will be granted 88 hours (44 on January 1 and 44 on July 1); new hires will receive a prorated amount based on their date of hire.

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

- New Year’s Day;
- Martin Luther King, Jr. Day;
- Memorial Day;
- Independence Day;
- Labor Day;
- Thanksgiving Day;
- Day after Thanksgiving Day; and
- Christmas Day.

Dates for 2022 Holidays are as follows:

Holiday	Date Observed
New Year’s Day	Friday, December 31, 2021
Martin Luther King, Jr. Day	Monday, January 17
Memorial Day	Monday, May 30
Independence Day	Monday, July 4
Labor Day	Monday, September 5
Thanksgiving Day	Thursday, November 24
Day after Thanksgiving Day	Friday, November 25
Christmas Day	Monday, December 26



VACATION LEAVE

The City provides vacation leave with pay to regular full-time and regular part-time employees.

Employees are eligible to use vacation after six (6) months of employment. Vacation may not be used until it has been earned. Employees are required to take a minimum of 3 days of vacation each year not including any compensatory time, personal days, or any other type of accrued leave.

Vacation is earned at the following rates:

Regular Part-Time (27-39 hours /week) and Part-Time Employees (20-26 hours/week)			
Years of Service	26 Pay Periods	Maximum Annual Accrual	Maximum Accrual Carryover
0 - 5	Prorated based on position's budgeted FTE		Prorated
6 - 10	Prorated based on position's budgeted FTE		Prorated
10+	Prorated based on position's budgeted FTE		Prorated

Regular Full-Time Employees (40 hours /week)			
Years of Service	26 Pay Periods	Maximum Annual Accrual	Maximum Accrual Carryover
0 - 5	3.25 hours	84.50 hours	300 hours
6 - 10	4.75 hours	123.50 hours	300 hours
10+	6.25 hours	162.50 hours	300 hours

Regular Full-Time Employees (2,756 hours/year schedule)			
Years of Service	26 Pay Periods	Maximum Annual Accrual	Maximum Accrual Carryover
0 - 5	4.50 hours	117.00 hours	400 hours
6 - 10	6.50 hours	169.00 hours	400 hours
10+	8.75 hours	227.50 hours	400 hours

SICK LEAVE

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

It is also the policy of the City to reward employees who demonstrate a high degree of attendance by allowing eligible employees to accrue unused sick leave, and, upon proper conditions, receive payment for a portion of the accrued time.

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

Regularly Scheduled Work Hours	Sick Leave Earned (26 Pay Periods)	Maximum Accrual Carryover
Regular, Full-Time (40 hours/week)	3.75 hours	720 hours
Regular, Part-Time (27-39 hours/week)	Prorated based on position’s budgeted FTE	Prorated based on position’s budgeted FTE
Part-Time (20-26 hours/week)	Prorated based on position’s budgeted FTE	Prorated based on position’s budgeted FTE
Regular, Full-Time (2,756 hours/year)	5.75 hours	1,080 hours

VACATION / SICK LEAVE BUY-BACK

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



MILITARY LEAVE

The City will grant any regular full-time employee who is a member of the organized reserves or any branch of the Armed Forces of the United States, including the National Guard, and other positions specified in USERRA, and who is called to active duty up to ten (10) days of paid military leave (106 hours for 24 hour shift firefighters) in a calendar year. Such leave will not count against accrued vacation or sick leave.

EDUCATION REIMBURSEMENT PROGRAM

The City encourages employees in pursuing educational opportunities that are of benefit to both the City and the employee. Any regular, full-time employee who has successfully completed their introductory period, is eligible to receive up to \$2,000 on a reimbursement basis per calendar year towards undergraduate and graduate educational coursework. In order to receive reimbursement, the employee must submit for pre-approval before coursework begins and complete the course with at least a 2.0 grade on a 4.0 scale (undergraduate) or a 3.0 grade on a 4.0 scale (post-graduate). The City's assistance will only apply to those amounts not covered by other sources such as grants, scholarships or waivers. Fees for textbooks, materials, activity fees, parking fees, campus fees, and on-line charges will not be reimbursed.

EMPLOYEE ASSISTANCE PROGRAM

Beginning in 2022, the City will begin a partnership with ComPsych to provide an Employee Assistance Program to help employees and their families resolve personal or behavioral problems they may encounter. Services include up to six (6) visits per incident for assistance for psychological, financial, and legal issues faced. Participation in the services offered are kept confidential, except as necessary to protect the safety of the employee, others, or City property.

THIS PAGE INTENTIONALLY LEFT BLANK.



Anna Hill & Karry Rood
Police



Retirement

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

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

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

401a / 457 / Roth IRA OPTIONS

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

The City will continue to offer two different providers for 401a and 457 contributions in 2022, MissionSquare and Voya. Representatives from both providers are available throughout the year for questions regarding investment performance, changing your investment allocations, and planning for retirement.

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

BENEFIT	PROVIDER	CONTACT INFORMATION
Medical	Blue Cross Blue Shield of Kansas City	bluekc.com 888-989-8842
Mail Order Pharmacy	OptumRx	bluekc.com 888-989-8842
Dental	Delta Dental of Kansas	deltadentalks.com/subscribers 913-381-4928
Vision	Superior Vision	superiorvision.com 800-507-3800
Employee Assistance Program	ComPsych	compsych.com 800-851-1714
Life, Long-Term Disability, Voluntary Short-Term Disability	Lincoln Financial Group	800-423-2765
Long-Term Care	Unum	unum.com 866-679-3054
Critical Illness & Accident Insurance	Sun Life	sunlife.com/us/ 800-786-5433
KPERS / KP&F	KPERS	kpers.org 888-275-5737
401a / 457 / Roth IRA	MissionSquare	icmarc.org 800-669-7400
	Voya Financial	voya.com 855-ONE-VOYA
Flexible Spending Accounts	Navia Benefit Solutions	800-669- 3539 service@naviabenefits.com www.naviabenefits.com



THIS PAGE INTENTIONALLY LEFT BLANK.



Shane Schreckenghaust
Parks Maintenance



Required Notices & Disclosures

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563



KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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



HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% for plans that start in 2022 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

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

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



PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

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

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

- As your employer, we offer a health plan to some employees.
Eligible employees are:
All full-time employees actively working 27 hours per week
Retirees and their dependents who are eligible in accordance with the City of Leawood Employee Benefits Program
- With respect to dependents, do offer coverage.
Eligible dependents are:
The employee’s legal spouse & children of the employee or the employee’s legal spouse (up to the end of

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

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

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



SPECIAL ENROLLMENT RIGHTS NOTICE

This notice is being provided to insure that you understand your right to enroll in the **CITY OF LEAWOOD, KANSAS Group Health Care Plan**. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

- Exhaustion of COBRA
- Loss of eligibility for other coverage due to legal separation or divorce
- Death of the employee
- Termination of employment or reduction in hours
- Employer contributions for other non-COBRA coverage ceases

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 31 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Example: If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment within 31 days after the marriage, birth, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

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



Important Notice from CITY OF LEAWOOD, KANSAS About Your Prescription Drug Coverage and Medicare

This Creditable Coverage Notice Pertains to the BCBSKC PPO and BlueSaver HDHP Plans

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current coverage will not be affected. Please refer to the Blue Cross Blue Shield of Kansas City Health Care Plan Summary document for an explanation of the prescription drug coverage plan provisions/options under the CITY OF LEAWOOD, KANSAS Group Health Care Plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current CITY OF LEAWOOD, KANSAS Group Health Care Plan coverage, be aware that you and your dependents will not be able to get this coverage back unless you reenroll on the active employee group health plan during the annual open enrollment period or experience a mid-year qualifying status change event.

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

You should also know that if you drop or lose your current coverage with the CITY OF LEAWOOD Group Health Care Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through the CITY OF LEAWOOD Group Health Care Plan changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

Visit www.medicare.org

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Dated: January 1, 2022

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

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



**** Continuation Coverage Rights Under COBRA****

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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



Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the CITY OF LEAWOOD, KANSAS Group Health Care Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

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

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

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated;

or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

Are there other coverage options besides COBRA Continuation Coverage?

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

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

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

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

CITY OF LEAWOOD, KANSAS
Nicholas Sanders—Director of Human Resources
nics@leawood.org

4800 Town Center Drive
Leawood, Kansas 66211
(913) 663-9105



WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") was signed into law on October 21, 1998. The WHCRA which amends ERISA, requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies.

Because your group health plan offers coverage for mastectomies, WHCRA applies to your plan. The law mandates that a participant who is receiving benefits, on or after the law's effective date, for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy will also receive coverage for:

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

The CITY OF LEAWOOD, KANSAS Group Health Plans provide coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on the WHCRA benefits, please refer to your employee health care plan document summary, or contact:

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

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

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

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



BLUE CROSS AND BLUE SHIELD OF KANSAS CITY PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Privacy Practices

We may use and disclose your medical information, without your permission, for treatment, payment, and health care operations activities. We may use and disclose your medical information, without your permission, when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your care or payment for your health care. We may disclose your medical information to appropriate public and private agencies in disaster relief situations.

We may disclose to your employer whether you are enrolled or disenrolled in the health plans it sponsors. We may disclose summary health information to your employer for certain limited purposes. We may disclose your medical information to your employer to administer your group health plan if your employer explains the limitations on its use and disclosure of your medical information in the plan document for your group health plan.

We will not otherwise use or disclose your medical information without your written authorization. You have the right to examine and receive a copy of your medical information. You have the right to receive an accounting of certain disclosures we may make of your medical information. You have the right to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Contact Information

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Office.

Contact Office: Privacy Office
Blue Cross and Blue Shield of Kansas City
P. O. Box 417012
Kansas City, MO 64141
Telephone: 816-395-3784 or toll free at 1-800-932-1114
Fax: 816-395-2862
E-Mail: privacy@bluekc.com



Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your medical information, and the medical information of others they service, for the health care operations of their joint activities.

Blue Cross and Blue Shield of Kansas City
Good Health HMO, Inc.
Blue-Advantage Plus of Kansas City, Inc.
Missouri Valley Life and Health Insurance Company

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 1, 2006 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

Uses and Disclosures of Your Medical Information

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your medical information, without your permission, to pay claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;



We may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Your Employer: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours.

We may disclose your medical information and the medical information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your medical information. Please see your group health plan document for a full explanation of those limitations.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Your Rights: If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request.

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact our Privacy Office for information about our fees.

Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

Amendment: You have the right to request that we amend your medical information. We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

Complaints: If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information, you may complain to our Privacy Office. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.



