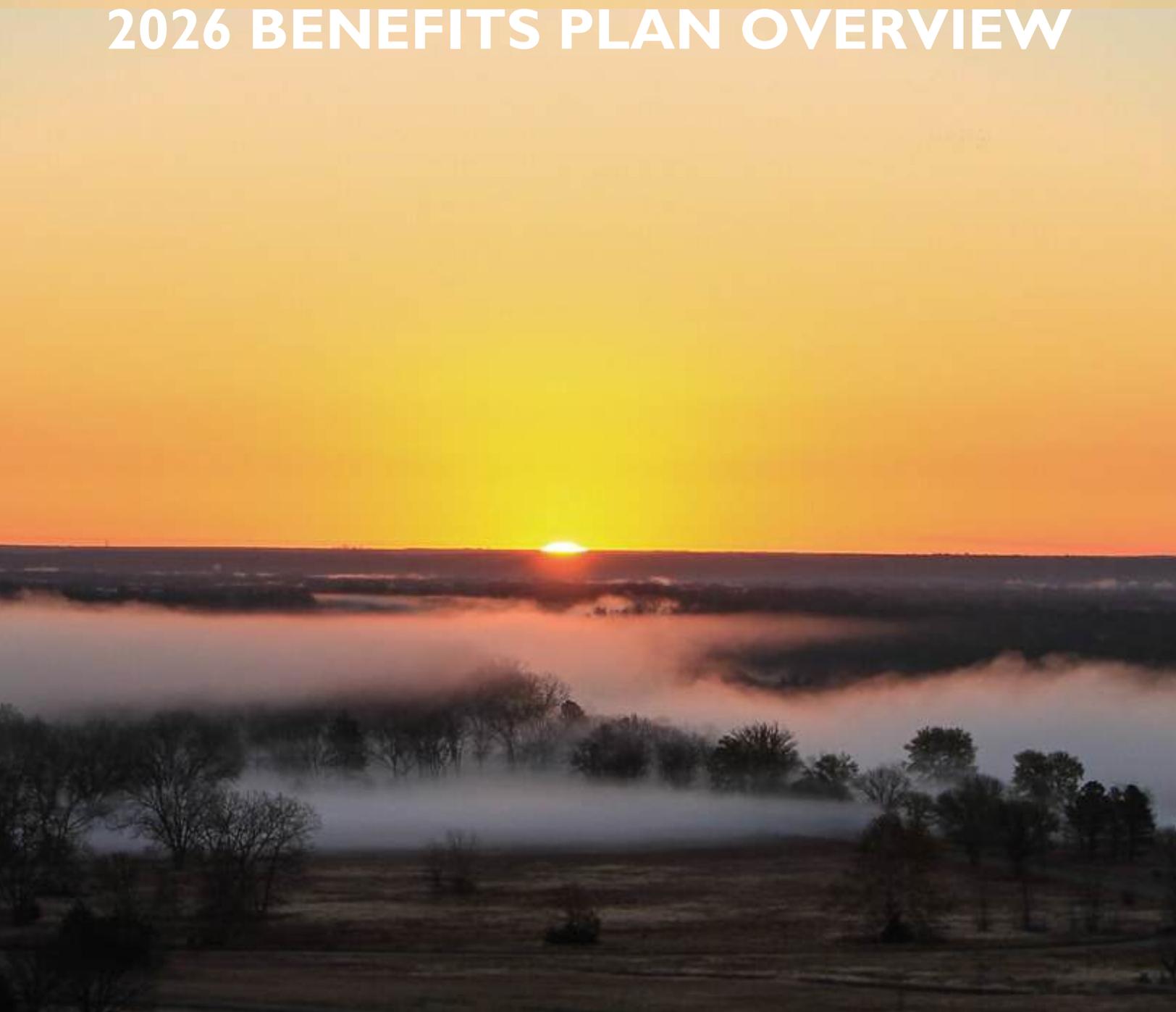




# GEARY COUNTY

## KANSAS

### 2026 BENEFITS PLAN OVERVIEW





# ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

## STEP 1. LOG IN

Go to <https://www.employeenavigator.com/benefits>

**Returning Users:** Log in with the username and password you created.

**New Users:** Click on the Registration Link in the email sent to you from your administrator or Register As New User.

Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)



**COMPANY IDENTIFIER: Geary County**

## STEP 2. BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

## STEP 3. UPDATE PERSONAL INFO

After clicking **Start Enrollment**, you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

## STEP 4. ELECT YOUR BENEFITS

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

## STEP 5. ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

## STEP 6. REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything

looks correct to complete your enrollment. You may login and view your online summary at any point during the year.



**Scan me for  
Employee  
Navigator access at  
your fingertips!**



For help contact:  
[enrollmentsupport@bukaty.com](mailto:enrollmentsupport@bukaty.com)  
913.345.0440

# Welcome

We recognize that our employees are our most valuable resource and your benefits program is extremely important to Geary County. It is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our success and position us well for the future. Thank you for your ongoing commitment. We are proud to include all of you as part of the Geary County family.

Please take the time to review this entire packet and utilize our consultants to verify or reaffirm your elections.

*This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. 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.*

## Your Bukaty Service Team

Your dedicated service team is available to help with enrollment, address claims, billing and other benefit-related questions. Please contact them by phone or email. They will work to ensure your satisfaction.



**Cortny Bichelmeyer**  
*Benefits Consultant*  
cbichelmeyer@bukaty.com

Cortny oversees all aspects of your employee benefits program.



**Emily Ahlvers**  
*Benefits Consultant*  
eahlvers@bukaty.com

Emily oversees all aspects of your employee benefits program.



**Hayley Johansen**  
*Client Service Specialist*  
hjohansen@bukaty.com  
913-396-0864

Hayley is responsible for assisting clients and members with day-to-day administrative and service issues.



**Whitney Ahlvers**  
*Account Executive*  
wahlvers@bukaty.com  
913-647-3975

Whitney obtains carrier quotes, prepares spreadsheets, and assists clients through the enrollment process.



# Contact Information

<b>COMPANY CONTACT</b>	Crystal Malchose – <a href="mailto:cmalchose@gearycounty.org">cmalchose@gearycounty.org</a>
<b>MEDICAL</b>	Blue Cross Blue Shield of Kansas – 800.432.3990 – <a href="http://www.bcbsks.com">www.bcbsks.com</a>
<b>TELEMEDICINE</b>	Blue Cross Blue Shield of Kansas – 800.432.3990 – <a href="http://www.bcbsks.com">www.bcbsks.com</a>
<b>VISION</b>	Surency – 866.818.8805 – <a href="http://www.surency.com">www.surency.com</a>
<b>DENTAL</b>	Delta Dental of KS – 800.234.3375 – <a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
<b>WORKSITE</b>	Guardian – 888.482.7342 – <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>LEGAL</b>	Legal Shield – 844.699.7076 – <a href="http://www.werelegalshield.com">www.werelegalshield.com</a>
<b>MEDICAL TRANSPORT</b>	MASA – 877.5303.0585 – <a href="http://www.masamts.com">www.masamts.com</a>
<b>HSA / FSA</b>	NueSynergy – 855.890.7239 – <a href="http://www.nuesynergy.com">www.nuesynergy.com</a>
<b>PET INSURANCE</b>	Independence Pet Group – 844.738.4242 – <a href="http://www.independancepetgroup.com">www.independancepetgroup.com</a>

## What are my Eligibility Options for Coverage?

<b>NEW HIRE</b>	You are eligible to participate in the employee benefit plan the first day of the month following 30 days of hire.
<b>NEW HIRE DEPENDENTS</b>	Eligible dependents may also participate beginning on the first day of the month following 30 days of hire; eligible dependents include your legal spouse and/or child(ren) under the age 26.
<b>QUALIFYING LIFE EVENT</b>	Eligibility outside open enrollment or new hire period: Documented qualifying life event to change coverage must be submitted to the carrier within 30 days. Includes involuntary loss of other coverage, marriage, divorce, birth of new child, dependent child ages out of eligibility, or gains coverage elsewhere.
<b>OPEN ENROLLMENT</b>	Changes outside your new hire period and a qualifying life event can be made once a year when the company policy renews. Everyone who is eligible for benefits, with or without coverage, is required to complete the enrollment process. If you do not complete the process, your previous year coverages will become inactive and no longer valid.
<b>HOW TO ENROLL</b>	Enroll online in Employee Navigator: <a href="http://www.bukaty.com/online-enrollment">www.bukaty.com/online-enrollment</a> (see pages at the end of the packet for instructions) Or call service representative at Bukaty Companies.

# WHERE TO SEEK CARE

*Smart medical consumerism starts with understanding where to secure quality, cost-effective care.*



\$

## TELEHEALTH CARE

When you need quick access for non-life-threatening conditions, telehealth care can save you time and money.

- Allergies
- Bug bites
- Earache
- Infections
- Poison ivy, rash
- Sore throat



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## RETAIL HEALTH CARE

For convenient, walk-in care for non-emergency conditions.

- Basic screenings
- Infections
- Minor injuries
- Rash
- Skin conditions
- Sports physicals
- Vaccinations

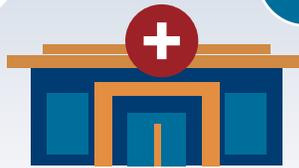


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## PRIMARY CARE

Secure an appointment with your doctor for general care and health concerns.

- Cold, flu symptoms
- Immunizations
- Medication refills
- Well visits



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## URGENT CARE

Generally appropriate for after-hours and weekend care for non-life-threatening incidents.

- Cuts requiring stitches
- Ear infections
- Fever or flu
- Mild asthma symptoms, Sprain, strains
- Urinary tract infection



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## EMERGENCY CARE

In the event of a life-threatening emergency, call 911 or seek care in an emergency room.

- Broken bone
- Chest pain, heart attack
- Choking
- Head injury
- Poisoning
- Respiratory distress
- Severe burns

Your employer-sponsored health care plan generally covers some or all cost associated with medical care secured at various health care outlets. Check your summary plan documents for applicable copays, deductible or coinsurance amounts, or contact your Bukaty Companies service representative.

# Medical Plan I

You are eligible to participate in the employee benefit plan on the first of the month following 30 days of employment. 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 BCBSKS at 800.432.3990 or visit [www.bcbsks.com](http://www.bcbsks.com).

Option I - \$500	In-Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$500 / \$1,000	Additional 20% non-PPO network of the allowable**
Out-of-pocket max. individual/family (includes deductible.)	\$4,500 / \$9,000	Additional 20% non-PPO network of the allowable**
Co-insurance	80%	80%**
Office visit/specialist	\$35/\$70 Copay	\$35/\$70 Copay**
Preventive Care Services	100%	100%**
Adult and child immunizations	100%	100%**
Mammograms, PSA, Pap Smear tests	100%	100%**
Pharmacy prescription drug coverage: Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$15/\$50/\$75/\$150/ 20% up to \$250	\$15/\$50/\$75/not covered**
Mail order prescription drug coverage: Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$37.50/\$125/\$187.50 Copay	N/A
Urgent care facility*	\$70 Copay	\$70 Copay**
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient lab services	Up to \$300/person, then Ded. & Coins.	Deductible & Coinsurance**
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance**
Emergency services	\$300 Copay, then Ded. & Coins.	Paid as In-Network**
Skilled nursing facility	Deductible & Coinsurance	Deductible & Coinsurance**
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance**
Physical, Occupational, Speech & Hearing Therapy (limited to 20 visits per year)	Deductible & Coinsurance	Deductible & Coinsurance**
Lifetime maximum	Unlimited	

\*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<b>Full Time</b> Employee Pays:	\$84.24	\$358.71	\$333.85	\$540.32
<b>Part Time</b> Employee Pays:	\$136.24	\$673.21	\$633.35	\$994.82

# Medical Plan 2

You are eligible to participate in the employee benefit plan on the first of the month following 30 days of employment. 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 BCBSKS at 800.432.3990 or visit [www.bcbsks.com](http://www.bcbsks.com).

Option 2 - \$1,500	In-Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$1,500 / \$3,000	Additional 20% non-PPO network of the allowable**
Out-of-pocket max. individual/family (includes deductible.)	\$4,500 / \$9,000	Additional 20% non-PPO network of the allowable**
Co-insurance	80%	80%**
Office visit/specialist	\$35 Copay / \$70 Copay	\$35 Copay / \$70 Copay
Preventive Care Services	100%	100%**
Adult and child immunizations	100%	100%**
Mammograms, PSA, Pap Smear tests	100%	100%**
Pharmacy prescription drug coverage: Tier 1 / Tier 2/ Tier 3/ Tier 4/ Tier 5	\$15/\$50/\$75/\$150/20% up to \$250	\$15/\$50/\$75/not covered**
Mail order prescription drug coverage: Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$37.50/\$125/\$187.50 Copay	N/A
Urgent care facility*	\$70 Copay	\$70 Copay**
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient lab services	100% to \$300 max, then Ded. & Coins.	Deductible & Coinsurance**
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance**
Emergency services	\$300 Copay, then Ded. & Coins.	Paid as In-Network**
Skilled nursing facility (limited to 60 days per year)	Deductible & Coinsurance	Deductible & Coinsurance**
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance**
Physical, Occupational, Speech & Hearing Therapy (limited to 20 visits per year)	Deductible & Coinsurance	Deductible & Coinsurance**
Lifetime maximum	Unlimited	

**\*Copayment applies to the Office Visit Charge Only. Lab performed by a contracted urgent care is paid at 100%. Other services/ procedures that are performed by an urgent care provider are subject to the Network Deductible and Coinsurance level.**

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Full Time Employee Pays:	\$71.57	\$331.34	\$308.52	\$500.28
Part Time Employee Pays:	\$123.57	\$645.34	\$607.02	\$953.78



# Medical Plan 3

You are eligible to participate in the employee benefit plan on the first of the month following 30 days of employment. 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 BCBSKS at 800.432.3990 or visit [www.bcbsks.com](http://www.bcbsks.com).

Option 3 - HDHP Plan	In-Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$3,400 / \$6,800	Additional 20% non-PPO network of the allowable**
Out-of-pocket max. individual/family (includes deductible.)	\$6,350 / \$12,700	Additional 20% non-PPO network of the allowable**
Co-insurance	100%	100%**
Office visit/specialist	Deductible	Deductible**
Preventive Care Services	100%	100%**
Adult and child immunizations	100%	100%**
Mammograms, PSA, Pap Smear tests	100%	100%**
Pharmacy prescription drug coverage: Tier 1 / Tier 2/ Tier 3/ Tier 4/ Tier 5	\$15/\$50/\$75/\$150/20% up to \$250 *After Deductible	\$15/\$50/\$75/not covered** *After Deductible
Mail order prescription drug coverage: Tier 1/ Tier 2/ Tier 3	\$37.50/\$125/\$187.50 *After Deductible	N/A
Urgent care facility*	Deductible	Deductible**
Inpatient hospital care	Deductible	Deductible**
Outpatient hospital care	Deductible	Deductible**
Outpatient lab services	Deductible	Deductible**
Outpatient surgery and scopes	Deductible	Deductible**
Emergency services	Deductible	Paid as In-Network**
Skilled nursing facility	Deductible	Deductible**
Durable medical equipment	Deductible	Deductible**
Physical, Occupational, Speech & Hearing Therapy (limited to 20 visits per year)	Deductible	Deductible**
Lifetime maximum	Unlimited	

**\*\*You pay an additional 20% coinsurance up to a maximum of \$2,000 per person each benefit period and any remaining balance. You also pay any deductible, coinsurance or shared payment amounts in excess of benefit limitations and non-covered services.**

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Full Time Employee Pays:	\$57.85	\$281.28	\$262.47	\$412.90
Part Time Employee Pays:	\$98.85	\$581.28	\$547.47	\$852.90

**\*Employees must make a minimum contribution per pay period to receive the employer match. Employee only coverage, minimum contribution of \$25. Employee + dependent(s), minimum contribution of \$35.**

# Welcome to BlueAccess®

Our secure online member portal is the gateway to your health information

With BlueAccess, you can quickly and securely:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

Registration is quick and simple

- 1 Go to [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).
- 2 Click *Register for a BlueAccess account*.
- 3 Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.

[bcbsks.com/app](https://bcbsks.com/app)



For a complete look at your healthcare plan, log in to your BlueAccess account at [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.
  - View your copay, deductible and coinsurance amounts
  - Common medical coverage information
  - Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** | See how much we paid, what your responsibility is and what the provider write-off amount is.
- 5 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365®** | Exclusive health and fitness deals and discounts.



1133 SW Topeka Blvd, Topeka, KS 66629

An independent licensee of the Blue Cross Blue Shield Association.





# TAX SAVINGS FOR QUALIFIED EXPENSES

## Health Savings Account (HSA)



A Health Savings Account is an individually owned, tax-favored account that allows consumers to pay for qualified health care expenses.

An HSA must be coupled with a High Deductible Health Plan (HDHP) to receive the tax advantages allowed by the IRS. Premiums associated with an HDHP are typically lower than a traditional plan, allowing you to capture the savings to fund an HSA.

Similar to a 401(k), you 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-pocket medical expenses, such as deductible and prescription drug expenses. Once the deductible is met, the health plan begins paying some or all covered expenses, depending on the plan selected.

### HSA Eligibility

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

- You must be covered under a qualified HDHP 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.

**\*To be eligible for the Employer Contribution, the employee must contribute a minimum of \$25 per pay period with employee only coverage; or \$35 per pay period for employee + dependent(s).**

### How Much Can I Contribute to an HSA?

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

#### Contribution Limits

- Individual: \$4,400 in 2026
- Family: \$8,750 in 2026
- Catch-Up (55 and older): \$1,000

#### Deductible Requirements

- Individual: Not less than \$1,700 in 2026
- Family: Not less than \$3,400 in 2026

#### Max Out-of-Pocket Requirements

- Individual: Not to exceed \$8,500 in 2026
- Family: Not to exceed \$17,000 in 2026
- You must be covered under a qualified HDHP and cannot have other health care coverage.

### Benefits and Savings

HSAs provide several tax- and cost-savings benefits. By combining an HSA with a qualified HDHP, you can reduce your insurance premiums. Because it is a triple-tax savings account, contributions are 1) made tax free, 2) grow tax free and 3) can be withdrawn tax free to pay for a variety of qualified medical expenses, many of which are not covered by traditional health insurance plans (including dental visits, prescription drugs, eyeglasses, contact lenses, and chiropractor visits).

Unlike other benefit accounts, unused funds are rolled over annually, enabling them to be used for future expenses.

Health Savings Account						
Full-time	EE* Contribution (per ppd)		ER Contribution (per ppd)		2026 IRS Annual Limits	
EE only	\$25 - \$138.33	\$3,320/yr max	\$45/ppd	\$1,080/yr max	\$4,400/yr	
EE & Dependent(s)	\$35 - \$309.58	\$7,430/yr max	\$55/ppd	\$1,320/yr max	\$8,750/yr	
Part-time						
EE only	\$25 - \$153.33	\$3,680/yr max	\$30/ppd	\$720/yr max	\$4,400/yr	
EE & Dependent(s)	\$35 - \$324.58	\$7,790/yr max	\$40/ppd	\$960/yr max	\$8,750/yr	



### Example of HSA-eligible expenses

The IRS allows certain medical, dental, vision, and related services to be reimbursed through an HSA. Below is a partial list of expenses that qualify for HSA reimbursement. Over-the-counter (OTC) medications, while not listed below, are now eligible for HSA reimbursement.

- Acupuncture
- Alcoholism treatment
- Ambulance service
- Artificial limb/teeth
- Bandages, Band-Aids, wraps, and splints
- Breast-reconstructive surgery following a mastectomy
- Birth control pills (Norplant, ovulation kits)
- Braille books and magazines
- Chiropractor professional fees
- Christian Science Practitioner fees
- Contact lenses/solution
- Contraceptives
- Crutches/braces and supports
- Dental treatment (exams, x-rays, fillings, root canals, dentures, and orthodontia; cosmetic treatments are not allowed}
- Diagnostic services and tests
- Drug dependency treatments
- Drugs (prescriptions)
- Eye surgery (includes cataract, LASIK, corneal rings, etc.)
- Physical therapy
- Pregnancy test kits
- Psychologist fees
- Schools and education (for mentally impaired or physically disabled person - see IRS publication 502)
- Special home for person adjusting from life in a mental institution to community living
- Sterilization procedures (vasectomy or tubal ligation)
- Stop-smoking program
- Surgical fees (for legal operations not cosmetic in nature)
- Speech therapy
- Eyeglasses, prescription
- Fertility treatment (ovulation predictor kits and

pregnancy tests, in vitro fertilization, reverse a prior surgery that prevents you from having children)

- Guide dog or other animal used to assist persons with physical disabilities
- Health institute
- Hearing aids and batteries
- Hospital services
- Insulin, syringes
- Laboratory fees
- Lead-based point removal
- Legal fees (to authorize treatment for mental illness)
- Meals (only as part of inpatient hospital care)
- Nursing home (if necessary for medical care)
- Nursing services
- Operations (legal operations that are not cosmetic in nature)
- Orthodontia
- Orthopedic devices
- Osteopath fees
- Oxygen equipment
- Transplants (donor expenses, if you)
- Transportation and related travel expenses for a person seeking treatment (see IRS Publication 502)
- Treatment for learning disability caused by mental impairment, physical impairment, or nervous system disorders (Treatment must be recommended by a physician - see IRS Publication 502)
- Vaccinations
- Weight-loss program (only if medically necessary to treat existing disease and prescribed by a physician)
- Wheelchair
- Wigs (if purchased upon advice of a physician for the mental health of a patient)
- X-ray fees

### More information about eligible expenses

This list is subject to change without notice due to legislation. A list of these expenses is available at [www.IRS.gov](http://www.IRS.gov) in IRS Publication 502, "Medical, Dental, and Vision Expenses." In addition, [HSAstore.com](http://HSAstore.com) is also a useful resource.



## Your Flexible Spending Account

### What is a FSA?

Your Employer provides you with the opportunity to enroll in a Flexible Spending Arrangement or FSA. The FSA allows you to set aside money on a pre-tax basis to pay for eligible medical, dental, and vision expenses. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period. There are two types of FSAs available to help you save – a healthcare FSA and a dependent care FSA.

### 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 bi-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	\$1,333.33	\$1,333.33
FICA, Fed/State Taxes	\$275.48	\$203.24
Insurance Premiums	\$50.00	\$50.00
Health & Daycare Exp.	\$200.00	\$200.00
<b>NET EARNINGS</b>	<b>\$807.85</b>	<b>\$880.09</b>
Savings Per Paycheck		\$72.24
Savings Per Month		\$144.48
Savings Per Year		\$1,733.76

### 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)
- Summer day camp
- Nursery school & preschool
- Before and after school programs

### FSA Carryover

FSA funds must be used during the current calendar year, however your employer has allowed you to carry over up to **\$640** of unused Healthcare FSA funds into a new FSA plan year.

### Healthcare FSA

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

Copays, coinsurance & deductibles | Prescriptions Dental (excludes cosmetic) | Orthodontics  
Over-the-counter (OTC) items\* | Vision Items

\*Most OTC items require a prescription. Below are OTC items that do not require prescription:

Contact lens supplies | Braces & Supports  
Band-aids, elastic bandages | Denture adhesive  
Insulin & diabetic supplies | Reading glasses  
Ostomy products First aid supplies

### Tools and Resources

#### NueSynergy Mobile

A free mobile app that provides access to your benefit account anywhere at any time.

- File a claim and submit documentation
- Check balances and transaction history
- View plan communications

#### NueSynergy Benefits Debit Card

Provides participants a convenient way to pay for eligible expenses directly from their designated benefit account, rather than paying out-of-pocket and waiting for reimbursement.

- Online and mobile account access to conveniently manage transactions
- Able to access all benefit accounts with one card

#### NueSynergy Mobile

A free mobile app that provides access to your benefit account anywhere at any time.

- File a claim and submit documentation
- Check balances and transaction history
- View plan communications



## Eligible FSA Expenses

HEALTH CARE EXPENSES	DEPENDENT CARE FSA EXPENSES
Acupuncture	After school program
Ambulance service	Au Pair
Artificial limb/teeth	Babysitting (work-related, in your home or someone else's home)
Bandages, Band-Aids, wraps, and splints	Babysitting by your relative who is not a tax dependent (work-related)
Birth control pills (Norplant, ovulation kits)	Before or after school programs
Chiropractor professional fees	Child care
Contact Lenses/solution	Dependent care (while you work, to enable you to work or look for work)
Contraceptives	Extended care (supervised program before or after regular school hours)
Crutches/braces & supports	Housekeeper who cares for child (only portion of payment attributable to work-related child care)
Dental treatment	Nanny
Diagnostic services and tests	Nursery school
Drugs (prescriptions)	Payroll taxes related to eligible care
Eye Surgery (includes cataract, LASIK, etc.)	Preschool
Physical therapy	Registration fees (required for eligible care, after actual services are received)
Pregnancy test kits	Sick child care
Psychologist fees	Summer day camp
Schools and education (for mentally impaired or physically disabled person – see IRS publication 502)	Transportation to and from eligible care (provided by your care provider)
Speech Therapy	Tutoring
Stop-smoking program	Adult day care center
Therapy, physical or speech	Elder care (while you work, to enable you to work or look for work)
Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)	Elder care (in your home or someone else's)
Hearing aids and batteries	Senior day care
Hospital services	
Insulin, syringes	
Laboratory fees	
Orthodontia	
X-ray fees	



# Dental



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 spouse by marriage and/or dependent child(ren) under the age of 26. To identify participating dentists, please contact DDKS at 800.264.9462 or visit [www.deltadentalks.com](http://www.deltadentalks.com).

Dental Plan	Network	Non-Network
Annual maximum benefit	\$1,500	\$1,500
Deductible For Basic & Major services (below)	\$50 / \$150 (Family)	\$50 / \$150 (Family)
Dependent age limit	26	26
<b>Preventive dental services</b> <ul style="list-style-type: none"> <li>Oral examinations &amp; Prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits) once per 6 months Full-mouth x-rays once every 5 years</li> <li>Bitewing x-rays, two set per benefit year for dependents under 19 and one set for adults</li> <li>Topical fluoride application for dependent children under age 19, twice in any benefit period</li> <li>Space maintainers that replace prematurely lost teeth one per lifetime for dependent children under age 14,</li> <li>Sealants, once per molar in lifetime for dependent children under age 16</li> </ul>	100%	100%
<b>Basic dental services</b> <ul style="list-style-type: none"> <li>Amalgam fillings, resin composite fillings and stainless crowns once per surface/tooth in 24 months</li> <li>Emergency palliative treatment</li> <li>Oral surgery (simple &amp; surgical extractions)</li> <li>Periodontal maintenance, four treatments per year</li> <li>Periododontal surgery</li> <li>Endodontics (root canals) once per tooth per 24 months</li> </ul>	80%	80%
<b>Major dental services</b> <ul style="list-style-type: none"> <li>Consultations, once per year</li> <li>Dentures once in 10 years, immediate/temporary replacement one per year</li> <li>Inlays/Onlays/Crowns once per tooth in 10 years</li> <li>Repairs/recementations, once per year</li> <li>Denture adjustments, once per 6 months</li> </ul>	50%	50%
<b>Orthodontic dental services</b>	50%	50%

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
All Employees Pay:	\$7.98	\$10.94	\$15.93	\$24.08

# Vision

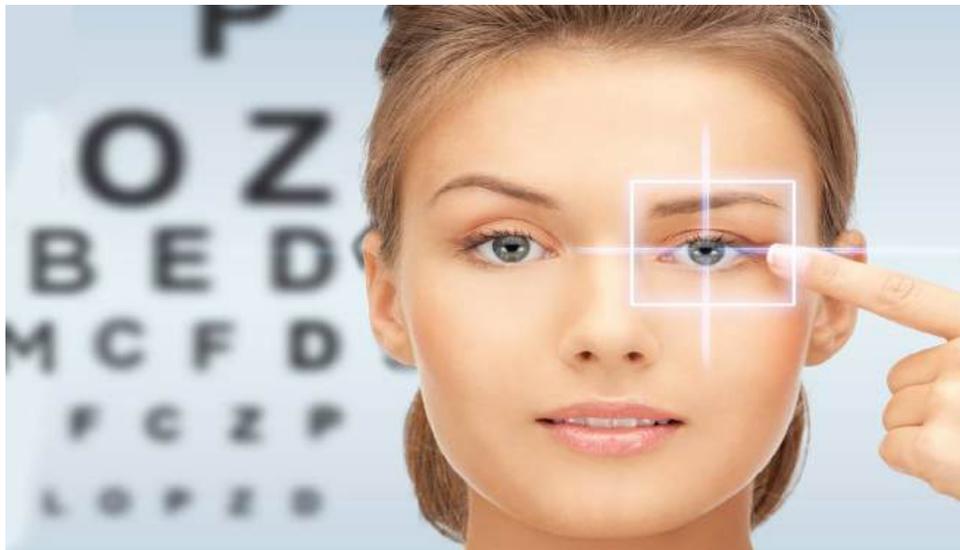


An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol. If you are eligible to participate in the vision benefit, you can enroll in coverage the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) to age 26. For questions concerning your vision benefits, call Surency at 866.818.8805 or visit [www.surency.com](http://www.surency.com).

Plan I	In-Network	
Routine exams (Every calendar)	\$10 Copay	Comprehensive Well Vision Exam covered in full after copay
Frames (Every other calendar year)	Up to \$130 allowance; 20% off balance over \$130	Included in prescription glasses
Standard plastic lenses (Every calendar year)	\$25 Copay	<ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Lined Bifocal</li> <li>• Lined Trifocal</li> <li>• Lined</li> <li>• Lenticular</li> </ul>
Contacts (instead of glasses) (Every calendar year)	Up to \$130 allowance; 15% off balance over \$130	See benefit summary

*Please see the vision plan summary for a full description of these plans.*

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
All Employees Pay:	\$3.50	\$7.50	\$6.50	\$12.00



# Vision



If you are eligible to participate in the vision benefit, you can enroll in coverage 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) to age 26. For questions concerning your vision benefits, call Surency at 866.818.8805 or visit [www.surency.com](http://www.surency.com).

Plan 2	In-Network	
Routine exams	N/A	N/A
Frames (Every other calendar year)	Up to \$200 allowance; 20% off balance over \$200	Any frame, lenses, and lens options available at the provider locations
Standard plastic lenses (Every calendar year)	N/A	<ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Lined Bifocal</li> <li>• Lined Trifocal</li> <li>• Lined Lenticular</li> </ul>
Contacts (instead of glasses) (Every calendar year)	\$200	See benefit summary

*Please see the vision plan summary for a full description of these plans.*

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
All Employees Pay:	\$3.50	\$7.50	\$6.50	\$12.00



# Voluntary Life/AD&D

You also have the option of purchasing additional life insurance. Rates are determined by age for the employee and spouse.

Insurance Schedule	Guaranteed Issue	Benefit reduction/termination
Employee	\$200,000	Benefits reduce at age 65
Spouse	\$30,000	Benefits reduce at age 65
Child(ren)	\$10,000	Coverage terminates at age 19 or 26 if full time student

\*Please see Employee navigator for a breakdown of your rates

# Voluntary Short Term Disability

You are also eligible to elect short-term disability coverage. This important benefit provides financial security in the event of a short-term illness or accident that does not allow you to work.

Short-Term Disability- Option 1	
Weekly benefit	60% of salary up to \$1,000
Elimination period	15th day - Accident 15th day - Sickness
Maximum benefit duration	13 Weeks

\*Please see Employee navigator for a breakdown of your rates

Short-Term Disability- Option 2	
Weekly benefit	60% of salary up to \$1,000
Elimination period	15th day - Accident 15th day - Sickness
Maximum benefit duration	26 Weeks

\*Please see Employee navigator for a breakdown of your rates

# Accident



Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. Fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose. Benefits include coverage for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more for Off the Job Accidents. The coverage is Portable and can include your spouse and/or dependent children to the age of 26 (if full-time student).

Benefit Schedule	Silver Plan	Gold Plan
Accident Coverage Type	Off Job	Off Job
Emergency Room Treatment	\$150	\$250
Accident Follow-up Doctor Visits	\$75 up to 6 treatments	\$100 up to 6 treatments
Air Ambulance	\$1,000	\$1,500
Ambulance	\$300	\$300
Medical Appliance	Up to \$600	Up to \$600
Burns (2 <sup>nd</sup> Degree / 3 <sup>rd</sup> Degree)	\$0 - \$10,000	\$0 - \$15,000
Burn-Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	\$50/visit up to 6 visits	\$50/visit up to 6 visits
Coma	\$7,500	\$10,000
Concussion	\$250	\$500
Eye Injury	\$300	\$400
Hospital Admission / Hospital Confinement	\$1,000, \$200/day up to 1 year	\$1,500, \$300/day up to 1 year
Wellness Benefit	\$50	\$50

**\*Please see full benefit summary on Employee Navigator for a more comprehensive description of benefit coverage.**

Per Pay Period Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Silver Plan	\$6.26	\$11.49	\$12.27	\$17.50
Gold Plan	\$8.79	\$17.32	\$15.66	\$24.19

# Critical Illness



For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment, high deductibles, and co-pays may quickly diminish savings. The coverage is Portable and can include your spouse and/or dependent children to the age of 26 (if full-time student).

Critical Illness			
Guarantee Issue	Employee:	\$30,000	
	Spouse:	\$15,000	
	Child:	All child amounts are guaranteed	
Covered Conditions (lump sum payments)		First Occurrence	Second Occurrence
		CANCER:	
	Invasive Cancer	100%	100%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	100%	0%
	Skin Cancer	\$250	N/A
		VASCULAR:	
	Heart Attack, Heart Failure, Stroke	100%	100%
		OTHER:	
	Organ Failure & Kidney Failure	100%	100%
Crohn's / Epilepsy / Lupus	30% / 10% / 30%		
Childhood Illness/Disorders	100%		

**Please see Employee Navigator for a breakdown of your rates and a more comprehensive description of benefit coverage.**

# Hospital Indemnity



If you become seriously ill or injured, it's likely you will have a hospital stay. Out-of-pocket costs that come from being hospitalized can add up quickly. By purchasing hospital indemnity insurance, you can receive cash benefits based on your covered sickness or injury, treatments and services. The cash benefits are paid directly to you, and you decide how to use them.

Hospital Indemnity	Silver Plan	Gold Plan
Hospital / ICU Admission	\$500/admission to a max of 2 admissions/year	\$1,000/admission to a max of 2 admissions/year
Hospital / ICU Confinement	\$100/day to a max of 15 days/year	\$200/day to a max of 15 days/year
Dependent Age Limit	Child Birth to 26 years (26 if full time student)	
Treatments Covered	Sickness and injury	
Treatment of Normal Pregnancy	Normal pregnancy is included with no 9 month limitation	

Please see full benefit summary for a more comprehensive description of benefit coverage.

Rates per Pay Period	Silver Plan	Gold Plan
Employee Only	\$6.04	\$11.11
Employee & Spouse	\$12.81	\$23.56
Employee & Child(ren)	\$9.48	\$17.44
Family	\$16.25	\$29.90

## IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Have You Ever:

- Wanted to know your legal rights?
- Needed your Will or medical directive prepared or updated?
- Received a moving traffic violation?
- Signed any type of contract?
- Been in a frustrating consumer dispute?
- Been a victim of a data breach?
- Been concerned about security when using public Wi-Fi?
- Been afraid of having your or your family's identity stolen?
- Had unauthorized withdrawals from your bank account or credit cards?
- Had your social media accounts hacked?

## Top LegalShield Benefits

**Access to a Provider Law Firm** for legal advice and consultation on any personal legal matter, even pre-existing ones.

**Estate Planning Preparation** — Will, Medical Directives, Financial and/or Healthcare Power of Attorney.

**Moving Traffic Ticket Assistance** with non-criminal, moving traffic matters when driving with a license and proper registration.

**Document Review** — Your provider law firm reviews personal documents (up to 15 pages each).

**Letters And Phone Calls** made on your behalf to help resolve consumer legal disputes.

**Uncontested Family Law** — Divorce, separation, adoption and/or name change.

**Discounted Legal Services** — For legal matters that are not covered at 100%, get a 25% discount on the provider law firm's standard rate.

## Top IDShield Benefits



**360 Degree Protection** — Threat monitoring of your identity, credit, financial accounts, device, online reputation and social media.

**Real-time Alerts** — Receive an alert on your mobile app, member portal and email when a threat is detected to your identity or credit.

**Financial Protection** — \$3 Million Identity Fraud Protection for unauthorized electronic fund transfers and identity theft-related expenses.

**Full-Service Restoration** — In case of theft, you get a licensed private investigator to restore your identity to its pre-theft status.

**Unlimited Consultation** gives you access to an identity theft specialist for consultation on any identity theft or online privacy concern.

**Trend Micro/Malware Protection & VPN** — Maximum malware protection for your PCs and mobile devices. Complete Wi-Fi security when using public hotspots to prevent hacking attacks.

## Your Payroll Deduction (Customizable)

### Individual Plan

**\$21.95**  
LegalShield Plan

**\$12.95**  
IDShield Plan

**\$34.90**  
Dual Plan

### Family Plan

**\$21.95**  
LegalShield Plan

**\$22.95**  
IDShield Plan

**\$41.90**  
Dual Plan

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan..

US\_NT\_LS+IDS\_PlanSummary\_V2\_062023

FOR MORE  
INFORMATION,  
CONTACT:

Cathy Lucas  
Employee Benefit Specialist  
913.709.4392  
cathy.lucas@lucasandassoc.com

# Affordable Legal & Identity Theft Protection



## Have you ever?

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

## LegalShield Plan

- **Dedicated Provider Law Firm**- Direct access, no call center
- **Advice and Consultation (Personal)**- Phone consultations with your law firm for personal legal matters, even pre-existing matters
- **Letters/Phone Calls (Personal)**- Made on your behalf to help resolve personal legal matters
- **Uncontested Divorce, Separation, Adoption and/ or Name Change Representation**- Available 90 consecutive days from the effective date of your plan
- **Document Review (Personal)**- Your provider law firm will review personal documents (up to 15 pages each)
- **Will Preparation**- Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Residential Loan Document Assistance**- For the purchase of your primary residence, once per membership year
- **Moving Traffic Violation Assistance**- With non-criminal, moving traffic matters when driving with a license and proper registration
- **Trial Defense (Civil)**- When named defendant in a covered civil lawsuit
- **Income Tax Audit Services**- Receive representation if audited by the IRS on your personal tax return
- **25% Discount**- From the provider law firm's standard hourly rate for additional legal services
- **Provides 24/7/365**- emergency legal access for covered emergencies



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

FOR MORE INFORMATION, CONTACT:

Cathy Lucas  
Employee Benefits Specialist  
913.709.4392  
cathy.lucas@lucasandassoc.com

# IDShield Plan

- **Continuous Credit Monitoring**- Monitors information on your Experian credit report
- **Privacy Management**- One-on-one consultation on online privacy dangers
- **Reputation Management**- Scans social media accounts for any content you have posted in the past that could damage your online reputation
- **Financial Threshold Account Monitoring\***- Looks out for activity tied to personal financial accounts
- **\$3 Million Protection Policy**- Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee**- We'll do whatever it takes for as long as it takes to restore your identity
- **Full-Service Restoration**- Provides one-on-one consultation to resolve identity related issues
- **Provides 24/7/365** live support for identity theft emergencies
- **Trend Micro Maximum Security** defends against ransomware and other threats
- **VPN Proxy One**- turns a public hotspot into a secure Wi-Fi via Virtual Private Network (VPN) with bank-grade data encryption to keep your information protected from hackers
- **Password Manager** get multiple device protection and privacy for your digital life

## LegalShield + IDShield Dual Plan

### Credit Counseling and Education

Available exclusively to those with both a LegalShield and IDShield Membership, our Identity Theft Specialists will provide one-on-one education to help you understand your valuable credit rating and actions that are likely to have an impact on your credit score. Additionally, your provider law firm can offer legal consultation on the laws surrounding credit scores and lending, as well as draft letters on your behalf and review documents up to 15 pages.

Individual Plan	Family Plan
<b>\$21.95</b> LegalShield Plan	<b>\$21.95</b> LegalShield Plan
<b>\$12.95</b> IDShield Plan	<b>\$22.95</b> IDShield Plan
<b>\$34.90</b> Dual Plan	<b>\$41.90</b> Dual Plan

\*We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services or eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

Enroll in the Emergent Plus plan today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs, all at an **affordable group rate.**



## EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members \$0 in out-of-pocket costs for emergency transport.

### Emergent Air Transportation

In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

### Emergent Ground Transportation

In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

### Non-Emergency Inter-Facility Transportation

In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

### Repatriation/Recuperation

Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

## DID YOU KNOW?

**25 MILLION PEOPLE**

are sent to the emergency room through ground or air ambulance every year.

Insurance companies **may not cover all air and ground ambulance expenses which can result in excessive bills.**

 **\$5,000**

 **\$60,000**

**\$14 /MONTH**

# Geary County

## 2024 PetPartners Group Pet Insurance

Take the stress out of unexpected vet bills. Pet insurance reimburses you for the cost of accidents and illnesses. Coverage Includes: emergency treatments, surgeries, medications, laboratory services, and more. Plus, you can visit any licensed veterinarian or specialist.

	Accident/Illness
<b>Annual Deductible</b>	\$300
<b>Coinsurance</b>	80%
<b>Annual Limit</b>	\$5,000
<b>Age (Min/Max/Expiration)</b>	8 weeks/10 years/None
<b>Benefit Waiting Periods:</b>	
– <b>Injuries &amp; Illnesses</b>	Waived/Waived
– <b>Orthopedics</b>	6 months
<b>Pre-Existing Conditions</b>	6 months look back, then covered after 12 months
<b>Final Respects*</b>	\$300
<b>Rehab and Physical Therapy</b>	Deductible/Coinsurance

\*Not subject to deductible, coinsurance, or annual maximum

Schedule B	Wellness*
<b>Rabies Vaccine</b>	\$30
<b>Flea &amp; Tick Prevention</b>	\$50
<b>Heartworm Prevention</b>	\$50
<b>Blood, Fecal, Parasite Test</b>	\$30
<b>Preventative Vaccines</b>	\$45
<b>Urinalysis or ERD</b>	\$30
<b>Heartworm or Feline Leukemia Test (FeLV)</b>	\$30
<b>Spay/Neuter</b>	\$50
<b>Microchip</b>	\$50
<b>Office Visit/Exam</b>	\$45

Bi-Weekly (per covered pet)	Accident/Illness	Accident/Illness & Wellness
<b>Dog</b>	\$21.76	\$30.53
<b>Cat</b>	\$11.06	\$17.87

This is a brief summary of the benefits. Pre-Existing condition coverage may require a 365-day waiting period. Plans and coverage vary by state. For full plan terms, conditions, limitations and exclusions, go to PetPartners.com and click on Sample Policies. Policies are underwritten by Independence American Insurance Company, 485 Madison Ave. 14th Fl. New York, NY 10022 (in WA by American Pet Insurance Company, 6100 4th Ave. S., Seattle WA 98108). PetPartners, Inc. is a licensed insurance administrator located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617.



Benefits Basics

## Pet Insurance, Simplified.

Welcome to the pack! Here's a quick look at how PetPartners makes pet insurance simple.

### Reimbursements are quick and easy

Our average reimbursement time is just 2-5 business days!

### No insurance cards are necessary

When your pet needs medical treatment, take them to the vet of your choice and pay for services at time of treatment.

Ask your vet for an itemized invoice — many offices will email you a digital copy. Then, you can upload and submit your claim for reimbursement via the Pet Portal.

### Perks in the Pet Portal

- Log in to easily manage your pet's policy at:
- Submit and track **claims**.
- View your **coverage documents**.
- Get answers to your pet questions anytime, anywhere with our **24/7 Vet Helpline**.
- Get the best deals on pet meds from our partners at **PetGeniusRx**.

### Support when you need it

Questions about coverage, claims, or your policy? We're here to help.

Contact PetPartners Customer Care:

Email us at [mypolicy@petpartners.com](mailto:mypolicy@petpartners.com) or call 800-956-2495

\*Program applies to human-equivalent medication only. Not available in Kansas and Tennessee.

KPERS 457 is the state of Kansas Public Employees 457(b) Deferred Compensation Plan. It's an optional savings plan to help employees supplement their KPERS or KP&F pension for a sounder retirement.

Many financial experts suggest replacing at least 80% of your income for retirement. KPERS and Social Security probably won't be enough, especially for KPERS 3 members. KPERS 457 is an easy way for you to save.

### **Why KPERS 457?**

- Contributions are automatically deducted from your pay.
- You can get started for as little as \$12 per pay period.
- There are low expense ratios.
- KPERS & KPERS 457 work together to help you get the big picture when it comes to your retirement.
- You can login to one website to see your pension information.
- They offer a Roth option (contributions deducted after taxes) with no employee income max on participation.
- All counselors are salaried, noncommissioned professionals whose goal is to get you ready for retirement and help you once you get to retirement.

*Call 1-816-783-7049 to get started with KPERS 457 or to answer any questions.*

*This notice must be posted and maintained by the employer in one or more conspicuous places.*

# Workers Compensation Rights and Responsibilities

Your employer is subject to the Kansas Workers Compensation Law which provides compensation for job-related injuries.

**This notice applies to dates of accidents on or after July 1, 2024.**

**Este aviso aplica a las fechas de los accidentes a partir de Julio 1, 2024.**

## WHAT TO DO IF AN INJURY OCCURS ON THE JOB

**NOTIFY YOUR EMPLOYER IMMEDIATELY.** Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) **30 calendar days** from the date of accident or the date of injury by repetitive trauma; (B) if the employee no longer works for the employer against whom benefits are being sought, **20 calendar days** after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

**BENEFITS. Benefits are paid by the employer's insurance carrier or self insurance program.** Benefits include medical treatment, partial wage replacement for lost time and additional benefits if the injury results in permanent disability. An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$800.00 dollars for the unauthorized medical treatment.

## QUE HACER SI UNA LESIÓN OCURRE EN EL TRABAJO

**NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE.** De acuerdo con el artículo de ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador dentro del antes de las siguientes fechas: (A) **30 días** a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cual si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, **20 días** después del último día de trabajo para dicho empleador.

El aviso puede darse oralmente o por escrito. Donde el aviso se da oralmente, si el empleador ha designado un individuo o departamento a quien el aviso se debe dar y tal designación ha sido comunicada por escrito al empleado, aviso a cualquier otro individuo o departamento deberá ser insuficiente bajo esta sección. Si el empleador no ha designado a un individuo o departamento a quien se debe dar el aviso, el aviso puede darse a un supervisor o gerente.

Donde el aviso se hace por escrito, el aviso debe ser enviado a un supervisor o gerente de la oficina principal de empleo del trabajador.

El aviso, sea que se haga oralmente o por escrito, debe incluir la hora, fecha, lugar, persona lesionada y detalles de tal lesión. Debe ser visible a partir del contenido del aviso, que el empleado está reclamando beneficios bajo la ley de compensación del trabajador o que ha sufrido una lesión relacionada con el trabajo.

**BENEFICIOS. Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio.** Los beneficios incluyen tratamiento médico, reemplazo de sueldo parcial por tiempo perdido y beneficios adicionales si la lesión resulta en incapacidad permanente. El empleador debe proporcionar todo el tratamiento médico necesario y tiene el derecho de designar el doctor para dicho tratamiento. Si el empleado busca tratamiento con un doctor que no ha sido autorizado por el empleador, el empleador o su compañía aseguradora serán responsables de pagar solamente los primeros \$800.00 dólares para tratamiento médico no autorizado.

## WHERE TO GET HELP WITH YOUR CLAIM (DÓNDE CONSEGUIR AYUDA CON SU RECLAMO):

KWORCC c/o Cowell Insurance Services, Inc. Attn Amanda Chamberland

(316) 252-1078

Employer's Insurance Carrier (Compañía Aseguradora del Empleador)

Telephone (Teléfono de la Aseguradora)

P.O. Box 26721 Overland Park, KS 66225

Address (Dirección de la Aseguradora)

## For questions about Workers Compensation Law, contact (Para preguntas acerca de la Ley de Compensación del Trabajador):

KANSAS DEPARTMENT OF LABOR  
Workers Compensation Division/Ombudsman  
401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105

Website: <https://www.dol.ks.gov/wc>  
Email: [KDOL.wc@ks.gov](mailto:KDOL.wc@ks.gov)  
Phone: (800) 332-0353 or (785) 296-4000

Persons with impaired hearing or speech utilizing a telecommunications device may access the above number(s) by using the Kansas Relay Center at (800) 766-3777.

# Important Notice from Geary County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Geary County** and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

2 **Geary County** has determined that the prescription drug coverage offered by **BCBSKS** 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 15<sup>th</sup> to December 7<sup>th</sup>. 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 **BCBSKS** coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until **Geary County's** next annual open enrollment or unless you experience a qualifying vent.

## 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 **BCBSKS** 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 November to join.

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).**

# Rights and 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) Annual Notice**

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](http://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](http://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](http://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.

### 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.

### 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](http://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](http://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](http://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
<a href="https://www.kancare.ks.gov">https://www.kancare.ks.gov</a>	<a href="http://dss.mo.gov/mhd/participants/pages/hipp.htm">dss.mo.gov/mhd/participants/pages/hipp.htm</a>
1.800.792.4884	573.751.2005