

EL DORADO

KANSAS



January 1, 2025-December 31, 2025

EMPLOYEE BENEFIT GUIDE



Your 2025 Employee Benefit Guide

At City of El Dorado, we know our dedicated employees—YOU—are key to our overall success as an organization. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

YOUR BENEFITS

Welcome	2
2025 At a Glance	3
Benefit Eligibility	4
Benefit Enrollment	5
Employee Navigator	6
Benefit Rates	8

YOUR HEALTH PLANS

Medical Insurance	9
Prescriptions	10
Where Should I Go For Care	11
Telemedicine	12
BCBSKS Tools	13
Dental Insurance	14
Vision Insurance	15
Flexible Spending Account	16

ADDITIONAL BENEFITS

Section 125 Plan	18
Basic Life and AD&D	19
Voluntary Life and AD&D	20
Voluntary Benefits	21
Legal	25
ID Protection	26
Employee Assistance Program	27

ADDITIONAL INFORMATION

Leave Programs	28
KP&F & KPERS	30
Mental Health Resources	31
Carrier Contacts	32
Employee Notices	33

Welcome to Your 2025 Benefit Guide

Dear City of El Dorado Team Member:

Within the City, you are our most valuable asset. The exceptional service we provide to the citizens of our great city is made possible through your dedicated efforts.

We acknowledge that, as your employer, it is crucial for us to support you and your family by offering robust benefits. We consistently assess these benefits to ensure a comprehensive package that caters to all your employment needs.

This handbook has been crafted to provide you with a centralized resource, offering an overview of the various benefit options available to you. It encompasses details about health, dental, and vision insurance, KPERS/KP&F, Standard life insurance, and other valuable benefits.

I trust that you will find this benefit handbook beneficial and utilize it to make informed choices for yourself and your family. Should you have any inquiries about your benefits, please feel free to reach out to HR through a call or visit. Your well-being is important to us.

Best regards,

Haley E. Remsberg

SHRM-CP, PSHRA-CP, CPM
Human Resources Manager



2025 At a Glance

2025 Plan Summary

Medical / R_x

- BCBSKS will continue to administer the medical benefits.
- Telemedicine through both AmWell and local providers will be covered at 100% by the plan to include therapy sessions.
- All enrollees will receive new BCBSKS member ID cards for 2025.

Dental

- BCBSKS will continue to administer the dental benefits.
- All enrollees will receive new BCBSKS member ID cards for 2025.

Vision

- Vision benefits remain with VSP and are not changing for 2025.

Flexible Spending Account (FSA)

- The Flexible Spending Account (FSA) will be administered by Surency beginning in 2025.
- The FSA limit increased to \$3,300.
- Employees can rollover up to \$660 from 2025 to 2026.
- In order to access rollover funds, you must re-enroll in the FSA.
- Employees will utilize existing FSA card unless you are a new enrollee or if your card is close to its expiration date.

Basic Life and AD&D

- The Standard will continue to administer the Basic Life and AD&D benefit in 2025.

Voluntary Life

- The Standard will continue to administer the Voluntary Life and AD&D benefit in 2025.

Short Term Disability

- The Standard will continue to administer the Short Term Disability benefit in 2025.

Accident, Critical Illness, Hospital Indemnity

- The Standard will continue to administer the Accident, Critical Illness, and Hospital Indemnity plans in 2025.

Enrollment

- Enrollment will be completed through Employee Navigator.
- Open enrollment will be passive, meaning if you do not log in to Employee Navigator to make elections or changes, your 2025 insurance enrollment will remain the same as your 2024 enrollment.
- Note: Flexible Spending Accounts must be re-elected annually, 2024 FSA elections will not rollover to 2025. Please log in to Employee Navigator to complete your elections if you wish to enroll in a Flexible Spending account for 2025.

Benefit Eligibility



Who is Eligible?

Only regular, full-time employees working 30 or more hours per week are eligible to receive benefits unless otherwise noted in the employee handbook or the City's plan documents as it relates to a particular benefit.

Regular, full-time employees will be eligible for health insurance benefits on the first day of the month following 60 days of full-time employment. Example: If hired on April 9th, coverage will begin on July 1st.

Dependent Eligibility:

- Spouse
- Child(ren) – Natural, step and adopted children up to age 26

Qualifying Events for Changing Benefits

Because your premiums for medical, dental and vision are deducted from your salary on a pre-tax basis, the IRS has established strict rules regarding the operation of your plans. The choices made by you during your enrollment period must remain in effect for the entire plan year (until December 31). Exceptions are permitted under IRS rules when an employee has a qualifying event. If you have an event, you are required to notify the Human Resources within 30 days of the qualified event. Documentation of the qualifying event may be required. Some examples of qualifying events include:

- Change in marital status
- Birth or adoption of a child
- Death of a covered dependent
- Loss of eligibility status by a covered dependent
- Change in employment status that affects eligibility for coverage
- Losing or gaining healthcare coverage eligibility under Medicare or Medicaid

Benefit Enrollment

Welcome to Your 2025 Employee Benefits!

The 2025 Open Enrollment Period will run from November 4, 2024, through November 8, 2024.

Open enrollment will be **passive**, meaning if you do not log in to Employee Navigator to make elections or changes, your 2025 insurance enrollment will remain the same as your 2024 enrollment. **Note: Flexible Spending Accounts must be re-elected annually, 2024 FSA elections will not rollover to 2025.**

Benefit Elections will be effective January 1, 2025.

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Current Employees

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage or make changes to your current coverage.

Online Enrollment

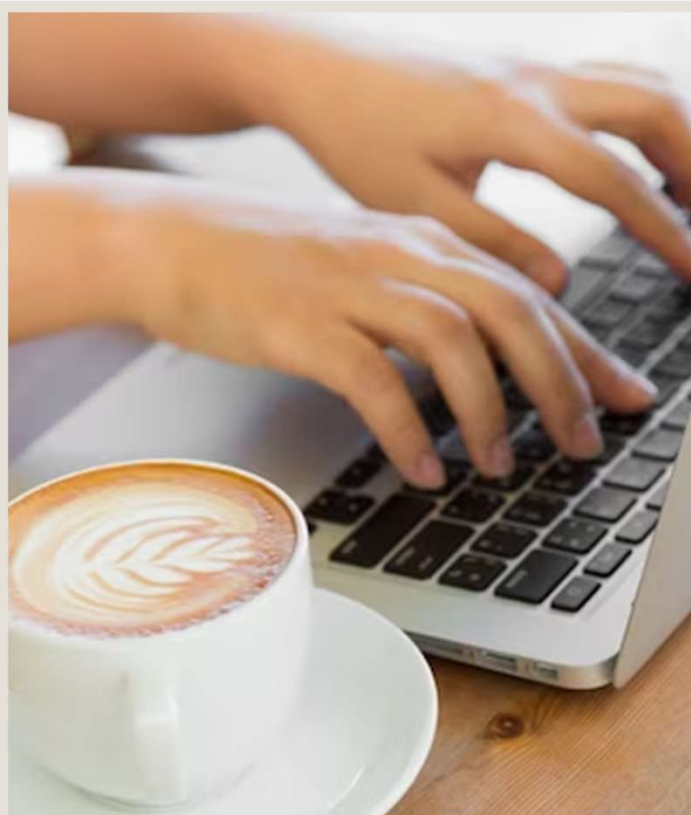
Both new employee benefits enrollment and open enrollment is done online through the Employee Navigator website at <https://employeenavigator.com>.

In order to complete your enrollment, you need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

Need to Know Updates and Info

- Online Enrollment runs from November 4, 2024, through November 8, 2024.
- This open enrollment period is active, meaning all eligible employees will need to log into Employee Navigator to either elect or waive benefits.



Employee Navigator



ENROLL IN YOUR BENEFITS: *A step by step guide*

Rates and benefits are available once you log in and start your enrollment

NOTE: Depending on the benefits offered by your employer, you may have additional steps that are not included in these instructions

1 Log In

Go to <https://www.employeenavigator.com/benefits/Account/Login>
click **Login**

First time users: Click **Register as a new user**. Enter the information to identify yourself and create an account. (You only need to do this once.)

The company identifier is
CitofEIDo

Create a Username and Password for future logins.

Returning users: Log in with the Username and Password you selected. Click **Reset a forgotten password** if you forget it.

employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

2 Welcome!

You will click through a few screens to begin your enrollment/plan selection(s).

First Screen **Continue**

Second Screen **Let's Begin**

3 Start Enrollment

On this next screen, click **Start Enrollment**



4 Enrollment

On the next screen, click **Get Started**

5 Confirm Your Details

Confirm the details about yourself in the system are accurate. If correct, click **Save & Continue** to advance to the dependent screen. You can add your dependent(s) by clicking

add dependent +

Dependent Information

add dependent +

	Name	DOB	SSN	Relationship
Edit	Spouse Test	01/01/1981	***.**-0001	Spouse
Edit	Child 1 Test	01/01/2000	***.**-0002	Child

6 Review Your Options

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

Who am I enrolling?

Myself

Spouse Test (Spouse)

Child 1 Test (Child)

Child 2 Test (Child)

The cost shown is the cost per pay period. To elect a benefit, click **Select** underneath the plan cost.

Employee Navigator



**T
I
P**

Underneath each plan option, click **compare** to see a side-by-side comparison of your benefit options. Click **details** to see details for a specific plan.

7

Review & Confirm Elections

After you've selected the benefits and coverage levels you want, you will be at the Enrollment Summary screen. Review your elections and choose to sign and complete your enrollment

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select from the drop down box the most accurate reason for not wanting the benefit.

Don't want this benefit?

Click to Sign

Choose a reason for declining this benefit

- Covered under spouse's plan
- Covered under parent/guardian's plan
- Covered under Medicare and/or Medicaid
- Covered under individual plan
- Covered under Tricare
- Covered under another employer's plan
- Covered under retiree plan
- Cost
- Not Interested

Cancel **Apply**

Enrollment Summary

DISCLAIMER: Please be aware that if you have elected a benefit and clicked "Save & Continue" on any of the benefit screens, the benefit will be listed below and you will be enrolled in those benefits and payroll withholdings will be set up, even if you do not click "Agree" on this screen. If you do not want that benefit, you must return to that benefit screen immediately and click "Don't want this benefit?" for your enrollment to be cancelled. (You can navigate to each benefit by clicking "Benefits" on the left side of your screen and selecting the benefit to which you want to navigate.)

Signature required
You've elected all your benefits but we still require a signature before advancing to the next thing.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Sign to complete enrollment **Click to Sign**

Clicking **Save & Continue** at the bottom of each screen will save your selection and advance to the next screen and the next benefit. Please be aware that if you click **Save & Continue** for any benefit you will be enrolled in that benefit. Do not click **Save & Continue** if you are unsure about whether you want the benefit.

Save & Continue

**T
I
P**

You can toggle between benefits by clicking on the benefit name in the menu on the right.

Missed a required step? You'll see an unchecked circle to the left of the benefit and an **Enrollment Not Complete** warning—you must fix this before logging out.

Enrollment Summary

DISCLAIMER: Please be aware that if you have elected a benefit and clicked "Save & Continue" on any of the benefit screens, the benefit will be listed below and you will be enrolled in those benefits and payroll withholdings will be set up, even if you do not click "Agree" on this screen. If you do not want that benefit, you must return to that benefit screen immediately and click "Don't want this benefit?" for your enrollment to be cancelled. (You can navigate to each benefit by clicking "Benefits" on the left side of your screen and selecting the benefit to which you want to navigate.)

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Progress: 2 of 4

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Enrollment Summary

* Forms (if applicable)

If you have elected benefits that require Evidence of Insurability form or a Primary Care Physician (PCP), or beneficiary designation, you will be prompted to either enter the information or print and complete a form after each benefit that requires this additional information.

Benefit Rates

Pre-tax Payroll Deductions – Per 24 Pay Periods

2025 Rates – 12 Months	Total Premium	City of El Dorado Contribution	Employee Portion Per Month	Employee Portion Per Pay Period
Medical - BCBSKS				
Employee Only Non-Tobacco	\$591.72	\$467.72	\$124.00	\$62.00
Employee Only Tobacco	\$591.72	\$442.72	\$149.00	\$74.50
Employee + Spouse Non-Tobacco	\$1,209.27	\$953.27	\$256.00	\$128.00
Employee + Spouse One Tobacco	\$1,209.27	\$928.27	\$281.00	\$140.50
Employee + Spouse Two Tobacco	\$1,209.27	\$903.27	\$306.00	\$153.00
Employee + Child(ren) Non-Tobacco	\$1,142.69	\$901.69	\$241.00	\$120.50
Employee + Child(ren) Tobacco	\$1,142.69	\$876.69	\$266.00	\$133.00
Family Non-Tobacco	\$1,760.24	\$1,387.24	\$373.00	\$186.50
Family One Tobacco	\$1,760.24	\$1,362.24	\$398.00	\$199.00
Family Two Tobacco	\$1,760.24	\$1,337.24	\$423.00	\$211.50
Dental - BCBSKS				
Employee Only	\$33.75	\$25.25	\$8.50	\$4.25
Employee + Spouse	\$65.97	\$47.97	\$18.00	\$9.00
Employee + Child(ren)	\$66.53	\$48.03	\$18.50	\$9.25
Family	\$98.44	\$69.94	\$28.50	\$14.25
Vision – VSP				
Employee Only	\$15.90	\$11.90	\$4.00	\$2.00
Employee + Spouse	\$25.43	\$18.93	\$6.50	\$3.25
Employee + Child(ren)	\$25.96	\$19.46	\$6.50	\$3.25
Family	\$41.86	\$31.36	\$10.50	\$5.25

Medical / Rx

BLUE CROSS BLUE SHIELD OF KANSAS



	MEDICAL
	Blue Choice Preferred-Care Blue Network
	In-Network
Plan Year	January 1 – December 31
Benefit Period	January 1 – December 31
Deductible Individual Family	\$1,000 \$2,000
Co-Insurance Plan Member	80% 20%
Co-Insurance Max Individual Family	\$1,000 \$2,000
Out-of-Pocket Max Individual Family (Includes Deductible, Coinsurance, and Med & Rx Copays)	\$5,000 \$10,000
FSA Eligibility	Yes
Benefits	
Preventive Care	Plan pays 100%
Office Visit Primary Specialist	\$25 Copay \$50 Copay
Telemedicine (AmWell & Local Providers)	Plan pays 100%
Urgent Care Visit Primary Specialist	\$25 Copay \$50 Copay
Emergency Room Visits	\$250 copay, then Ded & Coin
Outpatient Lab & Radiology (X-Ray, Bloodwork)	Plan pays 100% to \$300 then Ded & Coin
Inpatient Hospital & Outpatient Facility	Ded & Coin
Outpatient Mental Health	\$25 Copay
Prescriptions	
Generic	No Deductible
Name Brand Formulary	\$15 Copay
Name Brand Non-Formulary	\$50
Specialty Formulary	\$75
Specialty Non-Formulary	\$150
Mail Order	20% up to \$250
	2.5x Retail Copay

Out-of-network benefits are paid differently than in-network benefits. Please see the SBC for out-of-network benefits.

FIND A DOCTOR

How to find a network doctor:

1. Go to www.bcbsks.com
2. Click “Find a Doctor/Hospital” on the top right of the screen
3. Click on “Find a Doctor/Hospital”.
4. Click “Continue” to browse or “Log In” if you have already set up your Blue Access account.

NARROW YOUR SEARCH

How to find other network services:

Follow the same steps located to the left and narrow your search by any of the following:

- Urgent Care
- Behavioral Healthcare
- Find a Hospital
- Find and Compare Procedural Costs

Prescriptions



BLUE CROSS BLUE SHIELD OF KANSAS

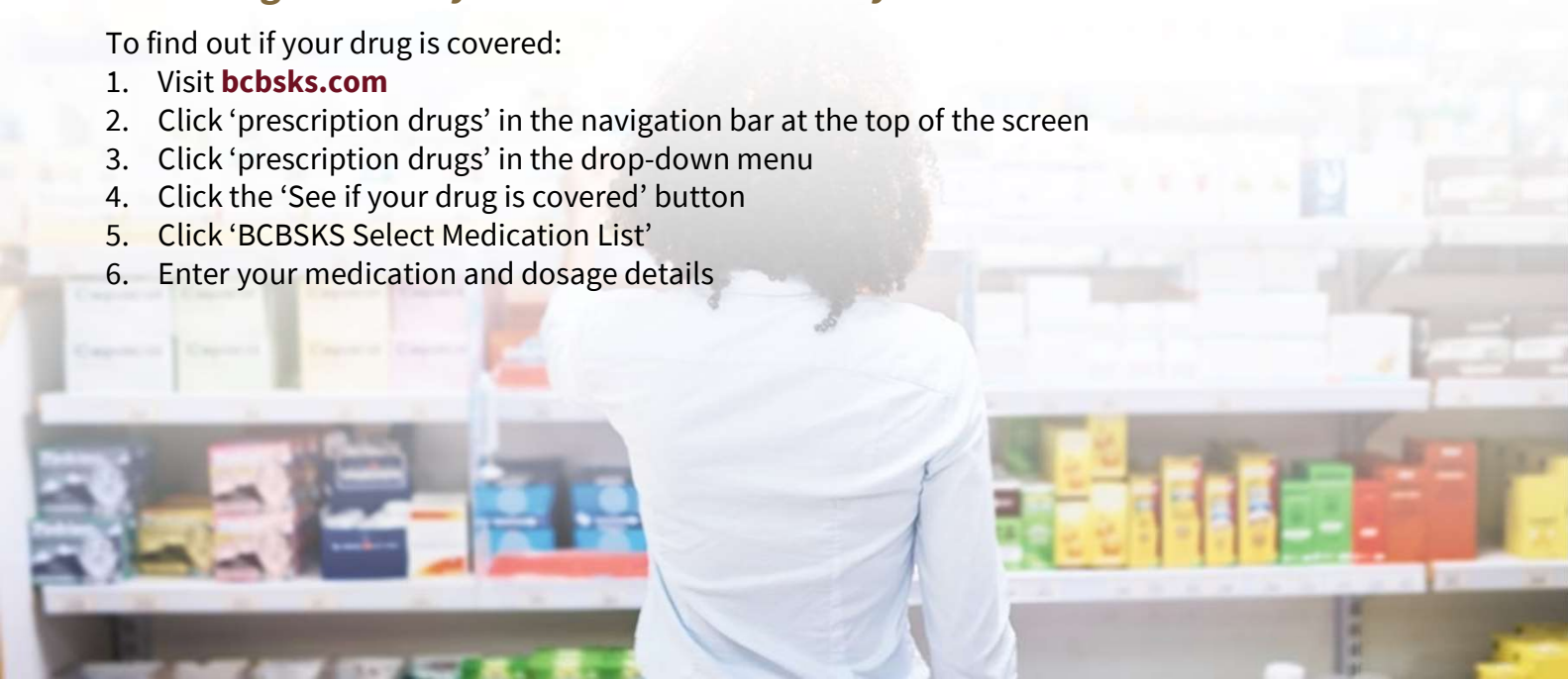
Taking cost-effective prescription drugs helps save you money. The chart below provides examples of types of medications your provider may prescribe. Knowing what tier your prescription falls into may help save you money.

DRUG TIERS	WHAT DOES THAT MEAN?
\$ <u>Generic</u>	Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs generally cost less than brand-name drugs.
\$\$ <u>Preferred Brand</u>	Preferred brand drugs are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs.
\$\$\$ <u>Non-Preferred Brand</u>	Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
\$\$\$\$ <u>Specialty</u>	Specialty medications are one prescribed for a patient with a complex or chronic medical condition, typically requiring additional patient education and support, and often associated with high monthly cost. Specialty medications are not usually readily stocked in retail or local pharmacies.
\$\$\$\$ <u>Non-Preferred Specialty</u>	A non-formulary specialty drug is categorized as a specialty medication that is not preferred medication, generally due to cost.

Your drug formulary is the Select Formulary

To find out if your drug is covered:

1. Visit **bcbsks.com**
2. Click 'prescription drugs' in the navigation bar at the top of the screen
3. Click 'prescription drugs' in the drop-down menu
4. Click the 'See if your drug is covered' button
5. Click 'BCBSKS Select Medication List'
6. Enter your medication and dosage details



Where Should I Go For CARE?

Seeking care at an appropriate place of treatment can help you save money and time. Use the chart to help guide you to the most time and cost-effective place of treatment.



Virtual Care – Minor Medical Conditions

Access virtual care to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit bcbsks.com/telemed or call to talk with a doctor 24/7.*

- Colds and flu
 - Rashes
 - Sore throats
 - Headaches
 - Stomachaches
 - Fever
 - Allergies
 - Acne
 - Urinary tract infections and more
- > Costs the same or less than a visit with your primary care provider (PCP)
 - > Appointments typically in an hour or less
 - > No need to leave home or work



Convenience Care Clinic

Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.

- Colds and flu
 - Rashes or skin conditions
 - Sore throats, earaches, sinus pain
 - Minor cuts or burns
 - Pregnancy testing
 - Vaccines
- > Same or lower than provider's office
 - > No appointment needed



Health Care Provider's Office

The best place to go for routine or preventive care, or to keep track of medications. Many primary care physicians offer virtual care. Contact your PCP to schedule an in-person or virtual care visit.

- General health issues
 - Preventive care
 - Routine check-ups
 - Immunizations and Screenings
- > May charge copay / coinsurance and / or deductible
 - > Usually need appointment
 - > Short wait times



Urgent Care

For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.

- Fever and flu symptoms
 - Minor cuts, sprains, burns rashes
 - Headaches
 - Lower back pain
 - joint pain
 - Minor respiratory symptoms
 - UTIs
- > Cost lower than emergency room (ER)
 - > No appointment needed
 - > Wait times vary



Emergency Room

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. "Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

- Sudden numbness, weakness
 - Uncontrolled bleeding
 - Seizures or loss of consciousness
 - Shortness of breath
 - Chest pain
 - Head injury/major trauma
 - Blurry or loss of vision
 - Severe cuts or burns
 - Overdose
- > Highest cost
 - > No appointment needed
 - > Wait times may be long

Telemedicine

Get care 24/7

Telemedicine services allow you to get care whenever you need it.

With Amwell, you can have a virtual doctor's visit from your smartphone or computer – right when you need it.

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

What is telemedicine?

Telemedicine is an **alternative to in-person visits**. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

Patient benefits:

- Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Privacy
- No exposure to other potentially contagious patients

Behavioral health services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available seven days a week, 6:00 a.m. to 10:00 p.m. CST.

Can my family use telemedicine?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

Consult with a doctor by computer, tablet or phone

- Affordable, easy and convenient – available 24/7/365
- A choice of trusted, U.S. Board-certified doctors and therapists
- Prescriptions as needed
- Easy payment – credit, debit or HSA/FSA cards accepted
- Patient records accessible

Visit us at bcbsks.com



When can I use it?

Consult a doctor for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

Three ways to register:

- 1 Download the Amwell app on any mobile device.



- 2 Visit bcbsks.com/telemed

- 3 Call toll-free **844-733-3627**

How much does it cost?

The out-of-pocket cost will be your copay, just like when you visit the doctor in person.



BCBSKS Tools

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.
- 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



MC371 10/22



For a complete look at your healthcare plan, log in to your BlueAccess account at 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.



Your Dental Benefits



BLUE CROSS BLUE SHIELD OF KANSAS



	DENTAL
	In-Network
Plan Year	January 1 – December 31
Benefit Period	January 1 – December 31
Maximum Benefit(s) Per Person	\$1,500
Deductible Individual Family (Applies to Basic & Major Services)	\$25 \$75
Diagnostic & Preventive (Cleanings, Oral Exams, X-Rays, Topical Fluoride, Space Maintainers, Sealants)	100%
Primary Services (Simple Extractions, Fillings, Endodontics, Periodontics)	80% after deductible
Major Services (Periodontal Surgery, Bridges, Crowns, Dentures)	50% after deductible
Dental Implant Services Lifetime max per insured, per arch	50% after deductible up to max of \$1,000
Orthodontia** For Dependent children under age 21	Covered after deductible up to max of \$1,500

Out-of-network benefits are paid differently than in-network benefits. Please see the SBC for out-of-network benefits.

**If orthodontic treatment begins before the effective date of this rider, the months of previous treatment will be deducted from the maximum number of months available under this program. Any changes for the replacement and/or repair of any appliance previously furnished under this plan shall not be covered by Blue Cross Blue of Kansas.

FIND A DENTIST

How to find a network dentist:

1. Go to www.bcbsks.com
2. Click “Find a Doctor/Hospital” on the top right of the screen
3. Click on “Dental Provider Search”.
4. Fill in required fields and click “Search”.

Your Vision Benefits



VSP

vsp
vision care

	VSP
	VSP Choice Network
	In-Network
Plan Year	January 1 – December 31
Benefit Period	January 1 – December 31
Exam	\$10 Copay
Exam Frequency*	Once every 12 months
Lens/Contact Lens Frequency*	Once every 12 months
Frames Frequency*	Once every 12 months
Standard Frames	\$150 Allowance + 20% savings on amount over allowance
Lenses** (Single, Lined Bifocal, Lined Trifocal, Standard Progressive)	\$25 Copay
Contact Lenses***	\$150 Allowance

* Frequencies are based on Date of Service, not Calendar Year.

** Lens Copay only covers Single, Lined Bifocal, Lined Trifocal and Standard Progressive lenses. Premium Progressive Lenses and other lens options are available at an additional cost.

*** Contact lens allowance is in lieu of standard glass & lenses.

Out-of-network benefits are paid differently than in-network benefits. Please see the plan documents for additional details.

Visit www.vsp.com to create your secure account, find a provider, print ID cards, check your eligibility or claims status and more!

FIND A PROVIDER

How to find a network provider:

1. Go to www.vsp.com
2. Select “Find A Doctor”
3. Select “Search by Location”, “Search by Office” or “Search by Doctor”
4. Complete required fields and select “Search”

Flexible Spending Account (FSA)

SURENCY

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck over 26 pay periods before income or Social Security taxes have been calculated). There are two different types of FSA accounts.

The easiest way to manage your account is online www.surency.com or through the Surency Flex smart mobile app.

You can't change your election amount during the plan year, unless you experience a change in status or qualifying event. Outside carryover, any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your dependent care FSA by the end of the plan year.

The Two Types of FSAs:

Health Care FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

The maximum amount you can contribute is \$3,300 per year and the maximum carryover is \$660. You have 90 days from the end of the plan year to file claims. Funds are available on the first day of the plan effective date.

Dependent Care FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your childcare credit on your annual tax return may be more beneficial.

The maximum amount you can contribute is \$5,000 per year, dependent on your marital and tax-filing status. You have 90 days from the end of the plan year to file claims.

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.

Visit www.surency.com or download the Surency Flex smart mobile app today!

Flexible Spending Account (FSA)

QUALIFYING HEALTH CARE EXPENSES

- Alcoholism / Drug / Substance Abuse Treatment
- Allergy and Sinus Medications
- Allergy Medications and Testing
- Chiropractor
- Contact Lenses
- Copays
- Dental Treatment
- Diabetic Monitors, Test Kits, Strips, and Supplies
- Flu Shots
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Over-the-counter meds
- Oxygen
- Physical Examination
- Prescription Eyeglasses & Sunglasses
- Prescription Medications
- Psychiatric Care / Psychologist
- Surgery
- Vision Correction Surgery
- X-Ray

HEALTH CARE EXPENSES NOT ALLOWED

- Baby Sitting
- Baby Wipes
- Cosmetics
- Cosmetic Surgery
- Dancing Lessons
- Deodorants
- Diaper Service
- Electrolysis or Hair Removal
- Field Trips
- Finance Charges
- Food
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Insurance Premiums
- Illegal Operations and Treatments
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Pedicures
- Perfume
- Physical Exams for Caregivers
- Shampoo and Conditioner
- Skin Care
- Sun-tanning Products
- Swimming Lessons
- Teeth Whitening
- Toothbrushes
- Veterinary Fees
- Weight-Loss Program

For a complete listing of Qualified Health Care Expenses visit:
www.surency.com

If you have extra FSA dollars to spend at the end of the year visit
FSASTORE.COM

Section 125

SURENCY

The Internal Revenue Code Section 125 allows an employer to establish a salary reduction agreement for the benefit of employees. The employee's portion of the insurance premiums may be paid from the employee's "gross income" before taxes are calculated. The amount of taxes withheld uses the lower "net taxable income" amount.

Since deductions are before taxes are calculated, the employee's taxable income is reduced. The employee's take home pay increase because the federal and state income tax, FICA and Medicare tax are not paid on the amount deducted.

Compare the savings for a married employee with two children earning \$30,000 and paying \$2,400 per year for health insurance premiums:

	WITHOUT FSA	WITH FSA
Gross Annual Income	\$ 30,000	\$ 30,000
FSA Contributions	\$ 0	\$ -3,300
Taxable Income	\$ 30,000	\$ 26,700
ESTIMATED TAXES		
Federal Tax	\$ -4,500	\$ -4,005.00
State Tax	\$ -900	\$ -801.00
FICA	\$ -1,860	\$ -1,655.40
After-Tax Earnings	\$ 22,740	\$ 20,238.60
ELIGIBLE OUT-OF-POCKET		
Medical and Dependent Care Expenses Using After-Tax Dollars	\$ -5,000	\$ 0
Remaining Spendable Income	\$ 17,740	\$ 20,238.60
Your Tax Savings with the FSA (Spendable Income Increase)	\$ 0	\$ \$2,498.60

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

**Assumes 15% Federal, 3% State, and 6.2% for FICA*

With the premium savings plan, you may pay for your share of the group health, dental, and vision insurance premiums on a before tax basis. This will be automatically applied for you, and you must elect not to participate in the plan when first eligible to participate or during open enrollment. You may not stop the deductions or change how you participate in this plan unless you have one of the following status changes:

- Termination of employment
- Spouse changes jobs
- Change of Marital status
- Child no longer eligible
- Death of a dependent
- Birth or adoption of a child.

Basic Life and AD&D



THE STANDARD

City of El Dorado provides all eligible employees with a basic life insurance and accidental death & dismemberment (AD&D) benefit at no cost to you! This benefit provides valuable income protection in the case that you suffer a severe accident or loss of life. An accelerated death benefit is also included.

	LIFE INSURANCE	AD&D
Employee	\$20,000	Equal to the life insurance benefit or as defined by the contract based on the type of loss
Spouse	\$2,000	N/A
Dependent Child (Live birth to age 26)	\$2,000	N/A
Conversion	Included	
Portability	Included	

NOTE: Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%. Reductions will occur on January 1 following attainment of that age.



Voluntary Life and AD&D



THE STANDARD

As an employee of City of El Dorado, you have the option of purchasing additional life insurance for yourself, a spouse, and/or children through The Standard. This benefit provides valuable income protection if you suffer a severe accident or loss of life. Any amounts over the Guarantee Issue amount will require an Evidence of Insurability form to be completed and sent to The Standard for underwriting approval.

	Minimum	Guarantee Issue	Maximum
You must name a beneficiary for your Life and AD&D benefits. Beneficiary changes may be made at any time during the plan year.			
Employee	\$10,000	\$250,000	\$500,000
Spouse	\$5,000	\$50,000	\$150,000 not to exceed 100% of employee's benefit
Child	\$2,000	\$10,000	\$10,000 not to exceed 100% of employee's benefit

Accidental Death & Dismemberment (AD&D) amount is equal to elected life amount. Benefits for employee and spouse reduce to 65% at age 65 and 50% at age 70. Dependent children are covered through age 25. In order to elect spouse or dependent coverage, you must first elect life insurance for yourself. Please see the full plan summary for additional details.

***A breakdown of your Voluntary Term Life and AD&D rates will be located on the online enrollment platform, Employee Navigator**

Voluntary Short-Term Disability



THE STANDARD

Short-Term Disability coverage is designed to provide income if you are disabled and not able to work as the result of an injury or illness.

Plan Highlights	
Benefit Amount	60% of basic weekly earnings up to \$1,000 per week
Elimination Period	14 days
Benefit Duration	90 days
Pre-Existing Conditions	N/A
Maternity	Covered the same as any other illness

***A breakdown of your Voluntary Short Term Disability rates will be located on the online enrollment platform, Employee Navigator**



Voluntary Accident



THE STANDARD

Nobody plans to have an accident – and most people don’t budget for one either. Accident insurance pays benefits direct to the covered employee for treatment they receive due to an accident. It helps cover the employee’s out-of-pocket costs like medical deductibles and copays.

BENEFIT	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY			
Basic Accidental Death	\$50,000	\$25,000	\$12,500
ACCIDENTAL DEATH AND DISMEMBERMENT CATEGORY			
Line of Duty Death		100%	
Loss of two or more Fingers or Toes		5%	
Loss of one Finger or Toe		2%	
Loss of both Hands or both Feet		30%	
Loss of one Hand or one Foot		15%	
Loss of one Hand and one Foot		30%	
Loss of sight in both Eyes or hearing in both Ears		30%	
Loss of sight in one Eye or hearing in one Ear		15%	
Paralysis of one Limb (uniplegia)		15%	
Paralysis of multiple Limbs (paraplegia, triplegia or hemiplegia)		30%	
Paralysis of four Limbs (quadriplegia)		50%	
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY			
Air Ambulance		\$800	
Ground Ambulance		\$300	
Emergency Room		\$150	
Blood/Plasma/Platelets		\$300	
Emergency Dental		\$100	
Urgent Care		\$50	
HOSPITAL BENEFITS CATEGORY			
Hospital Admission (1 time per accident)		\$1,000	
Hospital Confinement (365 days per accident)		\$200	
Critical Care Unit Admission (1 time per accident)		\$750	
Critical Care Unit Confinement (15 days per accident)		\$200	
Inpatient Rehabilitation (90 days per accident)		\$100	

Please see the full plan summary for additional details.

	BI-WEEKLY
Employee Only	\$4.28
Employee + Spouse	\$6.63
Employee + Children	\$8.17
Family	\$12.76

Voluntary Critical Illness



THE STANDARD

A major illness can blindsides anyone, even an employee with medical insurance. Copays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to covered employees to help reduce the financial burden that can come with a serious illness.

Plan Design

Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.

Recurrence Benefit means if a critical illness benefit is payable and there is a subsequent diagnosis or recommendation for the same critical illness at least six months after initial diagnosis, a reoccurrence benefit is payable if the insured has been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation.

Coverage Amount: Employee	\$10,000 to \$30,000 in increments of \$10,000
Coverage Amount: Spouse	\$10,000 to \$30,000 in increments of \$10,000
Coverage Amount: Children to age 26	50% of the Employee Amount

Covered Conditions	Initial Benefit
Invasive Cancer	100% of Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount
Benign Brain Tumor	100% of Benefit Amount
End-Stage Renal (Kidney) Failure	100% of Benefit Amount
Major Organ Failure	100% of Benefit Amount
Myocardial Infarction (Heart Attack)	100% of Benefit Amount
Severe Coronary Artery Disease with Recommendation of Bypass	25% of Benefit Amount
Stroke	100% of Benefit Amount
Coma	100% of Benefit Amount
Paralysis	100% of Benefit Amount
Loss of Sight	100% of Benefit Amount
Loss of Hearing	100% of Benefit Amount
Loss of Speech	100% of Benefit Amount
Occupational Hepatitis	100% of Benefit Amount
Occupational HIV	100% of Benefit Amount
Amyotrophic Lateral Sclerosis	100% of Benefit Amount
Advanced Alzheimer's Disease	100% of Benefit Amount
Advanced Multiple Sclerosis	100% of Benefit Amount
Advanced Parkinson's Disease	100% of Benefit Amount

Please see the full plan summary for additional details.

Complete an annual health screening and get a \$50 benefit once per enrolled per calendar year!

***A breakdown of your Critical Illness rates will be located on the online enrollment platform, Employee Navigator. Children are covered at no additional charge up to age 26.**

Voluntary Hospital Indemnity



THE STANDARD

A trip to the hospital can be costly – and many employees aren’t prepared for the out-of-pocket expenses associated with a hospital stay, even with health insurance coverage. Hospital Indemnity insurance pays cash benefits to covered employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It’s an affordable way for employees to keep their finances on track.

Plan Design	
Hospital Admission Benefit	\$1,000 once per calendar year
Hospital Confinement Benefit	\$250 per day up to 31 days per calendar year
Critical Care Unit Confinement Benefit	\$250 per day up to 31 days per calendar year
Additional Plan Design Details	
Critical Care Confinement pays in addition to the Hospital Confinement benefit.	
Plan provides coverage for pregnancy, and injuries and illnesses.	

Please see the full plan summary for additional details.

	BI-WEEKLY
Employee Only	\$9.28
Employee + Spouse	\$15.63
Employee + Children	\$13.31
Family	\$23.59

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 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. 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) under “Insurance Departments.” If you have this policy through your job, or a family member’s job, contact the employer.

LegalShield

Life Events Legal Plan

- Legal Advice — personal legal issues
- Letters/calls made on your behalf
- Contracts and documents reviewed (up to 15 pages)
- Residential Loan and Document Assistance
- Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial defense including Pre-Trial & Trial
- Uncontested Divorce, Separation, Adoption and/or name change representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% Preferred Member Discount (Bankruptcy, Criminal Charges, Other Matters, etc.)
- 24/7 Emergency Access for covered situations
- Visit <https://www.pilcher.lsenrollment.com/group/CITY-OF-EL-DORADO> for additional information.



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Identity Protection

Experian IdentityWorksSM



Protection when you are most vulnerable. Our services monitor a variety of channels to provide comprehensive protection.



If you become a victim of identity theft, we work to resolve it.

Experian® will do the work to help recover your financial losses and restore your credit file.



Protection at no cost to you.

Our identity restoration services are available to you free as an eligible member.

Experian IdentityWorks

Experian IdentityWorks offers more protection and the option to enroll at any time — also at no cost to you. Once you enroll in IdentityWorks, you will have access to:

- **Experian credit report at signup:** See what information is associated with your credit file*.
- **Credit Monitoring:** Actively monitors your Experian credit file for indicators of identity theft.
- **Internet Surveillance:** Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **Identity Restoration:** Identity Restoration Specialists are immediately available to help you address credit and non-credit related identity theft.
- **Up to \$1 Million Identity Theft Insurance**:** Provides coverage for certain costs and unauthorized electronic fund transfers.
- **Lost Wallet:** Assistance with canceling/replacing lost or stolen credit, debit, and medical cards.
- **Child Monitoring:** For up to 10 children up to 18 years old, Internet Surveillance and monitoring to determine whether enrolled minors in your household have an Experian credit file are available. Also included are Identity Restoration and up to \$1M Identity Theft Insurance**.
- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.

Enrollment is required.

Members must provide their personal information to enroll online or via phone. To start monitoring your personal information, please follow the steps below:

- 1 Visit the Experian IdentityWorks website to enroll: www.experianidworks.com/bcbsks
- 2 Click “Get Started” and enter code: **KANSAS24**
- 3 Complete the enrollment process.

How Experian Identity Restoration Works

If you become a victim of identity theft, a dedicated Identity Restoration Specialist from Experian will act as your guide and advocate from start to finish by initiating the dispute process, and help ensure that your identity returns to its pre-identity theft state***.

If you have questions about protecting your identity or if you suspect that your identity has been stolen:

- 1 Call the Experian customer support team at 855-272-6796
- 2 Provide the engagement number B079756

* Offline members will be eligible to call for additional reports quarterly after enrolling.

**The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

***You may be asked to provide a limited power of attorney to facilitate any Identity Restoration related work on your behalf.

Employee Assistance Program

EMPAC



The City offers all regular full-time employees an Employee Assistance Program designed to offer assistance to employees who have personal problems that disrupt their job, family, and community life. Examples include family discord, marital, alcohol or drugs, financial, and job-related difficulties that affect job performance and well-being. Marital mediation is NOT covered under this program. The assistance is provided by EMPAC. Any treatment is confidential, and the records remain the property of the professional counselor, not the City.

THE FIRST TWELVE MEETINGS IN A 12-MONTH PERIOD ARE PAID BY THE CITY!

Participation in the program is voluntary, and employment or job advancement are not affected by an employee's decision to use the services. Employees may contact their supervisor, Department Director or Human Resources for information on participating counseling centers.



Free, confidential, empac services include:

12 phone, video, or in-person sessions per household per year for personal and professional needs such as:

- Stress, depression, anxiety
- Family and parenting concerns
- Marital and relationship challenges
- Workplace conflicts
- Alcohol or drug dependency
- Grief and loss

WorkLife Services

- Financial consultation and resources for debt management and consolidation, identity theft, budgeting, and credit report information.
- Legal consultation with an attorney for issues relating to family law, estate planning, traffic citations, landlord conflicts, and many others. Discounted legal fees.
- Dependent care resources and referrals.
- Elder care resources and referrals.
- Self-help resources on a variety of topics via a member only website.
- Monthly newsletters for employees and supervisors.

ADDITIONAL WELLNESS BENEFITS

YMCA: Regular full-time employees are eligible to join the YMCA at a discounted rate. The City will pay \$15.00 a month for each regular, full-time employee who joins. The employee will pay the balance of the membership fee, based on the City's corporate rates.

EMPLOYEE ASSOCIATION: Regular full-time employees are eligible to participate in the City's Employee Association. Benefits of the association include local merchant discounts, unique programming, and other incentives throughout the year.

Leave Programs

Holiday Leave

Work hours are not normally scheduled for the following holidays except when public health or safety requires operations to be maintained. Holidays will be observed on the Friday before if the holiday falls on a Saturday and they will be observed on a Monday if the holiday falls on a Sunday.

Holidays	
New Year's Day	January 1
Martin Luther King Day	3 rd Monday in January
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving	4 th Thursday & Friday in November
Christmas Day	December 25

Regular, Full-Time employees (non-fire and non-police) will receive holiday pay for regularly scheduled hours that fall on any of the dates (actual or observed) listed above.

If a recognized holiday falls during an eligible employee's paid absence (e.g., personal, sick leave), holiday pay will be provided instead of the paid time off benefit that would otherwise have been applied.

Regular, Full-Time employees (non-fire and non-police) who are required to work on a City-observed holiday will be paid for all hours worked, in addition up to eight hours of holiday pay.

USE OF PERSONAL LEAVE FOR HOLIDAYS (KP&F Employees only). The personal leave accrual allows each employee to bank hours for holidays in addition to regular personal leave time. It is the responsibility of the employee to track personal leave time to ensure they have hours to cover holidays. New hires shall be eligible to use leave for holidays that take place within the first three months of their employment, time used for those holidays will be deducted from future accruals.

Personal Leave

Personal leave is accrued by full-time employees and gives them the opportunity to take time away from work with pay. To the extent possible personal leave must be approved in advance at the discretion of the Supervisor or Department Director as dictated by business needs.

Personal Leave			
Eligibility	Hours Per Check	Accrual Hours Per Year	Maximum Hours
• Regular, Full Time	5.50	143.00	260.00
• Police, Full Time, Non-Exempt • KP&F Covered	8.27*	215.02	300.00
• Fire, Full Time, Non- Exempt • KP&F Covered	11.57*	300.82	405.00

*Denotes higher accrual because they do not receive holiday pay.

Leave Programs

Sick Leave

Sick leave is accrued by full-time employees to allow time away from work with pay.

Sick Leave			
Eligibility	Hours Per Check	Accrual Hours Per Year	Maximum Hours
• Regular, Full Time	3.70	96.20	720.00
• Police, Full Time	3.70	96.20	720.00
• Fire, Non- Exempt • KP&F Covered	5.54	144.04	1,008.00

Employees may be eligible to use sick leave where leave is needed because of the employee's injury, illness, medical condition or because an employee has a medical, dental or optical appointment which cannot be scheduled during non-working hours. Employees may also be eligible to use sick leave where leave is needed to care for an immediate family member who is ill, injured, or hospitalized and requires the employee's attention. "Immediate family member" is any relative living in the employee's household or the employee's parent unless otherwise approved by the City Manager.

Shared Leave Program

The City of El Dorado recognizes that employees may have a family medical emergency resulting in a need for additional time off in excess of their available sick time. To address this need, all eligible employees will be allowed to donate accrued paid sick leave hours from their unused balance to their co-workers in need of additional paid time off, in accordance with the policy in place. This program is strictly voluntary.

Paid Parental Leave Program

The City of El Dorado will provide up to 160 hours of paid parental leave and 40 hours of paid parental leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption. 160 hours paid parental leave applies to those who have given birth to a child. 40 hours of paid parental leave applies to those who are the spouse or committed partner of a woman who has given birth, have adopted a child. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable. This policy will be in effect for births or adoptions occurring on or after January 1, 2021.

Other Leave

- Emergency Leave
- Family Medical Leave Act (FMLA)
- Bereavement Leave
- Military Leave
- Civil Leave
- Administrative Leave
- Domestic Violence Leave

Retirement Plans

KPERS RETIREMENT

Membership in KPERS is mandatory and begins on the first day of employment for all employees in covered positions. A covered position is one that is not seasonal or temporary, requires at least 1,000 hours of work per year, and is not covered under KP&F. KPERS members receive benefits in accordance with state laws and regulations. Employees' required KPERS contributions will be made through payroll deduction. KPERS periodically determines the rates to be paid by both employees and the City. Employer contributions are determined by the State of Kansas. Contribution information will be provided by Human Resources or KPERS.

KANSAS POLICE AND FIREMEN'S RETIREMENT SYSTEM (KP&F)

All full-time firefighters, certified full-time police officers regardless of rank, and full-time police officers in training are members of KP&F. KP&F members receive the benefits thereof in accordance with state laws and regulations. Employees' required KP&F contributions will be made through a payroll deduction plan. KP&F periodically determines the rates to be paid by both employees and the City. Contribution information will be provided by Human Resources or KPERS.

KPERS LIFE INSURANCE

KPERS provides a death benefit to all KPERS members. The amount of the benefit is 150% of the employee's annual salary at the time of death. An additional amount may be provided if the death is due to an accident on the job.

KPERS DISABILITY INCOME

KPERS provides a disability income benefit to KPERS and KP&F members. Annual benefits for KPERS and KP&F differ. There is a 180-day waiting period. Benefits available under each program are legislated by the State of Kansas.

KPERS OPTIONAL GROUP LIFE INSURANCE

Coverage is available to eligible employees in five thousand dollar (\$5,000.00) increments from a minimum base of \$5,000.00 to the maximum coverage of \$400,000.00. Employees are guaranteed \$50,000.00 coverage if coverage is applied for within 30 (thirty) days of their KPERS/KP&F membership date without proof of good health. Insurance coverage over \$50,000.00 requires proof of good health. This is an optional benefit provided at the employee's expense. Spousal and child options are also available.

457(b) DEFERRED COMPENSATION PLAN

457(b) Deferred Compensation is a voluntary deferred compensation retirement plan. Regular, full-time employees may contribute to the plan immediately upon hire. The following table shows the contribution rates.

457(b) Deferred Compensation Plan		
Employee Type	Employee Contribution	City Contribution
• Regular, Full Time, Non-KP&F Covered	0%	0.74%
• Regular, Full Time, Non-KP&F Covered	1-100%	5.74%
• Regular, Full Time, KP&F Covered	0-100%	0.00%

Under Section 457 of the Internal Revenue Code, you may defer each year a maximum of 100% of your "gross compensation" or the IRS mandated annual dollar limit, whichever is less. If you are 50 (or older), or within three years of your normal retirement age and already contributing the maximum to your plan, you are allowed to make additional "catch-up" contributions.

Mental Health Resources



988 Suicide & Crisis Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you with a skilled, trained crisis worker.

Then, a trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support and get you the help you need.

Lifeline Center calls are FREE and CONFIDENTIAL, and we're available 24 / 7.



For more information on resources or to chat online with Lifeline visit www.988lifeline.org

988 Suicide & Crisis Lifeline



CHAT WITH LIFELINE

Carrier Contacts



Benefit	Contact Information
Medical BLUE CROSS BLUE SHIELD OF KANSAS	1.800.432.3990 www.bcbsks.com
Telemedicine AMWELL	1.844.733.3627 www.bcbsks.com/telemed
Dental BLUE CROSS BLUE SHIELD OF KANSAS	1.800.432.3990 www.bcbsks.com
FSA SURENCY	1.866.818.8805 www.surency.com
Vision VSP	1.800.877.7195 www.vsp.com
Basic Life and AD&D THE STANDARD	1.800.247.6888 www.standard.com
Voluntary Life and AD&D THE STANDARD	1.800.247.6888 www.standard.com
Short Term Disability THE STANDARD	1.800.247.6888 www.standard.com
Accident / Critical Illness / Hospital Indemnity THE STANDARD	1.800.247.6888 www.standard.com
Retirement, Life Insurance, Disability, 457(b) KPERs	1.888.275.5737 www.KPERs.org
Legal BOB PILCHER LEGALSHIELD	316.215.5100 bobpilcher58@gmail.com 1.800.654.7757 www.legalshield.com
Human Resources Manager HALEY REMSBERG	316.321.9100 ext. 104 hremsberg@eldoks.com
Benefits Consultant at IMA JORDANN TAKEMIRE	316.266.6358 Jordann.Takemire@imacorp.com

Notices

MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON-CREDITABILITY

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
PPO Plan	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

Notices

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - a) You would no longer be paying for insurance on a pre-tax basis
 - b) You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - a) experience a "qualifying event" recognized by our plan as a mid-year election change, or
 - b) wait until our next annual open enrollment

Notices

SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

SPECIAL ENROLLMENT PROVISION

- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself, your spouse, and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage (or if the employer stops contributing toward it)**. However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage**. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE."

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Notices

PREMIUM ASSISTANCE UNDER MEDICAID OR 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 **premium assistance that can help pay for coverage through your employer**, 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 premium assistance but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at 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 (1-877-543-7669)** or visit www.insurekidsnow.gov and also ask about premium assistance.

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

The below list of States may offer premium assistance to residents (last updated July 31, 2024).

ALABAMA – MEDICAID	ALASKA – MEDICAID
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid (Health First Colorado) and Chip (Child Health Plan Plus, Or CHP+)	FLORIDA – MEDICAID
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – MEDICAID	INDIANA – MEDICAID
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

Notices

<p>IOWA – MEDICAID AND CHIP (HAWKI)</p> <p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – MEDICAID</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – MEDICAID</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – MEDICAID</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – MEDICAID</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – MEDICAID AND CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – MEDICAID</p> <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>MISSOURI – MEDICAID</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – MEDICAID</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov</p>	<p>NEBRASKA – MEDICAID</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – MEDICAID</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – MEDICAID</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
<p>NEW JERSEY – MEDICAID AND CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>NEW YORK – MEDICAID</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – MEDICAID</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – MEDICAID</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p>OKLAHOMA – MEDICAID AND CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON – MEDICAID</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

Notices

PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA – MEDICAID
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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 (1-866-444-3272)

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.

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Benefits Enrollment Guide

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.