



2025 Benefits Enrollment Guide

2025





This guide highlights the main features of many of the benefit plans sponsored by City of Lee's Summit. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. City of Lee's Summit reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.



Table of Contents

BENEFITS OVERVIEW	2
ENROLLMENT/ELIGIBILITY	3
MEDICAL & PRESCRIPTION DRUG PLAN	7
HEALTH SAVINGS ACCOUNT	11
DENTAL PLAN	13
VISION PLAN	14
LIFE/AD&D INSURANCE	15
DISABILITY COVERAGE	17
FLEXIBLE SPENDING ACCOUNTS	18
EMPLOYEE ASSISTANCE PROGRAM	21
ACCIDENT, CRITICAL ILLNESS, UNIVERSAL LIFE	22
RETIREMENT	23
PAID TIME OFF	24
529 COLLEGE SAVINGS PLAN	25
ADDITIONAL WORK PERKS	26
ANNUAL COMPLIANCE NOTICES	27
IMPORTANT CONTACTS	44

Turn to page 27 for important government-mandated notices pertaining to premium subsidies that may be available to certain individuals.

Those notices are:

- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage Options and Your Health Coverage, and
- Medicare Part D Notice



Benefits Overview

Our Benefits Program Has You Covered

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he needs an extensive root canal. That's when City of Lee's Summit's benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. The City of Lee's Summit's plans allow you to choose the plans that work best for your own needs—and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

Cigna Medical and Prescription Drug Plans

- Buy Up PPO Plan (\$0 deductible)
- Base PPO Plan (\$500 deductible)
- HDHP with HSA Plan (\$3,300 deductible)

Cigna Dental Plan

MetLife Vision Plan

HSA Bank Health Savings Account (HSA)

The Hartford Basic Life/AD&D Insurance

The Hartford Voluntary Life/AD&D Insurance

Short-Term Disability Program

The Hartford Long-Term Disability Insurance

Navia Flexible Spending Accounts (FSA)

SupportLinc Employee Assistance Program (EAP)

The Hartford Accident & Critical Illness; Trustmark Universal Life

Retirement Plan – Missouri Local Government Employees' Retirement System

Nationwide and Mission Square 457(b) plans



When Coverage Begins

Initial Enrollment

When you first join City of Lee's Summit, you have 30 days from your date of hire to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins the first of the month following date of hire. If you do not enroll within 30 days of becoming eligible, you will automatically be enrolled in company-sponsored benefits, such as basic life and accidental death insurance and the employee assistance program (EAP), but you will have to wait until the next annual Open Enrollment to enroll for other benefits and make changes to coverage.

How to Enroll

2025 New Hires

Choose a time and date for an enrollment session with an enrollment counselor with Avant Specialty Benefits by using the online scheduling tool. Go to <https://cityofleessummitbenefits.simplybook.me/>, click "Book Now," and then choose an available date and start time. Enter a phone number where you can be reached and an email address. You'll receive an email reminder of your scheduled time. Then one of the enrollment counselors will call you at the time and date you've chosen. Have ready at the time of the call the Social Security No. and date of birth of any dependent you are enrolling in your medical, dental or vision insurance plans. Avant Specialty Benefits counselors are available Monday through Friday 8:30 am – 5:00 pm CST at 844-350-4040. You are required to speak to the Call Center even if you are declining some benefits.

Annual Enrollment

During annual Open Enrollment, coverage takes effect on January 1 of the following year.

Open Enrollment for 2025 Benefits

Selerix Self-Enrollment

- Visit www.cityoflsbenefits.com and click on "Enroll in 2025 Benefits" in the Open Enrollment Tab of the landing page
- Your username = Your Employee ID Number or full SSN (no dashes)
- PIN = Password and that will be the last four of your SSN + the last 2-digits of your birth year

Avant Benefits Call Center

- Call Avant Specialty Benefits during the Open Enrollment period to complete your benefits open enrollment. Avant Benefit Counselors are available Monday through Friday 8:30 am – 5:00 pm CST at 844-350-4040.



Making Changes to Coverage

Once you make your benefit elections, these choices remain in effect until the next Open Enrollment unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules. If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by completing a Benefit Changes/Enrollment form and returning it to Human Resources. If you do not return your form within 30 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified status changes include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes your or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse or your children
- End of the maximum period for COBRA coverage

For a more complete list of qualified status changes, please contact Human Resources



Who Is Eligible?

Employee Eligibility:

You are eligible to enroll in the City of Lee's Summit's Medical, Dental, Vision, HSA, FSA, Accident, Critical Illness, Universal Life, and EAP benefit plans if you are a regular, full-time employee scheduled to work at least 30 hours per week.

You are also eligible for the City of Lee's Summit's Basic Life/AD&D, Voluntary Life/AD&D, Short-Term Disability, and Long-Term Disability benefit plans if you are a regular, full-time employee scheduled to work at least 40 hours per week.

As a regular, full-time employee, you are eligible for benefits on the first day of the month following 30 days of employment.

Dependent Eligibility:

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children through the end of the year they turn age 26 for medical, dental and vision coverage.
 - "Children" are defined as your natural children, stepchildren, legally-adopted children and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.
 - If your child becomes ineligible for coverage (i.e., turning age 26), you must notify Human Resources.

Summary of Documentation for Dependent Eligibility:

Please Note: We recognize that if you acquired a spouse or dependent child in the current calendar year, the tax return for the prior year will not be applicable. In these situations, please review the alternative options for documentation listed below.

Spouse

- Copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered and shows a "married" filing status. Please conceal all financial information, **OR**
- If you acquired a spouse during the current year please provide a copy of an official marriage certificate.

Birth of Child of Employee or Employee's Spouse

- Please provide a copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered. Please conceal all financial information, **OR**
- If the child was born to you in the current year please provide the following:
 - To add a newborn within 31 days of the birth, a copy of the hospital certificate of birth (to be followed up with the state-issued birth certificate when received)
 - Copy of a state-issued birth certificate (not a hospital certificate of birth) naming you as a parent, **OR**
- If you do not claim the child on your tax form you must provide **ONE** of the following documentation items:
 - Copy of a state-issued birth certificate (not a hospital certificate of birth) naming you as a parent,
 - Copy of a divorce decree with custody arrangement described, **OR**



- If the child is the birth child of your spouse and your spouse is not covered under City health, vision, and/or dental plans or you do not claim the dependent on your tax form, you must submit the following documentation:
 - Copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered and shows a “married” filing status. Please conceal all financial information, **AND**
 - Copy of a state-issued birth certificate (not a hospital certificate of birth) naming your spouse as a parent, **OR**
- Copy of a divorce decree with custody arrangement described.

Adopted Child of Employee or Child Placed for Adoption with Employee or Employee’s Spouse

- Copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered. Please conceal all financial information, **AND**
- If you did not claim the child on your tax form or the child was placed with you for adoption in the current year, you must provide **ONE** of the following documentation items:
 - Copy of official adoption records naming you as a parent.
 - Copy of divorce decree with custody arrangement described.

Grandchild

- Copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered. Please conceal all financial information, **AND**
- Copy of court decree granting you or your spouse legal guardianship. A notarized affidavit **WILL NOT** be accepted as documentation of legal guardianship. If the guardianship was established in the current year, a copy of the court decree granting you or your spouse legal guardianship will suffice.

Legal Guardianship

- Copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered. Please conceal all financial information, **AND**
- Copy of court decree naming you or your spouse as legal guardian. A notarized affidavit **WILL NOT** be accepted as documentation of legal guardianship. If the guardianship was established in the current year, a copy of the court decree granting you or your spouse legal guardianship will suffice.

Child of a Qualified Medical Child Support Order

- Copy of the QMCSO as executed by the court.

Handicapped Child Over the Age of 26

- Copy of the physician’s documentation of mental or physical handicap, **AND**
- Copy of your 1040 tax return* (page 1 only) filed for the prior year which lists the names of the dependents to be covered. Please conceal all financial information.

*Your copy of an E-file tax return provides the same dependent information on page 1



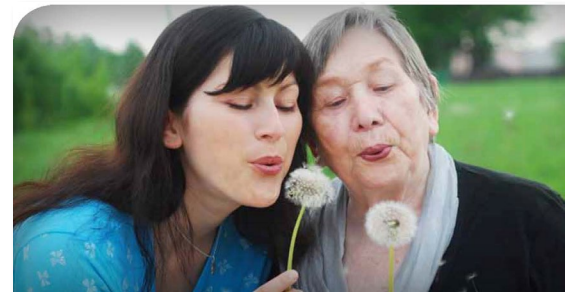
Medical Plan

City of Lee’s Summit’s medical options all provide coverage for the same types of expenses, such as doctor’s office visits, preventive care, prescription drugs and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage. The City’s Medical Plan is administered by Cigna.

Choosing a Medical Option

When it comes to medical coverage, the City of Lee’s Summit offers you these choices:

- Cigna Buy Up PPO Plan (\$0 deductible)
- Cigna Base PPO Plan (\$500 deductible)
- Cigna HDHP with HSA Plan (\$3,300 deductible)



Network Providers

All plans offer in-network and out-of-network benefits. When you need care, you decide whether to go to a Cigna in-network doctor or to an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because Cigna network providers discount their fees. And, with in-network providers, you generally do not have to file claims. If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Finding a Network Provider

- Log onto www.Cigna.com. Click on “Find a Doctor” at the top of the screen.
- Select “Employer or School” for how you are covered.
- Change the geographic location to the city, state or zip code you want to search.
- Choose how to search (Doctor by Type, Doctor by Name or Health Facilities and Group Practices).
- When prompted to Select a Plan, click on “Open Access Plus, OA plus, Choice Fund OA Plus”.

Once you are enrolled in a Cigna plan, you can go to mycigna.com and register for an online account. Or you can use the [myCigna mobile app](#).



Buy Up PPO Plan (\$0 Deductible)

Below please find a brief description of the Buy Up PPO Plan benefits.

Plan Benefits	Open Access Plus Network	
	In-Network	Out-of-Network
Deductible (Calendar Year)	\$0 individual \$0 family	\$500 individual \$1,500 family
Coinsurance (Plan pays)	100%	80%
Out-of-Pocket Max (includes Deductible)	\$3,000 individual \$6,000 family	\$9,000 individual \$18,000 family
Office Visits (Primary Care & Specialist)	Primary Care: \$20 copay Specialist: \$40 copay	80% coinsurance after ded.
Urgent Care	\$40 copay	\$40 copay
Emergency Room	\$200 copay/visit Out-of-network provider may balance bill	
Inpatient Hospital Services	\$300 copay per day (copay limit 5 per member per year)	80% coinsurance after ded.
Outpatient Surgery Facility Fee	No member cost share	80% coinsurance after ded.
Labs Performed in Provider Office/Independent Lab/Urgent Care Facility	No member cost share	80% coinsurance after ded.
Retail Prescription Drug Coverage (up to 30 day supply)	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$65 copay	50% coinsurance
Mail Order/Retail 90 (90 day supply)	Tier 1: \$20 copay Tier 2: \$80 copay Tier 3: \$130 copay	50% coinsurance
Preventive Care	Covered 100%	80% coinsurance after ded.

Coverage Tier	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$207.43	\$921.22	\$1,128.65	\$95.74
Employee + Spouse or Child(ren)	\$778.62	\$1,689.89	\$2,468.50	\$359.36
Employee + Family	\$903.48	\$1,961.72	\$2,865.20	\$416.99



Base PPO Plan (\$500 deductible)

Below please find a brief description of the Base PPO Plan benefits.

Plan Benefits	Open Access Plus Network	
	In-Network	Out-of-Network
Medical Deductible (Calendar Year)	\$500 individual \$1,000 family	\$1,500 individual \$3,000 family
Coinsurance (Plan pays)	90%	70%
Medical Out-of-Pocket Max (includes Deductible; does NOT include prescriptions)	\$2,800 individual \$5,600 family	\$8,400 individual \$16,800 family
Office Visits (Primary Care & Specialist)	Primary Care: \$25 copay Specialist: \$50 copay	70% coinsurance after ded.
Urgent Care	\$50 copay	\$50 copay
Emergency Room	\$200 copay then 90% coinsurance after in-network ded.	
Inpatient Hospital Services	90% coinsurance after ded.	70% coinsurance after ded.
Outpatient Surgery Facility Fee	90% coinsurance after ded.	70% coinsurance after ded.
Labs Performed in Provider Office/Independent Lab/Urgent Care Facility	No member cost share	70% coinsurance after ded.
Prescription Drug Out-of- Pocket Max	\$1,500 individual \$4,500 family	\$1,500 individual \$4,500 family
Retail Prescription Drug Coverage (up to 30 day supply)	Tier 1: \$10 copay Tier 2: 40% up to \$80 max Tier 3: 60% up to \$120 max	50% coinsurance
Mail Order/Retail 90 (90 day supply)	Tier 1: \$20 copay Tier 2: 40% up to \$160 max Tier 3: 60% up to \$240 max	50% coinsurance
Preventive Care	Covered 100%	70% coinsurance after ded.

Coverage Tier	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution Per Paycheck
Employee Only	\$102.36	\$921.22	\$1,023.58	\$47.24
Employee + Spouse or Child(ren)	\$563.30	\$1,689.89	\$2,253.18	\$259.98
Employee + Family	\$653.91	\$1,961.72	\$2,615.63	\$301.80



HDHP with HSA Plan

Below please find a brief description of the HDHP with HSA Plan benefits.

Plan Benefits	Open Access Plus Network	
	In-Network	Out-of-Network
Deductible (Calendar Year)	\$3,300 individual \$6,600 family	\$3,300 individual \$6,600 family
Coinsurance (Plan pays)	100% after deductible is met	70%
Out-of-Pocket Max (includes Deductible)	\$3,300 individual \$6,600 family	\$6,600 individual \$13,200 family
Office Visits (Primary Care & Specialist)	Deductible, then no charge	70% coinsurance after ded.
Urgent Care	Deductible, then no charge	Deductible, then no charge
Emergency Room	Deductible, then no charge	
Inpatient Hospital Services	Deductible, then no charge	70% coinsurance after ded.
Outpatient Hospital/Facility Services	Deductible, then no charge	70% coinsurance after ded.
Lab & X-Ray	Deductible, then no charge	70% coinsurance after ded.
Retail Prescription Drug Coverage (30 day supply)	Deductible, then no charge	Deductible, then 50%
Mail Order/Retail 90 (90 day supply)	Deductible, then no charge	Deductible, then 50%
Preventive Care	Covered 100%	70% coinsurance after ded.

Coverage Tier	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$0.00	\$902.04	\$902.04	\$0.00
Employee + Spouse or Child(ren)	\$294.95	\$1,689.89	\$1,984.83	\$136.13
Employee + Family	\$342.32	\$1,961.72	\$2,304.04	\$157.99

Note: The City contributes \$50.00 per month to the HSA for employees enrolled in HDHP coverage.



What's a Health Savings Account?

A Health Savings Account (HSA) is a tax-free account that earns interest. Our HSA vendor is with HSA Bank. Once the account is set up you can then make contributions to your HSA account via payroll throughout the year. You can then use the HSA to pay for eligible health care expenses, such as copays, deductibles, coinsurance, and other out-of-pocket dental, vision, and prescription drug expenses. Your account balance can carry over from year to year, and you can take it with you if you leave the City.

City of Lee's Summit Contributions

If you elect HDHP coverage, when you set up an HSA, City of Lee's Summit will contribute \$50 per month to the account for you. If you enroll in the HDHP mid-year, the amount City of Lee's Summit contributes will be pro-rated.

Here's a look at what you and City of Lee's Summit together can contribute to your HSA each year:

Coverage Level	2025 Maximum HSA Contribution
Individual	\$4,300
Family	\$8,550
Age 55 & Older	An additional \$1,000

Nonqualified Expenses and Penalties

- Withdrawals prior to age 65 are taxable and a 20% penalty applies.
- Withdrawals post age 65 are taxable but no penalty applies.

Who is Eligible for the HSA?

You can participate in the HSA **ONLY** if you enroll in the HDHP.

You are not eligible for the HSA if:

- You are enrolled in Medicare.
- You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.
- You or your spouse participates in a medical flexible spending account.



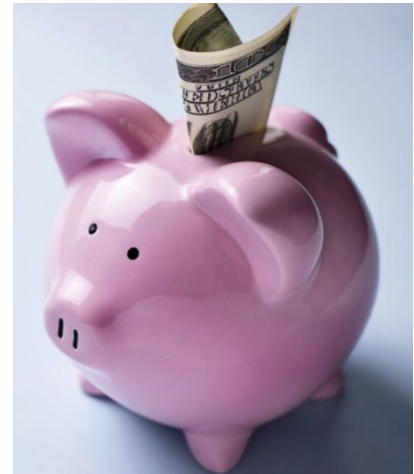
Additional Details

- Once you turn age 65 and enroll in Medicare, you can no longer contribute to your HSA. You may continue to spend and/or save the balance in your HSA. IRS rules state you can no longer contribute new money into the HSA once enrolled in Medicare. You will need to be sure to stop all contributions to your HSA up to six months before you collect Social Security. This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (as long as you were eligible for Medicare during those six months). If you do not stop contributing, you may have a tax penalty.
- Although the Health Care Reform bill now mandates health insurers cover dependent children up to age 26, the law did not extend this same change to HSAs. Therefore, HSA funds can only be used for tax-dependent children (as well as legal spouse). IRS definition: under 19 or up to 24 if full time student for at least 5 months of the year.

Access Your Account Online

Use your myCigna online account or download the myCigna mobile app

- View current balance information
- Set up or update your profile
- Designate a beneficiary
- View online statements
- Manage your healthcare expenses
- Report lost/stolen cards and request replacement



Medicare and City of Lee's Summit Coverage

When you or your covered spouse reach age 65, you can continue to receive coverage from the City. If you want to, you can enroll in Medicare Part A effective the first of the month in which you reach age 65 even if you continue to receive coverage through the City. If you or your covered spouse decide to drop coverage through the City, you will want to enroll in Medicare Part A, B, D, and likely a Medicare Supplement policy. It is a good idea to compare Medicare benefit options and costs to what the City offers.

For more information, visit www.medicare.gov or call 800-633-4227.

Important: Enrolling in Medicare when it is first available to you or your covered dependent is considered a Qualified Life Event. You must contact the HR within 31 days of enrollment if you wish to make changes to your coverage through the City.

HSA Participants: To avoid tax penalties, if you enroll in Medicare when it is first available (typically the first of the month in which you turn age 65), then you should stop all HSA contributions in the month prior to your Medicare effective date. If you delay Medicare enrollment, then you should stop all HSA contributions at least six months prior to your Medicare effective date.



Dental Plan

The City's Dental Plan is administered by Cigna. The City's dental plan provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings and orthodontia for children.

Dental PPO Plan

The Dental PPO allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of Cigna's preferred dentists, you'll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher and you may need to file your own claims. Cigna Dental Virtual Care is available at myCigna.com under "The TeleDentists".

For a list of Cigna preferred dentists, go to www.Cigna.com.

Dental Plan Highlights

Plan Feature	Total Cigna DPPO Network	Out-of-Network
Annual Deductible Individual Family	\$50 \$150	\$50 \$150
Preventive Services** Exams, routine cleanings, x-rays, space maintainers, sealants, fluoride treatment	100% (no deductible)	100% (no deductible)
Basic Services Fillings, periodontics, endodontics, extractions, general anesthesia.	85% after deductible	80% after deductible
Major Services Crowns, inlays, onlays, bridges, dentures, implants	55% after deductible	50% after deductible
Orthodontia Adult and Child Lifetime Maximum of \$1,500	50% after deductible	50% after deductible
Annual Benefit Maximum*	Year 1: \$1,250 Year 2: \$1,500 Year 3: \$1,750 Year 4: \$2,000	Year 1: \$1,250 Year 2: \$1,500 Year 3: \$1,750 Year 4: \$2,000

* If you receive a preventive service, your annual maximum will increase by \$250 the following year.

**Preventive Services do not count towards the Annual Maximum Benefit

Coverage Tier	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$0.00	\$38.80	\$38.80	\$0.00
Employee + Family	\$19.53	\$78.12	\$97.65	\$9.01



Vision Plan

The City of Lee’s Summit Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through MetLife.

Vision Coverage

If you enroll for vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the MetLife network, you will receive a discount on services. To find a network provider, go to www.metlife.com. Select “MetLife Vision PPO” for the network. To set up an online account, go to metlife.com/mybenefits.

The Vision Plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

Vision Plan Highlights

Plan Feature	MetLife Vision PPO In-Network	Non-Network
Eye Exam (Every 12 months)	100% after \$10 copay	Up to \$45 allowance
Lenses (Every 12 months)	\$15 copay for all lenses Single Vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for children up to age 18	Single Vision allowance \$30 Lined Bifocal allowance \$50 Lined Trifocal allowance \$65
Lens Enhancements	Standard progressive lenses \$55 copay Premium progressive lenses \$95-\$105 copay Custom progressive lenses \$150- \$175 copay	Standard progressive, Premium progressive and Custom progressive allowance \$50 each
Frames (Every 24 months)	\$160 allowance Additional 20% savings on the amount over your allowance (except Costco) \$90 Costco frame allowance	\$70 allowance
Contact Lenses (Every 12 months) Instead of Glasses	\$160 allowance for contacts Up to \$60 for contact lens exam (fitting and evaluation)	\$105 allowance for elective contacts

Coverage Tier	Employee Monthly Contribution	City Monthly Contribution	Total Monthly Premium	Employee Contribution per Paycheck
Employee Only	\$0.00	\$6.51	\$6.51	\$0.00
Employee + Family	\$3.09	\$12.36	\$15.45	\$1.43



Life Insurance

City of Lee's Summit offers life insurance coverage to provide financial protection in the event of a loss. This coverage is administered through The Hartford.

Basic Life & AD&D Insurance

The City of Lee's Summit provides Basic Life/AD&D Insurance for all eligible employees at no cost.

- The Basic Life/AD&D benefit is 1 times your annual earnings to a maximum of \$100,000.

The City also provides a Basic Life benefit for your spouse and children in the amount of \$3,000. The Basic Life benefit is paid to your beneficiaries in the event of your death.

Accidental death and dismemberment (AD&D) Insurance is payable in the event you or a covered dependent passes away due to an accident or becomes injured as a result of the accident. The amount of your AD&D insurance benefit is equal to the amount of your Basic Life benefit.

IRS Rules About Basic Life Coverage

If your Basic Life Insurance coverage is more than \$50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over \$50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds \$50,000 will be reported to the IRS as imputed income on your W-2 form.

Voluntary Life & AD&D Insurance

In addition to your Basic Life/AD&D benefit, you may purchase Voluntary Life/AD&D Insurance not only for yourself, but also for your spouse and your dependent children. However, you may only elect coverage for your dependents if you enroll for Voluntary Life/AD&D coverage for yourself. You pay for the cost of Voluntary Life/AD&D Insurance on an after-tax basis through payroll deductions.

Voluntary Life for You

- You may apply for voluntary life insurance in multiples of \$10,000 to the maximum of \$500,000.
- New Hire Guarantee Issue Amount: \$150,000

Voluntary Life for Your Dependents

- You may apply for voluntary life insurance for your spouse in multiples of \$5,000 to a maximum of \$150,000 (not to exceed 100% of your amount). The Spouse Guarantee Issue amount is \$30,000.
- You may apply for voluntary life insurance for your children in multiples of \$2,000 to a maximum of \$10,000 (not to exceed 100% of your amount). The Dependent Child Guarantee Issue amount is \$10,000.

If you wish to apply for more than the Guarantee Issue amounts above, you will be required to complete Evidence of Insurability with The Hartford to be approved for the additional coverage amounts. The Hartford will reach out to you after you complete your online enrollment with [an email link](#) to complete your Evidence of Insurability online. If you do not respond within 60 days, your EOI application will be closed. Reach out to HR for information on your next opportunity to apply.



Voluntary Life Rates:

If you elect Voluntary Life insurance for yourself or for yourself and your spouse, your monthly premium rate for these plans are indicated in the table below. Rates for your spouse are based on your age.

Employee's Age (as of January 1)	Rate (Per \$1,000 of Total Coverage)
<30	\$0.098
30-34	\$0.098
35-39	\$0.128
40-44	\$0.195
45-49	\$0.319
50-54	\$0.494
55-59	\$0.836
60-64	\$0.904
65-69	\$1.634
70-74	\$2.964
75+	\$8.846

If you elect Voluntary Life insurance for your child(ren), your monthly premium rate for this coverage is \$0.40 per \$2,000 regardless of the number of children covered.

Voluntary AD&D for You and Your Dependents:

- You may apply for voluntary AD&D insurance in multiples of \$25,000 to a maximum of \$500,000. Amounts in excess of \$250,000 may not exceed 10 times your annual earnings.
- If you elect coverage for yourself, you may also elect coverage for your spouse and dependents.
 - Employee Only: \$0.03 per \$1,000 of coverage
 - Employee and Dependents: \$0.05 per \$1,000 of coverage*

* Dependent children will be covered up to age 21 on the Voluntary AD&D unless they are a full-time student.

Beneficiary Designation

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll. Your “beneficiary” is the person(s) who will receive the benefits from your life and AD&D coverage in the event of your death. You are always the beneficiary of any dependent life and AD&D insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, your life and AD&D benefits will be paid in the following order: your spouse, your children, your parents, your siblings, your estate.

Benefits and Age Reduction Schedule

When you or a covered dependent reaches age 70, the Basic and Optional Life Insurance benefits are reduced.

- At age 70 through 74, your life benefit reduces to 65% of your initial coverage.
- At age 75, the benefit is reduced to 50% of your initial coverage.



Disability Coverage

The City of Lee's Summit offers disability coverage that provides a percentage replacement of your income if you cannot work because of illness, injury or pregnancy.

Short-Term Disability

The City of Lee's Summit provides full-time employees with short term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. Benefits are paid at 60% of the employee's basic weekly earnings up to a maximum weekly benefit of \$1,000. Benefits will begin after all available paid leave is exhausted. The maximum benefit period (including paid time off) is 13 weeks.

Long-Term Disability

If you remain totally disabled and unable to work for more than 90 days, you may be eligible for Long-Term Disability (LTD) benefits. The City of Lee's Summit automatically provides you LTD benefits that replaces up to 60% of your base pay, up to a maximum of \$3,000 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation). Long-Term Disability benefits are administered through The Hartford.

When Are You Disabled?

To be considered totally disabled and eligible for LTD benefits, you must be seeing a doctor regularly for treatment. You must also be unable to perform at least one or more of the essential duties of your job to begin satisfying the LTD benefit waiting period.



Flexible Spending Accounts

The City of Lee's Summit allows you to contribute to one or both flexible spending accounts, which allow you to save taxes on certain out-of-pocket health care and dependent care expenses. Navia Benefit Solutions administers FSA accounts.

How the FSAs Work

The City of Lee's Summit offers three types of FSAs:

- Health Care FSA
- Limited Health Care FSA (dental and vision only; used in conjunction with HDHP and HSA)
- Dependent Care FSA

If you elect to contribute to one or both of the FSAs, you choose an annual amount to be taken from each of your paychecks and deposited into your account throughout the year. Your contributions are taken out of your paycheck before you pay taxes, so you save money. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself, up to the amount you have elected to contribute to your account for the year.



In 2025 on the Health Care FSAs, you can carry over up to \$640 in unused money to be used in the following year provided you make an annual election of at least \$120.00 for the following year.

On the Dependent Care FSA, the IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the "use it or lose it" rule.

Health Care FSA

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by another health plan. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays
- Coinsurance amounts
- Amounts you pay for prescription drugs
- Amounts you pay for certain over-the-counter items
- Eyeglasses, contacts and other vision-related expenses not covered by the vision plan
- Orthodontia expenses not covered by the dental plan

If you enroll in the High Deductible Health Plan for medical coverage, which has a Health Savings Account (HSA), only the Limited Health Care FSA is available to you.

Annual Contribution Amount

You can contribute up to \$3,200 per year to either Health Care FSA.



Dependent Care FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be:
 - Employed, or
 - A full-time student at least five months during the plan year, or
 - Mentally or physically disabled and unable to provide care for himself or herself.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

Annual Contribution Amount

You can contribute up to \$5,000 per year to the Dependent Care FSA if single or married filing jointly. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

Eligible Dependent Care Expenses

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care

For a complete list of eligible expenses, visit <https://www.naviabenefits.com/participants/resources/expenses>.



How the Debit Card Works

If you enroll in one of the flexible spending accounts, you will receive a Navia debit card in the mail. Please login to your account at www.naviabenefits.com to request additional cards for dependents at no cost, should you need extra cards for other family members.

Feel free to use the debit card at providers (point of sale) to pay for eligible expenses up-front, such as prescription drugs, office visit copays, dental expenses, and vision expenses without having to pay out-of-pocket and wait for a reimbursement. Using the debit card at a health care provider for copays, at a daycare center, or at a vendor who has the software in place to track eligible FSA expenses may allow the transaction to be auto-substantiated and, therefore, not require a receipt to be submitted. **However, since all FSA transactions require substantiation (per the IRS), Navia may reach out to you and request substantiation. This means you may be asked to submit an itemized receipt or EOB (Explanation of Benefits) to validate the expense; so, it's important to keep all your receipts.**

A manual claim for reimbursement can always be submitted through the Navia Portal, email, fax or the MyNavia Mobile App if you prefer not to use the debit card.

Manage Your Account Online

- Visit www.naviabenefits.com
- From the member portal you can view your account balances, track account activity, view payment history, report lost or stolen cards, file claims and update your bank account for electronic funds transfer.

Don't forget to download the MyNavia Mobile App

Important FSA Considerations

- Any money left in your Dependent Care FSA at the end of the plan year may not be rolled over to pay for future expenses in another plan year. Any unused funds will be forfeited, per IRS rules.
- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit. (For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year—even if you have not yet contributed that much to your account.)
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.
- If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.
- It's important to keep copies of all your receipts—even if you are not required to submit them as proof of your expense. That way, if the IRS asks for substantiation of your expenses, you will have the receipts.



Employee Assistance Program

Managing work and your home life can sometimes be a challenge. Administered by CuraLinc Healthcare, SupportLinc offers guidance to help you address and resolve everyday issues at no cost to you or your family. The program includes:

- **In-the-moment support & short-term counseling.** A licensed clinician answers 24/7/365 when you call for assistance with work-related pressures, depression, stress, anxiety, grief, relationship problems, substance abuse or other emotional health concerns. You and your benefit-eligible family members may also receive up to six (6) counseling sessions, in-person or via video.
- **Legal consultation.** SupportLinc offers a free, 30-minute legal consultation per issue with a local attorney, by phone or in-person.
- **Convenience resources.** SupportLinc’s knowledgeable specialists provide referrals that help address a wide range of challenges such as child or elder care, adoption, pet care, home repair, education and housing needs.
- **Financial expertise.** Receive expert financial consultation and planning with pressure-free, personalized guidance until your issue is resolved.
- **Web platform.** Your one-stop shop for SupportLinc support, resources, information and more. Discover on-demand training to boost wellbeing, search engines, financial calculators and career resources. Visit the Savings Center for retail and service provider discounts. Or complete a search to explore articles, tip sheets and self-assessments.
- **Mobile app.** Get confidential support and guidance on the go from a licensed counselor via live chat, as well as expert content and resources – all from the convenience of your phone or tablet.
- **Text therapy.** Exchange text messages, voicenotes and resources Monday – Friday with a licensed counselor through the Textcoach® mobile and desktop app.
- **Animo.** Strengthen your mental health and overall wellbeing using Animo’s self-guided content, practical resources and daily inspiration to foster meaningful and lasting behavior change.
- **Virtual Support Connect.** This digital group support platform offers moderated sessions hosted by licensed counselors on topics such as grief, mindfulness, preventing burnout and more.
- **Navigator.** Take the guesswork out of your emotional fitness! Click the Mental Health Navigator icon on the web portal or mobile app, complete a short survey and receive personalized guidance for accessing program support and resources.

Assistance is available for you or immediate household family members by calling 1-888-881-LINC(5462)

You can also log onto www.supportlinc.com with group code: **cityofleessummit**



Voluntary Benefits

Accident Insurance

The City of Lee's Summit provides the option for employees to purchase Accident Insurance on a group basis through the Hartford. The Hartford Accident policy pays a cash benefit if a covered person is injured as the result of a covered accident. Benefits are intended to help employees and their loved ones handle the out-of-pocket expenses that can follow an accidental injury. Lump sum benefits are paid to the insured/beneficiary based upon a schedule of benefits. Coverage is available for Employee, Employee and Spouse, and Employee and Children, and Family.

Critical Illness Insurance

The City of Lee's Summit provides the option for employees to purchase Guaranteed Issue Critical Illness Insurance through The Hartford. Benefits are payable directly to the insured upon diagnosis of a covered illness such as cancer, benign brain tumor, heart attack, heart transplant, coronary artery bypass, angioplasty, stroke, aneurysm, major organ transplant, end stage renal failure, coma, paralysis, loss of vision, loss of speech, loss of hearing, bone marrow transplant, advanced Parkinson's, ALS, and advanced multiple sclerosis.

New Hire Guaranteed Issue amount is \$10,000, \$20,000, or \$30,000; Spouse is Guaranteed Issue 50% of EE amount; Children Guaranteed Issue \$5,000

Universal LifeEvents Insurance with Long Term Care

The City of Lee's Summit provides the option for employees to purchase Universal LifeEvents with Long Term Care Insurance through Trustmark which matches the needs of insureds throughout their lifetime. Universal LifeEvents pays a higher death benefit during the working years when expenses are high. At age 70, when financial needs are typically lower, the death benefit reduces. Living Benefits do not reduce; they continue throughout retirement to match the greater need for long-term care.

Coverage is Guaranteed Issue at first offering to Employee for up to \$100,000. Spouse is eligible for up to \$25,000 with a few medical questions; dependent children under age 23 and grandchildren under age 19 are eligible for coverage as well.



Retirement Plans

Missouri Local Government Employees' Retirement System- LAGERS

LAGERS is a non-profit public pension system for local government employees in Missouri. The City of Lee's Summit makes 100% of the contribution to LAGERS on your behalf. This plan provides you a monthly benefit for life upon retirement. Your benefit is vested after 5 years of service. Your monthly lifetime benefit is calculated based on the City's L-6 benefit program multiplier (2%) x your credited service x your final average salary.

Normal retirement for general employees is age 60 and age 55 for sworn fire and police officers.

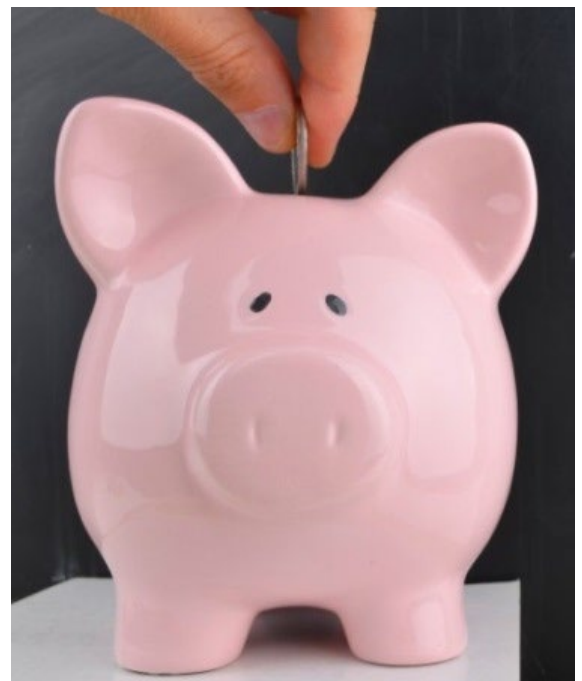
It is recommended that you set up your online LAGERS account at your first opportunity. Go to www.molagers.org, click the Members dropdown, then click myLAGERS Login and follow the prompts to set up your account.

457(b) Plans

The City of Lee's Summit offers two supplemental retirement savings plans called 457(b) deferred compensation plans. The City's plans are offered through Nationwide Retirement Solutions and Mission Square Retirement. This is an opportunity for you to save money for your retirement through pretax contributions from your paycheck into your 457(b) account. You can contribute on either a flat dollar amount or percentage basis. The maximum contributions into the 457(b) accounts are set each year by the IRS.

Both Nationwide and Mission Square offer online enrollment for those wishing to set up an account.

- For enrollment with Mission Square, go to msqplanservices.org/myplan/300059 Click the "Enroll in My Plan" button then follow the prompts.
- For enrollment with Nationwide, go to <https://www.nrsforu.com>. Scroll down and choose the "Enroll Now" link. Choose "Missouri" for the work state field and enter "City of Lee's Summit" in the employer name field. When the City of Lee's Summit option pops up, click on the link and then following the remaining prompts.





Paid Time Off

Paid Holidays

The City of Lee's Summit establishes fixed holidays to allow citizens and employees to plan for the closing of City offices. Regular full and part-time employees are immediately eligible for holiday pay upon hire. The City shall observe the following holidays annually, unless modified by an official action of the Governing Body:

- New Year's Day
- Martin Luther King's Birthday
- Washington's Birthday
- Memorial Day
- Juneteenth
- Fourth of July
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day
- Day Before or After Christmas (As selected by the City)

Paid Vacation

The City of Lee's Summit provides employees with paid vacation time. Paid vacation will begin accruing immediately following date of hire. Employees will then be eligible to take vacation leave after 30 days of employment.

Vacation time is accrued according to the following schedule:

- 2 Weeks per Year (1 Week at 6 Months)
- 3 Weeks after 5 Years
- 3.6 Weeks after 10 Years
- 4 Weeks after 15 Years
- 4.6 Weeks after 20 Years
- 5 Weeks after 25 Years



Paid Sick & Personal Leave

The City of Lee's Summit provides employees with 12 earned paid sick days per year which can be used as accrued after 30 days of employment. In addition, the City provides 2 paid personal leave days per year which can be used after 30 days of employment.



Missouri's 529 College Savings Plan

MOST 529 Plan

The State of Missouri sponsors the MOST college tuition savings plan. You can open an account for a child, grandchild, friend, or even yourself. The only rule is that the beneficiary must be a U.S. citizen or resident alien with a valid Social Security number or other taxpayer identification number. As an account owner, you'll pick investments, assign a beneficiary, and determine how the money is used. You can also benefit from the state tax deduction if you're a Missouri resident.** For more information, including how to enroll, go to the MOST website at www.missourimost.org.

If you choose, the City of Lee's Summit will set up a payroll deduction to direct deposit your contributions into your MOST account. Just print the Payroll Deduction Authorization Form at the end of your enrollment process and bring it to Human Resources.

**Contributions to the plan in a tax year are deductible from Missouri state income tax up to certain limits but may be subject to recapture in subsequent years if you make a nonqualified withdrawal.





Additional Work Perks

Educational Assistance

The City of Lee's Summit provides financial assistance as a benefit to employees for those individuals who seek to improve themselves through further education in pursuit of a college degree or specific further education. Full-time employees with a minimum of one year of continuous services are eligible to request approval for the benefit.

Courses should relate to the employee's department and/or the employee's current position. Only courses taken through an accredited college, university or approved vocational school are eligible for reimbursement, and only tuition costs paid directly by the employee will be reimbursed. A maximum of 12 credit hours will be eligible for reimbursement within one year.

Please contact Christina Garside in Human Resources for additional information.

Wellness Participation Reimbursements

The City of Lee's Summit will provide eligible employees with gift card incentives for participation in the City's Wellness Programs.

Employees who choose to participate in the following wellness activities will have the ability to redeem gift cards via Cigna's **MotivateMe**® portal.

- 25 points per year for obtaining your Biometric Screening
- 25 points per year for completing the online Health Assessment (HRA)
- 10 points per year for each completed preventative exam as listed in the portal
- Additional points are available to be earned for participating in other scheduled City wellness activities and other Cigna online health coaching programs.

An annual total maximum of 200 points is available for employees to earn. Every point equals \$1 toward a gift card (minimum of 10 points required to redeem). **The Health Assessment must be completed prior to being eligible to redeem any gift cards.**

Fitness Center Reimbursements

The City of Lee's Summit will reimburse benefit-eligible employees for fitness center/class memberships. The amount of reimbursement is determined on an annual basis. Employees are required to submit a receipt showing membership payment for the existing calendar year. Summit Waves and other Lee's Summit fitness facilities are included as eligible reimbursements. Please contact Human Resources for additional information.



Annual Compliance Notices

- Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage Options and Your Health Coverage
- Notice of Privacy Practices
- Medicare Part D Notice
- COBRA Rights Notice
- Women’s Health and Cancer Rights Act
- GINA Disclosure
- Notice of Special Enrollment Rights
- Wellness Program and Reasonable Alternatives Notice
- FMLA Notice

Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBCs), which summarize important information about your Cigna medical plan options, are available online at <http://www.cityoflsbenefits.com>. A paper copy is also available upon request.



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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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, dial **1-877-KIDS NOW**, or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in a state listed below, you may be eligible for assistance paying your employer health plan premiums. The list of states is current as of July 31, 2023. Contact your State for further information on eligibility.

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 (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

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx E-mail: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus HIBI: https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711



State	Website/E-mail	Phone
Florida (Medicaid)	https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ All other Medicaid: https://www.in.gov/medicaid	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://dhs.iowa.gov/ime/members CHIP: http://dhs.iowa.gov/Hawki HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP E-mail: KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa	1-800-862-4840 TTY: 617-886-8102
Minnesota (Medicaid)	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP;HSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania (Medicaid)	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx	1-800-692-7462
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	http://gethipptexas.com/	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont (Medicaid)	http://www.greenmountaincare.org/	1-800-250-8427
Virginia (Medicaid and CHIP)	https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269



Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

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



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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name City of Lee's Summit		4. Employer Identification Number (EIN) 44-6000208	
5. Employer address 220 SE Green Street		6. Employer phone number 816-969-1042	
7. City Lee's Summit	8. State MO	9. ZIP code 64063	
10. Who can we contact about employee health coverage at this job? Christina Garside			
11. Phone number (if different from above)		12. E-mail address christina.garside@cityofls.net	

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

- As your employer, we offer a health plan to some employees.

Eligible employees are:

- All fulltime employees working 30 or more hours per week
- With respect to dependents, we do offer coverage.

Eligible dependents are:

- Legally married spouse
- Dependent children to age 26, this includes (adopted, legal guardianship, court ordered, and child dependents who cannot support themselves due to physical or mental handicap).

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

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



City of Lee's Summit Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the City of Lee's Summit and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2025.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. City of Lee's Summit requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to



you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of City of Lee's Summit for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in



emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Christina Garside, Benefits Specialist
City of Lee's Summit
220 SE Green Street, Lee's Summit, MO 64063
816-969-1042

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.



Important Notice from City of Lee's Summit About Your Prescription Drug Coverage and Medicare

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

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like 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.

Cigna has determined that the prescription drug coverage offered by the City of Lee's Summit plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current plan with Cigna will not be affected. If you do decide to join a Medicare drug plan and drop your current Cigna plan coverage, be aware that you and your dependents may not be able to get this coverage back until next open enrollment.

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 Cigna and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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



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

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

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

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

For more information about Medicare Prescription drug coverage:

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

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

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

January 1, 2025

Christina Garside, Benefits Specialist
City of Lee's Summit
220 SE Green Street, Lee's Summit, MO 64063
816-969-1042



COBRA Rights Notice

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

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

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

What Is COBRA Continuation Coverage?

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

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);



- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

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

When Is COBRA Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Navia.

How Is COBRA Continuation Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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



available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

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

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

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

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

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

January 1, 2025

Christina Garside, Benefits Specialist
City of Lee’s Summit, 220 SE Green Street, Lee’s Summit, MO 64063
816-969-1042



Women's Health and Cancer Rights Act of 1998

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

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact your medical plan administrator.

January 1, 2025

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City of Lee's Summit
220 SE Green Street, Lee's Summit, MO 64063
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Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."



HIPAA Notice of Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to provide a special enrollment opportunity to an employee (or COBRA enrollee) upon the occurrence of specific events. This Chart summarizes the qualifying events and the corresponding special enrollment rights. This notice is being provided to insure that you understand your right to apply for the City of Lee’s Summit Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

EVENT	SPECIAL ENROLLMENT RIGHT
Acquisition of New Dependent(s) due to Marriage	<ul style="list-style-type: none"> • Employee may enroll the employee (if not previously enrolled). • Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren).
Acquisition of New Child due to birth or adoption (including placement for adoption)	<ul style="list-style-type: none"> • Employee may enroll the employee (if not previously enrolled). • Employee may also enroll spouse and/or newly-eligible child(ren).
Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP	<ul style="list-style-type: none"> • Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance.
Loss of Other Health Coverage if due to: <ul style="list-style-type: none"> • Loss of eligibility. <ul style="list-style-type: none"> ○ Death of spouse; divorce, legal separation ○ Child loses status (e.g. reaches age limit) ○ Employment change (e.g. termination, reduction in hours, unpaid FMLA) • Expiration of COBRA maximum period • Moving out of HMO plan’s service area • Other employer terminates its plan (or discontinues employer contributions) 	<ul style="list-style-type: none"> • Employee may enroll the employee (if not previously enrolled). • Employee may also enroll spouse and/or children who have lost other health coverage. <p>Note: Person losing the Other Health Coverage must have had the other coverage since the date of this employer plan’s most recent enrollment opportunity.</p>
Loss of Medicaid or CHIP coverage	<ul style="list-style-type: none"> • Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement.

Notes:

1. HIPAA Special Enrollees must be given 31 days (from the date of the event) to enroll.
2. For events related to Medicaid/CHIP, the special enrollment period is 60 days.
3. Special enrollment, if elected, must take effect no later than the first day of the month following the enrollment request. If the event is the birth or adoption of a child, the special enrollment must take effect retroactively on the date of birth or adoption (or placement for adoption).

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

Christina Garside, Benefits Specialist
 City of Lee’s Summit
 220 SE Green Street, Lee’s Summit, MO 64063
 816-969-1042



Wellness Program and Reasonable Alternatives Notice

The Lee's Summit wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which could include height, weight, blood pressure check, a blood test for HDL Cholesterol, Triglycerides, and Glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive gift cards via Cigna's MotivateMe® portal.

- 25 points per year for obtaining your Biometric Screening
- 25 points per year for completing the online Health Risk Assessment (HRA)
- 10 points per year for each completed preventative exam as listed in the portal
- Additional points are available to be earned for participating in other scheduled City wellness activities and other Cigna online health coaching programs.

Although you are not required to complete any of the above screenings, only employees who do will receive the allowed gift cards.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Alysia Townsend at 816-969-1048.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

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

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



In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protection against discrimination and retaliation, please contact Christina Garside at 816-969-1042.

January 1, 2025

Christina Garside, Benefits Specialist
City of Lee's Summit
220 SE Green Street, Lee's Summit, MO 64063
816-969-1042



Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected** leave for qualifying family and medical reasons. The U.S. Department of Labor’s Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 work weeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 work weeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer’s paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different “hours of service” requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer’s normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.



You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, **your employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit dol.gov/fmla to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR





Important Contacts

Benefit	Company	Phone Number	Website
Medical and Rx	Cigna Group #: 3342889	Pre-Enrollment: 1-888-806-5042 Members: 1-800-Cigna24 (244-6224)	www.mycigna.com myCigna mobile app
Dental	Cigna Group #: 3342889	800-244-6224	www.mycigna.com myCigna mobile app
Vision	MetLife Group # 5965314	1-855-638-3931	www.metlife.com/mybenefits
Health Savings Account (HSA)	HSA Bank	800-244-6224	www.mycigna.com
Flexible Spending Accounts (FSA)	Navia Benefit Solutions Employer Code: ITU	800-669-3539	www.naviabenefits.com MyNavia Mobile App
Life Insurance	The Hartford Life Group #: 882223 Vol AD&D Group #: ADD-209159	888-563-1124, option 5	www.thehartford.com/ employeebenefits
Long Term Disability	The Hartford LTD Group #: 882223	800-549-6514	www.thehartford.com/ employeebenefits
Accident & Critical Illness	The Hartford Accident: VAC882278 CI: VCI882278	866-547-4205	https://benefitsclaims. thehartford.com/
Universal LifeEvents with Long Term Care	Trustmark Group #: 7596	800-918-8877	www.trustmarksolutions.com customer@trustmarkins.com
LAGERS Retirement	Missouri Local Government Employees Retirement System	800-447-4334	www.molagers.org info@molagers.org
Missouri CLAIM Medicare Resource	State Health Insurance Assistance Program	800-390-3330	www.missouricclaim.org
Nationwide 457(b) Plan	Nationwide Entity #: 37407	Wade Sunderman 877-677-3678	sunderw@nationwide.com
Mission Square 457(b) Plan	Mission Square Plan #: 300059	Jake Hoffman 202-759-7053	jahoffman@missionsq.org
Missouri College Savings MOST 529 Plan		800-686-3525	www.missourimost.org
Employee Assistance Plan (EAP)	SupportLinc by CuraLinc Company Code: cityofleessummit	1-888-881-LINC(5462)	www.supportlinc.com
Employee Benefits	Human Resources	Christina Garside 816-969-1042	christina.garside@cityofls.net



Notes



Notes





The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.

