

COVER SHEET

Proposer Information

Company Name Bukaty Companies

Address Main Office: 4601 College Blvd, Suite 100
(We also have offices in Topeka and Lawrence, which Emily and Derek are located)

City, State, Zip Leawood, KS 66211

Main Phone 913-345-0440

Contact Person Information

Name Emily Ahlvers

Job Title Benefits Consultant

Phone 913-653-8360

Alt. Phone 816-809-6034 (cell)

Email eahlvers@bukaty.com

Signature *Emily Ahlvers*

Date: 7/12/2023

2) Ability to Fulfill Contract Requirements

1. Explain how your team will deliver on all aspects of the delivery of the Topeka Metro healthcare plans including cost containment, large case management, utilization review, wellness programs, disease management, customer service and employee communications.

Bukaty Companies has solid relationships with all vendors that would be in a position to service Topeka Metro. Our team will provide the evaluation of proposals and run the implementation process to deliver on any vendor promises made to you.

In terms of your health plan, knowing the market makes all the difference and network strength will be of paramount importance. Bukaty Companies will provide you with the tools needed to fully vet all vendors and come to a decision that is most advantageous to the Topeka Metro.

Coupled with our knowledge of the Prescription Benefit Manager (PBM) market and our own market of 20+ preferred stop loss carriers, we are confident we can deliver a plan that would meet your needs and the needs of your employees. Bukaty Companies has extensive experience in both the fully insured and self-funded/partially self-insured market and is ready to access the needs of the Metro.

Finally, cost containment, large case management, utilization review, and customer service are all provided by the chosen carrier as part of their administrative package. We will share with the Topeka Transit management team the salient strengths and weaknesses each proposed vendor has in these areas. Wellness programs and disease management are two areas that we like to utilize vendors outside the health plan vendor to truly deliver superior results. Customer service and employee communications will be handled largely by your Bukaty Companies team as we are in the best position to provide the concierge level care to your employees.

2. How do you customize, personalize a plan?

The linchpin of any employee benefit program is the medical plan. An organization the size of Topeka Transit normally has 2 or 3 plans to choose from with a mix of traditional deductible/coinsurance type plans and at least one qualified high deductible health plan option which allows participants to participate in a Health Savings Account (HSA).

Dental, Vision, Life, Voluntary Life, and Short-Term Disability help to round out an effective benefit plan. We pay particular attention to the needs of Topeka Transit and ensure that the plans being offered meet your expectations. Flexible Spending Account plans for both medical and dependent care and an HSA offering are plans that help employees take advantage of tax favored money to pay for out-of-pocket expenses. These plans are popular and are provided at a discounted rate through our Bukaty Companies subsidiary, NueSynergy.

3. Vendors

The following vendors listed are Bukaty Companies **preferred vendor** list:

- **BCBS of Kansas** – Platinum Broker
- **CIGNA** – Platinum Broker
- **United Health Care** – Platinum Broker

- **Aetna** – Super Elite Producer (only regional broker to obtain)
- **Assurant** – ‘MVP’ Broker (NY, NY)
- **Delta Dental of Kansas**- Platinum Producer
- **Mutual of Omaha**-Platinum
- **Guardian**-Premier Broker
- **Hartford** – TopProducer
- **Prudential** – Platinum Producer
- **Sun Life** – ‘Best of the Best’ Broker
- **Principal** – Elite Platinum Broker
- **MetLife** – Platinum Producer

We also have distinguished relationships with AFLAC, Allied National, Allstate, American United Life, Dearborn National, InfoArmor, Legal Shield, Lincoln Financial, Meritain (TPA), Standard Life, Superior Vision, Surency, UMR (TPA), Unum, and Vision Service Plan.

Although the above listed vendors are located across the United States, we have dedicated representatives that we work with locally.

4. What incentives and performance criteria do you recommend for vendors?

Bukaty Companies sets high expectations for vendors, such as quick and accurate problem resolution, business ethics, timely and accurate communication, and billing accuracy.

2.2 Organizational Support and Resources

5. Identify the resources that will be made available to the Topeka Metro designated administration and how these resources will enable you to continuously deliver contracted services according to Topeka Metro requirements and specifications.

Bukaty staff have access to a vast array of tools to help you achieve your goals and objectives. Following is a list of the most common resources our clients use.

- Employee Navigator, an online benefit enrollment and document warehousing platform.
- Innovative data analytics platform
- Marketing department that helps in the production of informational flyers and our custom employee benefit booklets
- Human Resources Consulting department
- Prescription Benefit Manager evaluation tools.
- Concierge level service contacts and claims management resources with carriers.

As an example, our administrative services partner has developed a unique and highly successful program that combines FSA, HSA, HRA, medical claims information, prescription drug information, 401K benefits, wellness and carrier links all in one system that members can access 24/7. Reimbursements for eligible expenses will be calculated and provided to employees without the need for additional claims filing. With a push of a button, an employee can have a check cut or a debit card loaded with these funds. We find that a large part of the population can and does utilize this resource on a frequent basis, but we also provide access to this system through our support staff for those members who have a hard time accessing technology.

There are many other tools and resources we make available to our clients depending on their needs. Most are delivered at no additional cost and can be implemented on an “as needed” basis.

6. How will you support the competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for renewal?

Our marketing service is one of the hallmarks of Bukaty Companies. Unlike most brokers who set plans and forget them, we are committed to marketing your plans on an annual basis. This is done with an eye toward making your renewal options the most competitive they can be without a bias toward making wholesale moves every year. Using this strategy ensures that even when we want to renew with a carrier, we have competitive market data that can help keep the renewal in check.

Your Bukaty team will own this process from start to finish. You need only to provide us with your input during our quarterly review meetings on what changes you would like to see or new programs that we have presented that you want implemented in the next renewal. We evaluate all benefit elements (market conditions, plan design, participation rates, employee demographics, contribution strategy, funding mechanisms, etc.) to arrive at quality, affordable renewal options for your benefit plan.

7. Do you provide employee communication services for your client’s employees? If so, please provide a general description of your capabilities. Please provide a sample of employee communications materials that you have distributed to other clients.

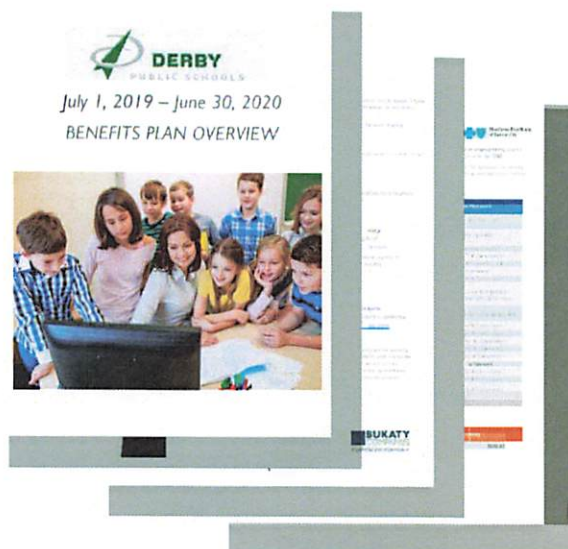
Examples of communication projects we have designed and implemented include:

- Enrollment videos
- On-site seminars/meetings
- Employee focus groups
- Quarterly newsletters
- Open enrollment presentations
- Employee benefit plan surveys
- Payroll stuffer/posters
- Train the trainer sessions

Bukaty Companies will produce custom enrollment materials for your benefits program. The basic Overview Summary of Benefits Guide includes plan information, carrier/vendor information, and important plan information such as the initial COBRA notice, plan compliance information, etc. This can be used for open enrollment and new hires, along with the required carrier/vendor Summary of Benefits and Coverage

Custom Communication Materials

Beyond the benefit guide, we realize the value of communication and its role in increasing employee understanding and appreciation of your employee



benefit plan. Bukaty Companies invests time to learn about your operations, in order to develop a comprehensive communication plan that supports your employee benefits program. We develop communication material that will reflect the college's culture and utilize methods that will ensure proper receipt of your messaging. Most communications projects can be delivered at no cost, however, should a project require a fee, a formal cost proposal will be developed for your approval prior to the project initiation. See **Exhibit A** for sample benefit packet. been limited.

8. What web-based enrollment management system would we be using?

Employee Navigator is the platform that most of our clients utilize. This tool is provided free of charge to our clients that wish to use it. There is no additional cost associated with the use of Employee Navigator.

2.3 WELLNESS/HEALTH RISK MANAGEMENT

1. Effective approaches and tools:

We can assist you with any number of wellness initiatives. Common services include:

- Conduct an employee Health Risk Assessment to determine the wellness deficiencies of your workforce
- Prepare a strategic wellness plan, identify goals and objectives
- Flu shot clinics
- Coordinate onsite health fairs, biometric health screenings
- Develop wellness communications such as payroll stuffers, posters and web content
- Participate on wellness committees
- Arrange for on-site wellness educators

We analyze the biometric screening reports to determine client specific needs and to determine the target areas that can provide the most impact. Once we have determined the areas of interest, we promote employee engagement through our development of specific employee communication pieces. Wellness programs have proven to be an effective tool in containing health care costs and improving employee morale and productivity.

2.4 COMPLIANCE

1. How does your firm stay current with federal and state regulations?

Our dedicated in-house human resources professionals stay apprised of state and federal regulations through numerous outlets. We receive immediate notification from the Department of Labor and Health and Human Services when information bulletins are released, and we subscribe to Employee Benefits Institute of America (EBIA). Bukaty Companies is a member of the Society for Human Resource Management (SHRM) as well as the International Society of Certified Employee Benefit Specialists (CEBS).

2. How will your firm provide timely information to Topeka Metro regarding federal and/or local laws and regulations that would affect us? What is your specific role in assisting us in customizing or interpreting notices that must be sent?

We communicate with our clients through our Benefit Bulletins, Quarterly Newsletter, Carrier Notices and Health Care Reform Bulletins. All are written in a timely manner and distributed to our clients via email. Additionally, archived notices are placed on our online portal for reference. **See Exhibit C.**

Clients are encouraged to forward their insurance, benefit and compliance questions to our Human Resource Director, Christina Glapa.

Bukaty Companies has been an area leader in advancing education and understanding of health care reform for our clients. Our primary means of communication is our Health Care Reform Bulletin, the first of which was written within days of passage of the initial legislation. Since then, Health Care Reform Bulletins have been issued as interim regulations are released. Additionally, Bukaty Companies published Health Care Reform – An Employer’s Guide to provide a comprehensive overview of health care to date.

The Health Care Reform Guide includes communication on:

- Coverage mandates
- Preventive care
- Grandfathered plans and model notices
- Internal/external appeals process
- Tax provisions
- Self-insured checklist
- Additional Information (nursing mother provisions, W-2 reporting)

3. Explain what steps you have taken to remain HIPAA compliant?

As a Business Associate, Bukaty Companies is required to comply with HIPAA privacy and security rules. We have developed a comprehensive HIPAA policy and procedures manual that addresses the administrative, technical, and physical safeguards required of HIPAA HITECH. We require vendors and other third-party administrators we engage to sign a Business Associate agreement to ensure work performed on behalf of our clients is meeting the applicable HIPAA standards.

3.0 BROKER EXPERIENCE INFORMATION

3.1 Basic Data:

1. Name and address:

Bukaty Companies
Main: 4601 College
Blvd. Leawood, KS
66211
Additional Locations:
916 Massachusetts St.
Lawrence, KS 66044
409 Main St.
Rossville, KS 66533

2. Number of years in the employee benefits

Partner business:

Bukaty Companies has been in business for nearly 30 years.

3. Description of who will have a role of the daily management of Topeka Metro

Topeka Metro will work directly with the consultants and their personalized team. We are a bit unusual in the employee benefits space in that our Benefits Consultants stay actively involved in their cases instead of handing them off to an account manager. That is not to say that our account managers and client service personnel are not capable, Topeka Metro will find all Bukaty staff to be of the highest quality.



3.2 Company Background and Team Structure:

1. Brief history of our firm, particularly our employee benefits experience.

Bukaty Companies is a full-service employee benefits and risk management brokerage and consulting company, locally owned and operated in Leawood, Kansas, since 1992. We serve more than 2,700 client's company wide and represent more than 40 insurance carriers and third-party administrators (TPAs). Bukaty Companies' operations are overseen by Mike Bukaty, president, and founder. In total, we employ a staff of 200+ that are dedicated to providing superior service to our clients. We also have two additional locations in Lawrence, KS and Rossville, KS which is where your consultants are located.

Bukaty Companies Core Purpose:

Helping people protect their quality of life.

Bukaty Companies Mission:

To provide products and services to individuals and families that help build and protect their health and financial security throughout all stages of life.

Bukaty Companies Values:

- Service - Accept personal responsibility for timely follow-up and resolution of service issues and continually seek opportunities to exceed client expectations.
- Knowledge - Maintain a commitment to continuous learning, educating ourselves on recent industry developments and carrier changes to ensure our clients have the best information available to evaluate their employee benefit service.
- Integrity - Uphold the highest of business principles by performing honestly and ethically in all our dealings with carriers, vendors, and clients.
- Teamwork - Promote a climate of open communication, professional courtesy, and strong internal support for our coworkers so that the daily work environment is enjoyable and rewarding, translating into improved service and value to our clients.

2. If selected, the team structure will be the following:

Emily Ahlvers and Derek Dick will be the head Consultants working with Topeka Metro.

The Topeka Metro service team would consist of:

Emily Ahlvers

Benefits Consultant
eahlvers@bukaty.com

Emily is a certified benefits consultant and has been in the insurance business for 12 years. She will serve as Topeka Metro's benefit strategist and oversee all related elements of the benefit offering at Topeka Metro. Emily's dedication to providing quality benefit packages, innovative plan solutions and exceptional service is evidenced by her 98% client retention rate.

Derek Dick

Benefits Consultant
derek@kawvalleyins.com

Derek has been in the health insurance arena since 2013. Derek stays current with new

mandates and trends in the industry to make sure his clients are compliant. His dedication to reducing employer liability while maintaining competitive benefit plans has earned him an enviable reputation with employer groups and peers alike. He has experience in self-funded, level funded, direct contact, GAP and fully insured plans.

Joe Holdenried

Account Manager

Jholdenried@bukaty.com

Joe has 14 years' insurance experience both with Bukaty Companies and with a local Insurance carrier. He started with Bukaty Companies as the Manager of Employee Navigator, our online enrollment solution building, enrolling, and servicing clients throughout the country. He has since taken the opportunity to grow his career by accepting the role of Account Manager specializing in Self-Funded health plans. Joe enjoys dissecting plans and detailed reports to find opportunities for improvement and cost savings. Joe has a bachelor's degree in Management & Marketing from Northwest Missouri State University.

Whitney Ahlvers

Account Manager

wahlvers@bukaty.com

Whitney is assigned to key Bukaty accounts. She assists clients with customer service and support, as well as finding opportunities for plan improvement and cost savings. She has also been instrumental in solving billing and enrollment issues for Bukaty clients through her audit work. Whitney also excels at fielding questions from employees who have issues accessing their benefits package.

Matt Miller

Vice President Enrollment Services

mmiller@bukaty.com

Matt joined Bukaty Companies in 2010 as a part of the voluntary benefits and enrollment services division and has since moved into a management role. His complete mastery of voluntary plans ensures that our clients receive the most effective products available in the market.

Matt also manages the process of plan implementation and service on the Bukaty online enrollment system. He enjoys working closely with clients and excels in providing the knowledge and expertise required for solving complex plan option solutions.

Christina Glapa, SHRM-CP
Director, HR Consulting Services
cglapa@bukaty.com

Christina joined Bukaty Companies in 2019 with 7 years of Human Resources experience. She started out her career assisting Chief Level Executives of a \$3 billion corporation, which solidified her passion for assisting others to become more efficient. Ultimately, that experience led her to HR. Her background consists of employee relations, new associate set-up, training, orientation, full-cycle recruiting, compliance and analyzing hiring data. As Director, HR Consulting for Bukaty Companies, Christina is looking forward to building long-lasting, beneficial relationships with her clients. Her favorite part of consulting is making a difference, no matter how big or small.

She received a bachelor's degree in Communication Studies from the University of Kansas and is also an HR Certified Professional as of 2021. Christina resides in Lenexa with her husband, Trey, and three children. She enjoys spending time with her family, getting outdoors and vacationing.

Mary Amundsen, PHR, PPPACA
Managing Director
mamundsen@bukaty.com

Mary joined Bukaty Companies in 2003 to help build the company's communications, human resource consulting and wellness programs. Mary's focus is to provide clients with news and analysis of carrier changes, industry trends, regulatory changes, and benefit developments. As Bukaty Companies' compliance officer, she is responsible for keeping current on the ever-changing health care reform legislation. Mary routinely conducts seminars for prospects and clients on compliance and other business management topics.

Previously she enjoyed a 12-year career with Kansas City-based Aquila, Inc., where as vice president she was responsible for the organization's national employee, media, and community communications. Mary holds a bachelor's degree in journalism from the University of Kansas and a master's in marketing. She has also earned her Professional in Human Resources (PHR) designation from the HR Certification Institute and has been certified by the National Health Underwriters Association as an industry health care reform expert. Mary is also a licensed health and life agent.

Bukaty Companies takes full responsibility for the performance of vendors selected for our clients. In the case of a TPA not performing to your standards, we use our size and influence to get the appropriate level of attention given to your case to resolve the problems. Our experience with self-funded clients also serves us well because we understand what is possible and we don't allow a vendor to hide behind non-existent barriers.

4 References

- 1. *USD 321, Kaw Valley Schools*
Kerry Lacock, Superintendent
*(785) 437- 2254***

- 2. *Gray County*
Ashley Rogers, County Clerk
*(620) 855-3618***

- 3. *First Management, Inc. & Construction*
Anne Meyer, Director of Human Resources
*(785) 841-7333***



PRICE QUOTE

Proposer Bukaty Companies

Renewal, Consulting, and Marketing – Medical and Dental,
Voluntary benefits (including Vision, Short-Term Disability, Accident,
and other indemnity plans), as well as Flexible Spending Account,
and Employee Assistance Program \$ Please see exhibit C

Open Enrollment and Ongoing Support \$ 0/value added

Employee Wellness Program \$ 0/value added

Compliance and Regulatory Support \$ 0/value added

Additional Charges: \$ _____

Total: \$ Please see exhibit C

Topeka Metro is tax exempt. Do not include sales tax in your proposed price.

DISADVANTAGED BUSINESS ENTERPRISES (DBE) CERTIFICATION

This contract is subject to the requirements of Title 49, Code of Federal Regulations, Part 26, *Participation by Disadvantaged Business Enterprises in Department of Transportation Financial Assistance Programs*. The national goal for participation of Disadvantaged Business Enterprises (DBE) is 10%. Metro's overall 2022-2024 goal for DBE participation is 1.62%; the race neutral goal is 1.25%, and the race conscious goal is 0.37%. There is no contract goal for this procurement.

The contractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of this DOT-assisted contract. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as Metro deems appropriate. Each subcontract the contractor signs with a subcontractor must include the assurance in this paragraph (see 49 CFR 26.13(b)).

The contractor is required to pay its subcontractors performing work related to this contract for satisfactory performance of that work no later than 30 days after the contractor's receipt of payment for that work from Metro.

The contractor may not hold retainage from its subcontractors.

The contractor must promptly notify Metro, whenever a DBE subcontractor performing work related to this contract is terminated or fails to complete its work, and must make good faith efforts to engage another DBE subcontractor to perform at least the same amount of work. The contractor may not terminate any DBE subcontractor and perform that work through its own forces or those of an affiliate without prior written consent of Metro.

Signature: Emily Ahlvers

Name and Title: Emily Ahlvers, Benefits Consultant

Company Name: Bukaty Companies

Date: 7/12/2023

LOBBYING CERTIFICATION

The undersigned contractor certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. See 49 CFR 20.100.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. [Note: Pursuant to 31 USC 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure. See 49 CFR 20.400.]

The undersigned contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 USC 3801, et seq, apply to this certification and disclosure, if any.

Signature: Emily Ahlvers

Name and Title: Emily Ahlvers, Benefits Consultant

Company Name: Bukaty Companies

Date: 7/12/2023



NON-COLLUSION CERTIFICATION

This is my sworn statement to certify that this proposal was not made in the interest of or on behalf of any undisclosed entity. This proposal is not collusive.

This proposer has not been a party to any agreement or collusion in restraint of freedom of competition by agreement to bid a fixed price, to refrain from bidding, or otherwise. This proposer has not, directly or indirectly, by agreement, communication or conference with anyone, attempted to induce action prejudicial to the interest of Topeka Metropolitan Transit Authority, or of any proposer, or anyone else interested in the proposed contract.

Signature: Emily Ahlvers

Name and Title: Emily Ahlvers, Benefits Consultant

Company Name: Bukaty Companies

Date: 7/12/2023

SUSPENSION / DEBARMENT CERTIFICATION
In regard to 2 CFR Parts 180 and 1200

In accordance with 2 CFR Parts 180 and 1200, the contractor is required to verify that none of its principals or affiliates:

- 1) is included on the federal government's suspended and debarred list;
- 2) is proposed for debarment, declared ineligible, voluntarily excluded or disqualified;
- 3) within three years preceding this proposal, has been convicted of or had a civil judgment rendered against them for (a) commission of fraud or criminal offense pertaining to performing a public transaction, (b) violation of any federal or state antitrust statute, or (c) embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
- 4) is indicted or charged by a governmental entity for any of the charges in 3) above; and
- 5) has had any public transaction terminated for cause or default within three years preceding this proposal.

The contractor is required to include this requirement in any subcontracts related to this contract.

By signing and submitting its proposal, the proposer certifies that the certification in this clause is a material representation of fact relied upon by Metro. If it is later determined that the proposer knowingly rendered an erroneous certification, in addition to remedies available to Metro, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The proposer agrees to verify that none of its principals or affiliates is included on the federal government's suspended and debarred list at any time throughout the period of this contract. The proposer further agrees to include a provision requiring the same compliance in its subcontracts related to this contract.

Signature: Emily Ahlvers

Name and Title: Emily Ahlvers, Benefits Consultant

Company Name: Bukaty Companies

Date: 7/12/2023

Pricing Overview

☑ Medical

- In exchange for Bukaty's services as outlined throughout the RFP, our consulting fee will be \$25 PEPM (per employee per month) for those employees participating in the medical plan. We find the PEPM method to be a more honest approach to the medical consulting fees as opposed to a percentage of premium. With the PEPM approach, the broker does not benefit from any potential increase in renewal rates.
 - With 81 employees (assuming all are on the medical plan) this would be a monthly consulting fee of \$2,025/\$24,300 annually

☑ Ancillary

- Bukaty Companies will charge a flat 10% of premium for all ancillary benefits (dental, vision, STD, accident and other indemnity plan)
- Flexible Spending Account: Value add
 - Bukaty Companies partners with the TPA NueSynergy who will provide Topeka Metro the administration of their FSA through our preferred partnership at a value add/no cost.
- EAP Program: Bukaty Companies will work to secure this program free of charge for Topeka Metro through the chosen vendor they use. We charge no fee to administer this policy and we will work to get this at no or low cost.

☑ Employee Wellness Program

- Bukaty Companies will assist with the Employee Wellness Program at no charge
 - Bukaty has an arsenal of proven programs to assist with the needs of Topeka Metro. We will work directly with the HR staff to see what program will best fit the needs and culture for Topeka Metro.
- We will work with selected vendors to secure wellness dollars. We successfully do this on behalf of our clients for their wellness goals/needs.

☑ Value Adds

- Online Enrollment Tool, Employee Navigator
 - Functions:
 - Connectivity with most payroll vendors

- Connectivity with all carriers for integration with new hire elections, open enrollment changes, terminations throughout the year, etc.
- Production and filing of IRS forms 1095(b)/(c) (if applicable)
- FSA administration through the vendor NueSynergy
- Access to our Human Resources Consulting division
- Access to our compliance and regulatory support division (exhibit B) and Mary Amundsen on the Bukaty Team page in the RFP



BENEFIT BULLETIN

Keeping your business informed and prepared

January 13, 2022

Supreme Court blocks OSHA ETS mandating employee vaccination, masking, testing requirements

The Supreme Court [ruled](#) today that the Occupational Safety and Health Administration (OSHA) does not have the power to implement its emergency temporary standard (ETS) requiring large employers (100-plus employees) to ensure their employees are vaccinated or undergo weekly testing and wear masks while working. The first phase of the ETS went into effect January 10, and the weekly testing of unvaccinated employees was set to begin February 9.

Today's decision ends a month's-long debate and legal wrangling by businesses and states who argued OSHA's efforts to implement mandatory vaccination and testing of 84 million Americans was an overreach of its authority.

For additional information, contact your Bukaty benefits consultant at 913.345.0440.



CARRIER NOTICE

Updates affecting your benefit coverage

January 25, 2022

Blue KC members submit reimbursement form for OTC COVID-19 tests

Blue Cross Blue Shield of Kansas City (Blue KC) members can be reimbursed for over-the-counter (OTC), FDA-approved COVID-19 tests by submitting a Blue KC-provided claim [form](#). The OTC COVID-19 test benefit includes up to eight tests per member per month. Members must provide a copy of the receipt and the UPC code (cut from the side of test box).

The Blue KC process complies with the [Department of Labor's \(DOL's\) directive](#) released January 10. The DOL requirement took effect January 15.

For more information, contact your Bukaty benefits consultant at 913.345.0440.



BENEFIT BULLETIN

Keeping your business informed and prepared

September 10, 2021

OSHA directed to draft emergency vaccine requirement

Businesses with 100-plus employees responsible for enforcement

Yesterday, President Biden directed the Occupational Safety and Health Administration (OSHA) to draft an emergency rule requiring private employers with 100 or more employees to ensure their workforce is fully vaccinated or tested weekly for COVID-19. The directive is part of Biden's six-pronged national strategy to combat COVID-19.

OSHA is expected to issue the Emergency Temporary Standard (ETS) in coming weeks, which will provide guidance for employers subject to the new rule. Opposition to the ruling has already been voiced and legal challenges are imminent, which will pose questions and uncertainty for employers.

A summary of Biden's plan follows.

1. Vaccinate the unvaccinated

- require vaccinations for federal workers and contractors who do business with the government;
- require vaccinations for health care workers in health care settings that receive Medicaid or Medicare reimbursements, including but not limited to hospitals, dialysis facilities, ambulatory surgical settings, nursing facilities, nursing homes and home health agencies;
- call on entertainment venues and other large-group venues to require patrons to show proof of vaccination or negative COVID-19 testing results to enter the facility; and
- provide paid time off as part of the OSHA ETS for workers to get a vaccine or recover from post-vaccination symptoms.

2. Further protecting the vaccinated

- a plan for administering booster shots pending authorization by the Food and Drug Administration (FDA) and recommendations by the Centers for Disease Control and Prevention (CDC); and
- provide easy access to and information on how to access boosters for those eligible.

-more-

3. Keeping schools safely open

- call on states to adopt vaccine requirements for all school employees;
- a plan to implement prevention strategies that allow schools to remain open for safe in-person learning; and
- resources for the FDA to support timely review of vaccinations for children under the age of 12.

4. Increased COVID-19 testing and continuation of mask requirements

- continuation of masking requirements on federal property and in airports and other modes of public transportation; and
- expansion of free COVID-19 pharmacy testing and affordable at-home tests.

5. Protecting our economic recovery

- provide long-term, low-cost loans for small businesses through the Small Business Administrations (SBA), and
- reduce the complexity for small businesses to receive Paycheck Protection Program loan forgiveness.

6. Improving care for those with COVID-19

- increase Department of Defense support to provide clinicians to help hospitals overburdened by COVID-19 cases, and
- increase shipments of and access to free monoclonal antibody treatments to reduce the risk of hospitalization.

Given the impact and uncertainty of Biden's plan, specifically the vaccination requirement for employers with 100 or more employees, Bukaty Companies will continue to monitor the related issues and provide support on OSHA's ETS once released.

For additional information, contact your Bukaty benefits consultant at 913.345.0440.



HEALTH CARE REFORM BULLETIN

Making sense of the Affordable Care Act

September 13, 2021

IRS to lower 2022 ACA affordability rate

Threshold lowers from 9.83% to 9.61%

The IRS recently issued [Revenue Procedure 2021-36](#), lowering the affordability threshold for the 2022 calendar year to 9.61% of household income from the 2021 threshold of 9.83%. This percentage is used to determine an individual's eligibility for a premium tax credit and the affordability of employer-sponsored health care coverage. Failure to provide a full-time employee with affordable coverage can result in an employer shared responsibility penalty under the Affordable Care Act.

YEAR	AFFORDABILITY %	MAXIMUM MONTHLY CONTRIBUTION	PRIOR YEAR FEDERAL POVERTY LEVEL (FPL)
2022	9.61%	\$103.15	\$12,880
2021	9.83%	\$104.52	\$12,760
2020	9.78%	\$101.79	\$12,490

For more information, contact your Bukaty benefits consultant at 913.345.0440.



NEWS YOU CAN USE

Winter 2022

Inside this issue

- Supreme Court blocks OSHA ETS
- OTC COVID-19 test available at no costs for most consumers
- No Surprises Act – are you ready?
- ACA deadlines approaching
- The basics of business operations
- COVID may qualify as disability under ADA
- Missouri minimum wage increase
- 2022 compliance corner

Upcoming webinars

February 9

[The importance of a Summary Plan Description](#)

9:00 a.m. - 10:30 a.m.

March 16

[Documentation and file retention best practices](#)

9:00 a.m. - 10:30 a.m.

April 13

[Outsourcing to achieve maximum efficiency](#)

9:00 a.m. - 10:30 a.m.

**BUKATY
COMPANIES**
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News and Information to Better Manage Your Business

Supreme Court blocks OSHA ETS

On January 13, 2022, the Supreme Court ruled in a 6-3 decision that the Occupational Safety and Health Administration (OSHA) does not have the authority to implement its emergency temporary standard (ETS) requiring large employers (100-plus employees) to ensure their employees are vaccinated or undergo weekly testing and wear masks while working. The first phase of the ETS went into effect January 10, and the weekly testing of unvaccinated employees was set to begin February 9.

The Supreme Court's decision ended months of debate and legal wrangling by businesses and states who argued OSHA's efforts to implement mandatory vaccination and testing of 84 million Americans was an overreach of its authority.

In response, on January 25, 2022, OSHA



[announced](#) that it is withdrawing the ETS, marking a permanent close on the dispute over its legality. This move only withdraws the vaccination and testing requirements as an enforceable ETS; OSHA is not withdrawing the ETS as a proposed rule. Their focus will be redirected to creating a COVID-19 Healthcare Standard.

OTC COVID-19 tests available at no cost for most consumers

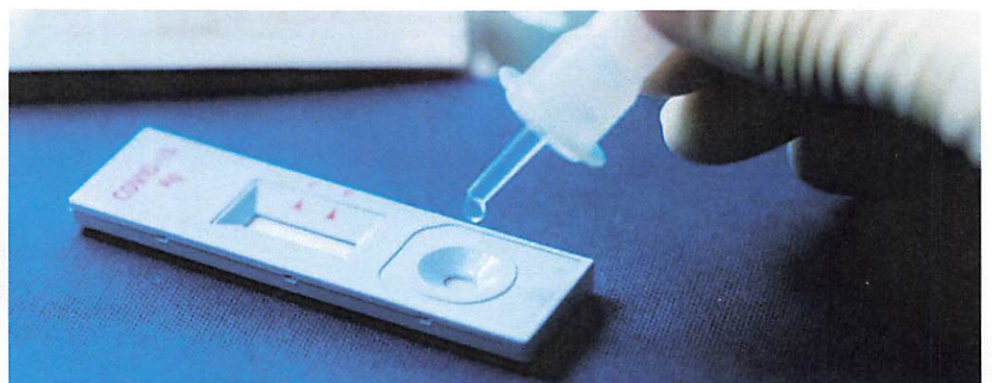
The Department of Labor released a set of [frequently asked questions](#) addressing [reimbursement](#) for over-the-counter (OTC) COVID-19, FDA-approved diagnostic tests purchased by individuals with private insurance. Effective January 15, 2022, and through the remainder of the public health emergency, OTC COVID-19 tests can be reimbursed through a health plan.

Health plans are allowed to limit the number and frequency of tests covered without cost sharing per participant to no less than eight tests per 30-day period. Health plans cannot limit COVID-19 tests

ordered by health care providers.

The DOL guidance allows for reimbursement of COVID-19 tests after purchase, but incentivizes health plans to provide tests without requiring consumers to pay upfront. Health plans that implement network pharmacies and direct-shipping programs that eliminate out-of-pocket costs can limit reimbursement of tests from out-of-network providers and online retailers to \$12.

Carrier-specific purchase policies can be found on our [website](#).



No Surprises Act – are you ready?

The Consolidated Appropriations Act (CAA) is arguably the most significant reform affecting health care costs since the passage of the Affordable Care Act (ACA). One of its most notable components is the No Surprises Act.

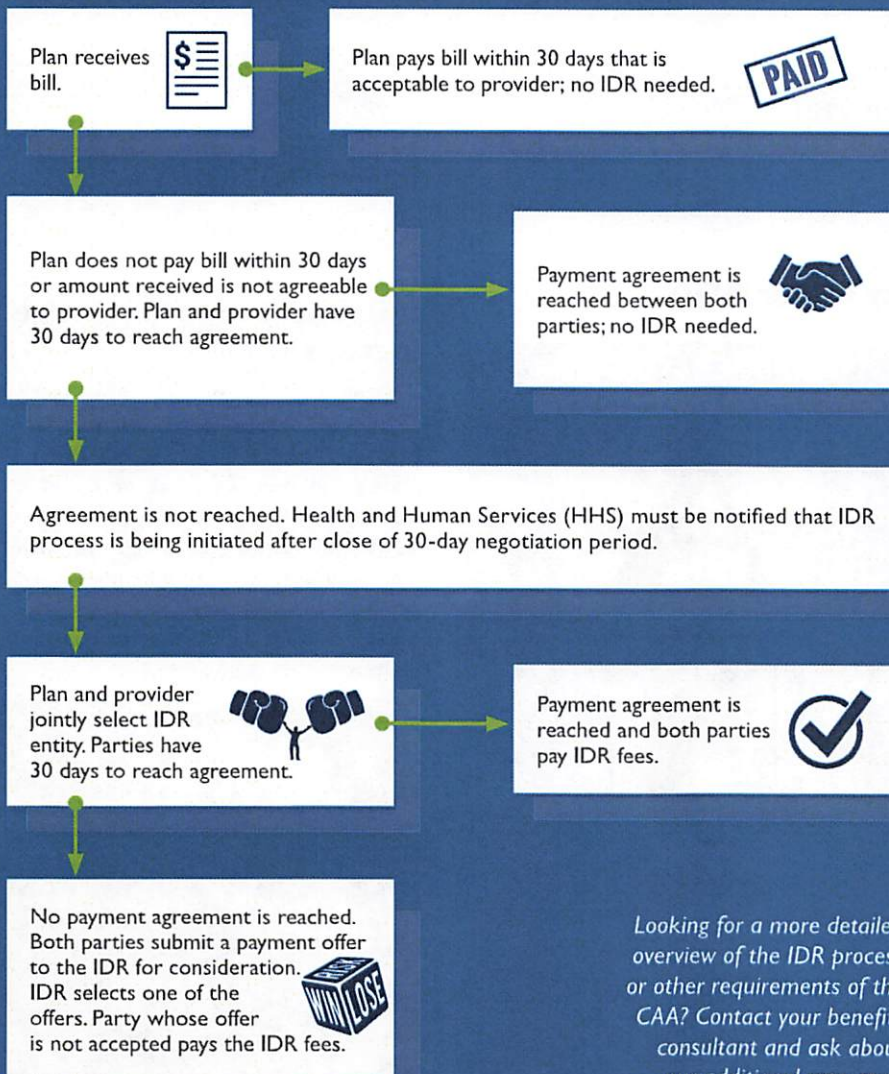
Starting January 1, 2022, the new law effectively protects consumers from surprise medical bills, unless prior consent has been given. This includes the elimination of balance billing when

- receiving out-of-network emergency care,
- receiving certain ancillary services provided by out-of-network providers in an in-network facility, and
- transported by an air ambulance.

Group health plans have an obligation to educate consumers about their new rights, and the Department of Labor has provided a [model notice](#) to include on each explanation of benefits for a medical service subject to the new law.

The No Surprises Act establishes an Independent Dispute Resolution (IDR) process to resolve payment disputes between health plans and providers. Consumers are removed from the process, eliminating the hassle and financial burden that has long been associated with balance billing.

Navigating the IDR process



Looking for a more detailed overview of the IDR process or other requirements of the CAA? Contact your benefits consultant and ask about our additional resources.

ACA deadlines approaching

The Affordable Care Act (ACA) set a new standard for medical care and comes with a long list of deadlines and requirements employers must meet. Be sure to mark these key dates on your calendar to remain compliant in your duties and avoid penalties.

- February 28 – 1094 / 1095 paper form filing with IRS for employers with 250 or fewer employees
- March 2* – 1095 B & C forms distributed to employees
- March 31, 2022 – 1094 / 1095 electronic filing with IRS. *Employers with 250 or more information returns are required to submit returns electronically.*
- July 31, 2022 – PCORI fee deadline

*The Internal Revenue service (IRS) [proposed](#) a rule this past November to permanently extend the deadline for employee distribution of 1095 forms to March 2. Traditionally, this deadline has been January 31, and the IRS grants a 30-day extension each December. Employers subject to the reporting requirement must distribute individual statements to full-time employees indicating whether their employer-sponsored health insurance meets requirements set by the ACA.

Keeping up with the never-ending cycle of compliance deadlines is an overwhelming task. [Download](#) our 2022 compliance calendar for a printable one-stop shop for essential dates.



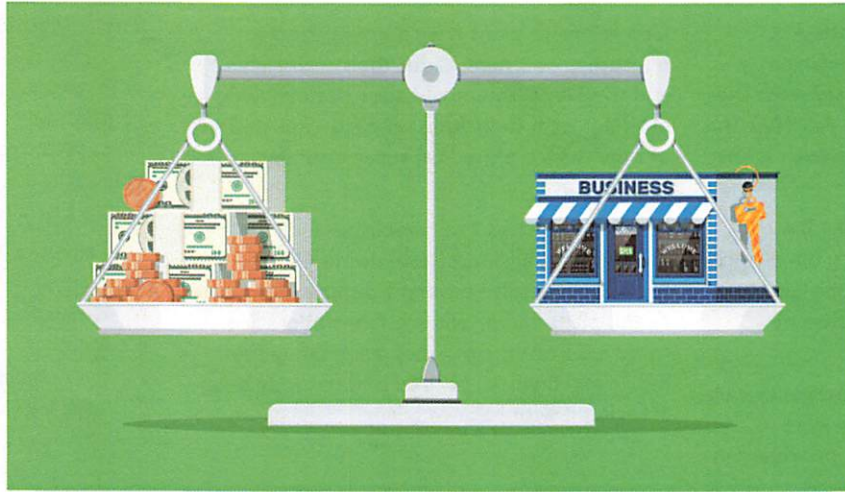
The basics of business operations

It is no secret that owning and operating a business is not for the faint of heart. Deciding when to buy or sell a business is particularly daunting. Whether you're seasoned in business acquisition or looking to sell your own business, consider the types of questions buyers need to ask before making any decisions.

What is the financial health of this business?

Best practices suggest sellers will compile and make available three to five years' worth of detailed financial records. If a business owner is reluctant to provide financial records, it may indicate problems. Tidy bookkeeping lends to smoother transactions for both seller and buyer.

What will it take to keep the business



running? From small startups to large employers, keeping a business compliant takes time and commitment, especially when payroll duties are considered. Utilizing a payroll provider can ensure efficiency and timely tax filings. By outsourcing these functions to experts, business owners have

more time to focus on building the business.

Can the business become profitable?

Utilizing prior years' financial records to project future growth is a great way to gauge profitability. Creating comparative profit and loss and cash flow statements can give an idea of where the business could be in one to five years.

Bukaty Companies Payroll & Accounting services can provide you with an

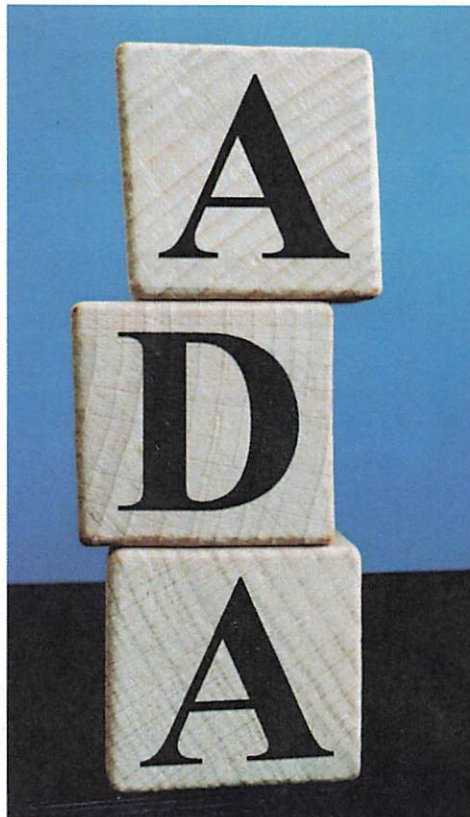
abundance of tools to support buying and selling a business. For everything from cloud-based bookkeeping services to custom-tailored accounting solutions, [learn more](#) about the value-based services we offer, or call 913-653-8374 to speak to one of our staff.

How do you experience expertise?

We value our client relationships. To read more about how our clients experience our expertise or [share your own](#) Bukaty experience, [visit our site](#).

COVID-19 may qualify as disability under ADA

The Equal Employment Opportunity Commission (EEOC) [established](#) that COVID-19 could be considered an "actual disability" under the Americans with Disabilities Act (ADA) in some scenarios. This news comes as many individuals fall into the category of COVID-19 "long-haulers". Long-haulers have symptoms and complications from COVID-19 that extend well beyond an average illness period and hinder major life activities. Individuals who experience physically or mentally impairing symptoms which substantially limit their job performance may qualify for federal disability resources and become entitled to certain accommodations. For example, an individual who has tested positive for COVID-19 and consequently develops heart palpitations, chest pain, or shortness of breath resulting from the virus may be substantially limited in their functions and qualify for disability accommodation. Determination of qualification should be reviewed on a case-by-case basis.



Missouri minimum wage increase

Missouri's [2022 minimum wage](#) is set at \$11.15, which is an increase from the previous year's limit of \$10.30. The state's minimum wage has increased in notable increments every year since 2018. This comes amid a national push from some to increase minimum wage across the board to \$15. The federal minimum wage for 2022 stays constant from prior years at \$7.25.



2022 compliance corner

Start your new year off strong with these need-to-know fast facts

Labor law posters

Employers with at least one or more employees must post certain Department of Labor workplace posters in visible areas of common workspaces, typically in the breakrooms. Employers who fail to display the required posters risk penalties ranging from \$110 to \$10,000. If your current posters have been gathering dust, consider [verifying](#) you are displaying all the latest editions.



PCORI fee

Employers subject to the Patient-Centered Outcomes Research Institute (PCORI) fee should take note that the fee for plan years ending on or after October 1, 2021, and before October 1, 2022, is \$2.79. This is an increase from the previous year of \$2.66. To calculate the amount owed, due by July 31, multiply the fee amount by the average number of lives covered under the plan.



Standard mileage rates

As of January 1, 2022, the standard mileage rate for using certain transportation vehicles for work use is 58.5 cents per mile. Permitted vehicles include include car, van, pickup, or panel trucks. This new rate is a 2.5 cent increase from 2021's rate of 56 cents. Vehicles driven for medical or moving purposes for qualified active-duty Armed Forces members have a standard mileage rate of 18 cents per gallon. The standard mileage rate for vehicles driven for charitable organization purposes is 14 cents.



FSA limits

Health flexible spending accounts (FSAs) traditionally accompany high deductible health plans (HDHPs) and are designed to provide members a cushion to pay for medical and prescription expenses.

Contributions are deducted from employee paychecks each pay period. Each year the IRS set limits on how much an individual is allowed to contribute.

	2022 LIMIT	2021 LIMIT
FSA contribution maximum	\$2,850	\$2,750
Dependent FSA contribution maximum*	\$2,500	\$2,500
Maximum carryover amount	\$570	\$550

*if married, filing separately. \$5,000 maximum per household.



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Leawood, Kansas 66211

Phone: 913.345.0440
Toll-Free: 888.657.0440
Fax: 913.345.2608

www.bukaty.com





2023 BENEFITS PLAN OVERVIEW



Welcome

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

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

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

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

Your Bukaty Service Team

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

Meet the Team



Emily Ahlvers
Benefits Consultant
eahlvers@bukaty.com
Emily oversees all aspects of your employee benefits program.

Derek Dick
Benefits Consultant
derek@kawvalleyins.com
Derek oversees all aspects of your employee benefits program.



Whitney Ahlvers
Account Coordinator
wahlvers@bukaty.com
Whitney is responsible for assisting clients and members with day-to-day administrative and service issues.



Joe Holdenried
Account Manager
jholdenried@bukaty.com
Joe obtains carrier quotes, prepares spreadsheets, and assists clients through the enrollment process.

Carrier Contact Information for Employees

Medical: Blue Cross Blue Shield of Kansas

www.bcbsks.com

Customer Service: 1-800-432-3990

ID cards, claims, eligibility questions & pre-authorization

Mail Claims to:

Blue Cross and Blue Shield of Kansas

1133 SW Topeka Blvd.

Topeka, KS 66629

MetLife

www.metlife.com

Customer Service: 1-800-438-6388 or 1-800-942-0854

ID cards, claims, eligibility questions, billing, service for all lines of coverage

Vision: MetLife

Customer Service: 1-833-393-5433 or 1-855-638-3931

ID cards, claims, eligibility questions, billing, service

Short Term Disability: MetLife

Customer Service: 1-800-300-4296

Claims, eligibility questions, billing, service

Legal Plan: MetLife

Customer Service: 1-800-821-6400 Questions, Information

Medical Transport: MASA

www.masamts.com

Customer Service: 1-877-503-0585

Claims, eligibility questions, billing

24-hr Global Transport Hotline: 1-800-643-9023

HSA & Medical/Dependent FSAs : Nuesynergy

www.nuesynergy.com

Customer Service: 1-855-890-7239

Customer Service: CustomerService@NueSynergy.com

Deferred Compensation: KPERS 457

Customer Service: 1-816-783-7049 or 1-800-232-0024

Customer Service: kpers457@kpers.org

Medical Plan I



You are eligible to participate in the employee benefit plan on the first of the month following 30 days. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact BCBSKS at 800-432-3990 or visit www.bcbsks.com.

Option I - \$1,500 Deductible	Network	Non-Network **
Deductible Individual/family (per calendar yr.)	\$1,500 / \$3,000	Additional 20% non-PPO network of the allowable**
Out-of-pocket max. individual/family (includes deductible.)	\$4,500 / \$9,000	Additional 20% non-PPO network of the allowable**
Co-insurance	80%	80%**
Office visit/specialist	\$35 Copay / \$70 Copay	\$35 Copay / \$70 Copay
Preventive Care Services	100%	100%**
Adult and child immunizations	100%	100%**
Mammograms, PSA, Pap Smear tests	100%	100%**
Pharmacy prescription drug coverage: Tier 1 / Tier 2/ Tier 3/ Tier 4/ Tier 5	\$15/\$50/\$75/\$150/20% up to \$250	\$15/\$50/\$75/\$150/20% up to \$250**
Mail order prescription drug coverage: Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$37.50/\$125/\$187.50/\$375/20%	\$37.50/\$125/\$187.50/\$375/20%**
Urgent care facility*	\$70 Copay	\$70 Copay**
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient lab services	100% to \$300 max, then Ded. & Coins	100% to \$300 max, then Ded. & Coins**
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance**
Emergency services	\$300 Copay & Ded. & Coins	Paid as In-Network**
Skilled nursing facility (limited to 60 days per year)	Deductible & Coinsurance	Deductible & Coinsurance**
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance**
Physical, Occupational, Speech & Hearing Therapy (limited to 20 visits per year)	Deductible & Coinsurance	Deductible & Coinsurance**
Lifetime maximum	Unlimited	

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

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

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$28.88	\$231.59	\$218.34	\$341.63

Medical Plan 2



You are eligible to participate in the employee benefit plan on the first of the month following 30 days. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact BCBSKS at 800-432-3990 or visit www.bcbsks.com.

Option 2- \$2,500 Deductible	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$2,500 / \$5,000	Additional 20% non-PPO network of the allowable**
Out-of-pocket max. individual/family (includes deductible.)	\$6,000 / \$12,000	Additional 20% non-PPO network of the allowable**
Co-insurance	80%	80%**
Office visit/specialist	\$35/\$70 Copay	\$35/\$70 Copay**
Preventive Care Services	100%	100%**
Adult and child immunizations	100%	100%**
Mammograms, PSA, Pap Smear tests	100%	100%**
Pharmacy prescription drug coverage: Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$15/\$50/\$75/\$150/ 20% up to \$250	\$15/\$50/\$75/\$150/ 20% up to \$250**
Mail order prescription drug coverage: Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$37.50/\$125/\$187.50/\$375/20%	\$37.50/\$125/\$187.50/\$375/20%**
Urgent care facility*	\$70 Copay	\$70 Copay**
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance**
Outpatient lab services	100% to \$300 max, then Ded. & Coins	100% to \$300 max, then Ded. & Coins**
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance**
Emergency services	\$300 Copay then Ded. & Coins	Paid as In-Network**
Skilled nursing facility	Deductible & Coinsurance	Deductible & Coinsurance**
Durable medical equipment	Deductible & Coinsurance	Deductible & Coinsurance**
Physical & Occupational Therapy	Deductible & Coinsurance	Deductible & Coinsurance**
Speech & Hearing Therapy		
Lifetime maximum	Unlimited	

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

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

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$27.54	\$220.79	\$208.15	\$325.66

Medical Plan 3 - HDHP



You are eligible to participate in the employee benefit plan on the first of the month following 30 days. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. The following tables will give you an overview of how the plans work and what your responsibilities are. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact BCBSKS at 800-432-3990 or visit www.bcbsks.com.

Option 3 - High Deductible Healthcare Plan	Network	Non-Network
Deductible Individual/family (per calendar yr.)	\$3,000 / \$6,000	Additional 20% non-PPO network of the allowable**
Out-of-pocket max. individual/family (includes deductible.)	\$6,350 / \$12,700	Additional 20% non-PPO network of the allowable**
Co-insurance	100%	100%**
Office visit/specialist	Deductible	Deductible**
Preventive Care Services	100%	100%**
Adult and child immunizations	100%	100%**
Mammograms, PSA, Pap Smear tests	100%	100%**
Pharmacy prescription drug coverage: Tier 1a/1 / Tier 2/ Tier 3/ Tier 4/ Tier 5	After Deductible \$15/\$50/\$75/\$150/ 20% up to \$250	\$15/\$50/\$75/\$150/ 20% up to \$250**
Mail order prescription drug coverage: Tier 1a/1 / Tier 2/ Tier 3	\$37.50/\$125/\$187.50/\$375/20%	\$37.50/\$125/\$187.50/\$375/20%**
Urgent care facility*	Deductible	Deductible**
Inpatient hospital care	Deductible	Deductible**
Outpatient hospital care	Deductible	Deductible**
Outpatient lab services	Deductible	Deductible**
Outpatient surgery and scopes	Deductible	Deductible**
Emergency services	Deductible	Paid as In-Network**
Skilled nursing facility	Deductible	Deductible**
Durable medical equipment	Deductible	Deductible**
Physical & Occupational Therapy	Deductible	Deductible**
Speech & Hearing Therapy	Deductible	Deductible**
Lifetime maximum	Unlimited	

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

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

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$26.44	\$211.88	\$199.76	\$312.51



Get care 24/7

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

What is Telemedicine?

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

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

If you are in need of telemedicine services, call your doctor first. If your doctor does not provide this service, call toll-free 844-733-3627 to see what other telemedicine options may be available to you.

Patient benefits:

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

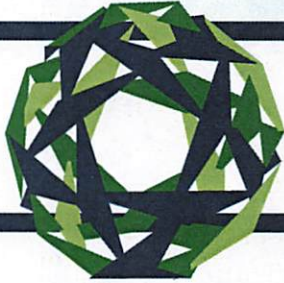
When can I use it?

Consult a doctor for common conditions like:

- » Cold/Flu
- » Fever
- » Rash
- » Sinus infection
- » Pink eye
- » Ear infection
- » Behavioral health



bcbsks.com



YOUR HEALTH SAVINGS ACCOUNT

What is an HSA?

An individually owned, tax-favored account that allows you to pay for qualified healthcare expenses.

HSA & QHDHP

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

Why an HSA?

HSAs provide several tax and cost-savings benefits.

- By combining an HSA with a QHDHP, you can reduce your insurance premiums.
- Known as a triple-tax savings account, contributions are made tax free, grow tax free and can be withdrawn tax free to pay for a variety of qualified medical expenses such as doctor visits, prescription drugs and eyeglasses or contact lenses.
- Unlike other benefit accounts, unused funds are rolled over annually enabling them to be used for future expenses.

Who is eligible to enroll in an HSA?

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

- You must be covered under a QHDHP and cannot have other health care coverage.

- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

How much can I contribute?

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

CONTRIBUTION LIMIT	2021	2022
HSA		
INDIVIDUAL	\$3,600	\$3,650
FAMILY	\$7,200	\$7,300
CATCH-UP		
55 OR OLDER	\$1,000	\$1,000
HDHP MINIMUM DEDUCTIBLE		
INDIVIDUAL	\$1,400	\$1,400
FAMILY	\$2,800	\$2,800
HDHP MAXIMUM OUT-OF-POCKET		
INDIVIDUAL	\$7,000	\$7,000
FAMILY	\$14,000	\$14,000

This HSA benefit is Optional and only available with the HDHP Plan. Employees MUST contribute a minimum of \$25.00 per pay period to be eligible for an Employer Contribution.

Health Savings Account					
	EE* Contribution (per ppd)		County Per PPD		2022 IRS Annual Limits
1	\$25 - \$110.41	\$2650/annual max	\$41.66/ppd	\$1,000/annual max	\$3,650/Annual
2	\$25 - \$252.08	\$6,050/annual max	\$52.07/ppd	\$1,250/annual max	\$7,300/Annual
3	\$25 - \$252.08	\$6,050/annual max	\$52.07/ppd	\$1,250/annual max	\$7,300/Annual
4	\$25 - \$252.08	\$6,050/annual max	\$52.07/ppd	\$1,250/annual max	\$7,300/Annual

***Employee is REQUIRED a minimum of \$25.00 per pay period to be eligible for an Employer Contribution**

NueSynergy, Inc.

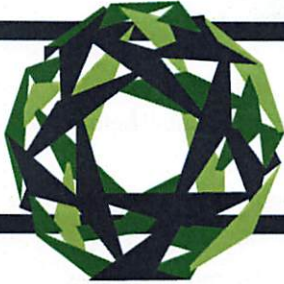
4601 College Blvd, Ste. 280 | Leawood, KS 66211

P: 913.653.8381 | P: 855.750.9440 | F: 855.890.7238

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ELIGIBLE EXPENSES

Health Care Expenses

The IRS allows certain medical, dental, vision and related services to be reimbursed through an HSA. Below is a partial list of expenses that qualify for HSA reimbursement. With the new provisions signed by the President in March of 2020, prescriptions are no longer needed to purchase OTC medications with HSA funds. A list of these expenses is available at www.irs.gov in IRS Publication 502, "Medical, Dental, and Vision Expenses." This eligible expenses list is subject to change without notice in the event of a new legislation.

- Acupuncture
- Alcoholism treatment
- Ambulance service
- Artificial limb / teeth
- Bandages, Band-Aids, wraps, and splints
- Breast-reconstructive surgery following a mastectomy
- Birth control pills (Norplant, ovulation kits)
- Braille books and magazines
- Chiropractor professional fees
- Christian Science Practitioner fees
- Contact lenses / solution
- Contraceptives
- Crutches / braces and supports
- Dental treatment (exams, x-rays, fillings, root canals, dentures, and orthodontia; cosmetic treatments not allowed)
- Diagnostic services and tests
- Drug dependency treatments
- Drugs (prescriptions and OTC medications)
- Eye surgery (includes cataract, LASIK, corneal rings, etc.)
- Physical therapy
- Pregnancy test kits
- Psychologist fees
- Schools and education (for mentally impaired or physically disabled person – see IRS publication 502)
- Special home for person adjusting from life in mental institution to community living
- Sterilization procedures (vasectomy or tubal ligation)
- Stop-smoking program
- Surgical fees (for legal operations not cosmetic in nature)
- Speech therapy
- Eyeglasses, prescription
- Fertility treatment (ovulation predictor kits and pregnancy tests, in vitro fertilization, reverse a prior surgery that prevents you from having children)
- Guide dog or other animal used to assist persons with physical disabilities
- Health institute
- Hearing aids and batteries
- Hospital services
- Insulin, syringes
- Laboratory fees
- Lead-based paint removal
- Legal fees (to authorize treatment for mental illness)
- Meals (only as part of inpatient hospital care)
- Nursing home (if necessary for medical care)
- Nursing services
- Operations (legal operations that are not cosmetic in nature)
- Orthodontia
- Orthopedic devices
- Osteopath fees
- Oxygen equipment
- Transplants (donor expenses)
- Transportation and related travel expenses for person seeking treatment (see IRS Publication 502)
- Treatment for learning disability caused by mental or physical impairment or nervous system disorders (treatment must be recommended by physician – see IRS Publication 502)
- Vaccinations
- Weight-loss program (only if medically necessary to treat existing disease and prescribed by a physician)
- Wheelchair
- Wigs (if purchased upon advice of physician for mental health of patient)
- X-ray fees

NueSynergy, Inc.

4601 College Blvd, Ste. 280 | Leawood, KS 66211

P: 913.653.8381 | P: 855.750.9440 | F: 855.890.7238

CustomerService@NueSynergy.com | www.NueSynergy.com

FLEXIBLE SPENDING ACCOUNT DEPENDENT CARE FSA

How does a Dependent Care FSA work?

A dependent care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work or look for work.

You choose an annual election amount, **up to \$5,000 per family in 2022**. The money is placed in your account via payroll deduction, in equal installments, and then used to pay for eligible dependent care expenses incurred during the plan year.

Why should I enroll in a Dependent Care FSA?

Child and dependent care is a large expense for many families. Millions of people rely on child care to be able to work, while others are responsible for older parents or disabled family members.

If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. Money contributed to a dependent care account is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving on dependent care expenses!

Mobile and online access

NueSynergy makes it easy to access and manage your dependent care FSA information.

- **NueSynergy smart mobile app:** Our smart mobile app provides real-time, secure benefit account access anywhere at any time.
- **NueSynergy member portal:** Log in to our website, www.NueSynergy.com, as a member and you'll have a wide variety of tools and resources available to you.

How do I use my Dependent Care FSA to pay for eligible expenses?

You can use the NueSynergy smart debit card we'll provide to pay for eligible dependent care expenses. Or you can pay with your personal funds and submit a claim for reimbursement.

Simple to use and easy to save

A dependent care FSA is easy to use and simple to understand. Here are some helpful hints to know before you take advantage of your tax savings:

- You must have funds in your dependent care FSA before you can spend them.
- Keep your receipts. You will need itemized invoices for all reimbursement requests. Make sure the receipt has the provider's name, address, telephone number, amount and date(s) of service. If you're using a babysitter, you'll also need the individual's social security number.
- The easiest way to manage your account is online at www.NueSynergy.com or through the NueSynergy smart mobile app.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your dependent care FSA by the end of the plan year.



Convenient & Controlled.
Easy to use and easy to budget.

Annual tax-free contribution
of up to \$5,000 in 2021.

Have questions or need more
information? Call 855-890-7239.



Example of qualifying expenses

Your dependent care FSA can cover costs for many different types of providers, such as:

- Before school or after school care for children 12 and younger
- Child care at a day camp or nursery school
- Child care by a private sitter
- Custodial care for dependent adults
- Licensed day care centers
- Nanny/Au Pair
- Placement fees for a dependent care provider, such as an au pair
- Nursery schools or preschools
- Late pick-up fees
- Summer or holiday day camps

Example of non-qualifying expenses

There are certain expenses that are not eligible for reimbursement from your dependent care FSA, such as:

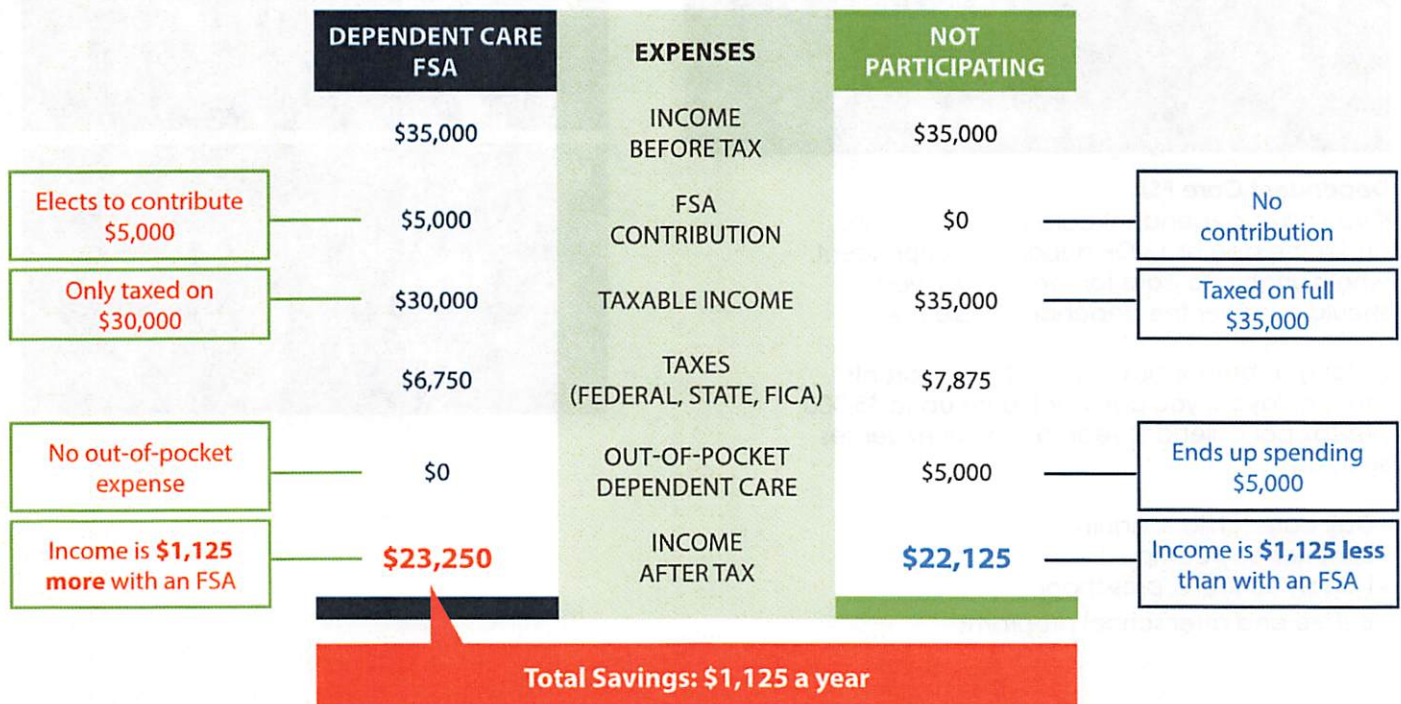
- Expenses incurred in a prior plan year
- Expenses for non-disabled children 13 and older
- Educational expenses including kindergarten or private school tuition fees
- Food, clothing, sports lessons, field trips and entertainment
- Overnight camp expenses
- Late payment fees for child care

More information about eligible expenses

A comprehensive list of eligible expenses can be found at www.NueSynergy.com.

Here's an example

With a \$35,000 salary, an individual electing the dependent care FSA and contributing \$5,000 for the plan year **can save \$1,125**.





NueSynergy

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

Your Flexible Spending Account

What is a FSA?

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

Why Enroll?

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

Savings Can Add Up

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

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

Dependent Care FSA

If you have dependent care costs for a child under the age of 13 OR a spouse or dependent, who is unable to care for themselves, you should consider the dependent care FSA.

As long as both spouses or custodial parents are employed, you can contribute up to \$5,000 pre-tax per calendar year to pay for expenses such as:

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

Healthcare FSA

With this account you are able contribute up to \$2,850 to pay for eligible medical, dental, prescription, vision not covered by insurance. Eligible expenses include but are not limited to:

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

NueSynergy Benefits Debit Card

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

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

NueSynergy Mobile

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

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



NueSynergy

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

Eligible FSA Expenses

HEALTH CARE EXPENSES	DEPENDENT CARE FSA EXPENSES
Acupuncture	After school program
Ambulance service	Au Pair
Artificial limb/teeth	Babysitting (work-related, in your home or someone else's home)
Bandages, Band-Aids, wraps, and splints	Babysitting by your relative who is not a tax dependent (work-related)
Birth control pills (Norplant, ovulation kits)	Before or after school programs
Chiropractor professional fees	Child care
Contact Lenses/solution	Dependent care (while you work, to enable you to work or look for work)
Contraceptives	Extended care (supervised program before or after regular school hours)
Crutches/braces & supports	Housekeeper who cares for child (only portion of payment attributable to work-related child care)
Dental treatment	Nanny
Diagnostic services and tests	Nursery school
Drugs (prescriptions)	Payroll taxes related to eligible care
Eye Surgery (includes cataract, LASIK, etc.)	Preschool
Physical therapy	Registration fees (required for eligible care, after actual services are received)
Pregnancy test kits	Sick child care
Psychologist fees	Summer day camp
Schools and education (for mentally impaired or physically disabled person – see IRS publication 502)	Transportation to and from eligible care (provided by your care provider)
Speech Therapy	Tutoring
Stop-smoking program	Adult day care center
Therapy, physical or speech	Elder care (while you work, to enable you to work or look for work)
Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)	Elder care (in your home or someone else's)
Hearing aids and batteries	Senior day care
Hospital services	
Insulin, syringes	
Laboratory fees	
Orthodontia	
X-ray fees	
Over-the-counter Medications no longer require prescription	
Menstrual Products	

Dental- Low Plan



Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. You are eligible for benefits on the first of the month after 30 days. Eligible dependents may also participate. Eligible dependents include your legal spouse and/or dependent child(ren) under the age of 26. To identify participating dentists, please contact MetLife at 800-942-0854 or visit www.metlifecom.

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

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$2.12	\$3.74	\$3.27	\$6.57

Dental- High Plan with Ortho

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. You are eligible for benefits on the first of the month after 30 days. Eligible dependents may also participate. Eligible dependents include your legal spouse and/or dependent child(ren) under the age of 26. To identify participating dentists, please contact MetLife at 800-942-0854 or visit www.metlifecom.

Dental Plan	Network	Non-Network
Annual maximum benefit	\$2,000	\$2,000
Deductible For Basic & Major services (below)	\$50 / \$150 (Family)	\$50 / \$150 (Family)
Dependent age limit	26	26
Preventive dental services <ul style="list-style-type: none"> • Oral examinations & Prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits) once per 6 months • Full-mouth x-rays once every 5 years • Bitewing x-rays, two set per benefit year for dependents under 19 and one set for adults • Topical fluoride application for dependent children under age 19, twice in any benefit period • Space maintainers that replace prematurely lost teeth one per lifetime for dependent children under age 14, • Sealants, once per molar in lifetime for dependent children under age 16 	100%	100%
Basic dental services <ul style="list-style-type: none"> • Amalgam fillings, resin composite fillings and stainless crowns once per surface/tooth in 24 months • Emergency palliative treatment • Oral surgery (simple & surgical extractions) • Periodontal maintenance, four treatments per year • Periododontal surgery • Endodontics (root canals) once per tooth per 24 months 	80%	80%
Major dental services <ul style="list-style-type: none"> • Consultations, once per year • Dentures once in 10 years, immediate/temporary replacement one per year • Inlays/Onlays/Crowns once per tooth in 10 years • Repairs/receementations, once per year • Denture adjustments, once per 6 months 	50%	50%
Orthodontic dental services (Lifetime Max: \$1,000)	50%	50%

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$3.11	\$5.48	\$5.59	\$10.06

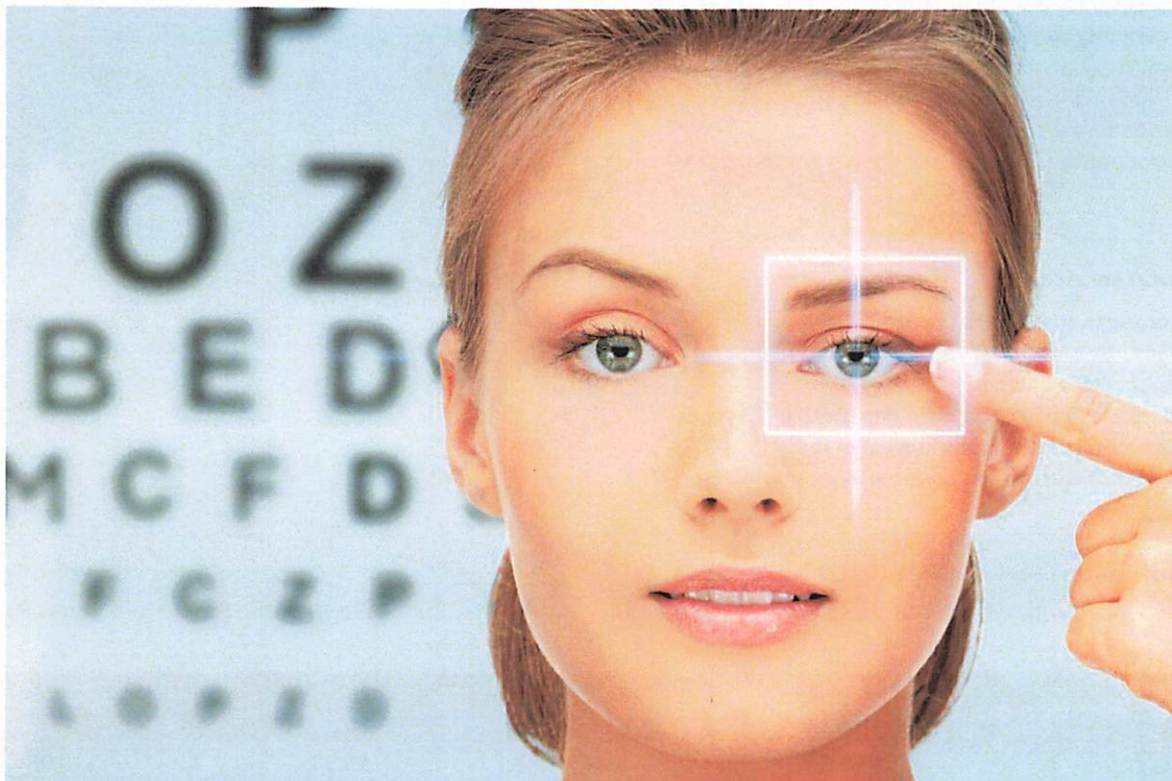
Vision



An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol. If you are eligible to participate in the vision benefit, you can enroll in coverage the first of the month following date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) to age 26. For questions concerning your vision benefits, call MetLife at 855-638-3931 or visit www.metlife.com.

Vision Plan		In Network Copay
Routine exams (every calendar year)	Comprehensive WellVision exam covered in full after co-pay	\$10
Frames	Up to \$130 Every other calendar year	Included in prescription glasses
Standard plastic lenses	Single vision, lined bifocal, lined trifocal, lenticular	\$25
Lens enhancements	Standard progressive lenses – add on to bifocal Premium progressive lenses	See benefit summary
Contacts (instead of glasses)	Up to \$130 Contact lens exam (fitting and evaluation) Every calendar year	See benefit summary

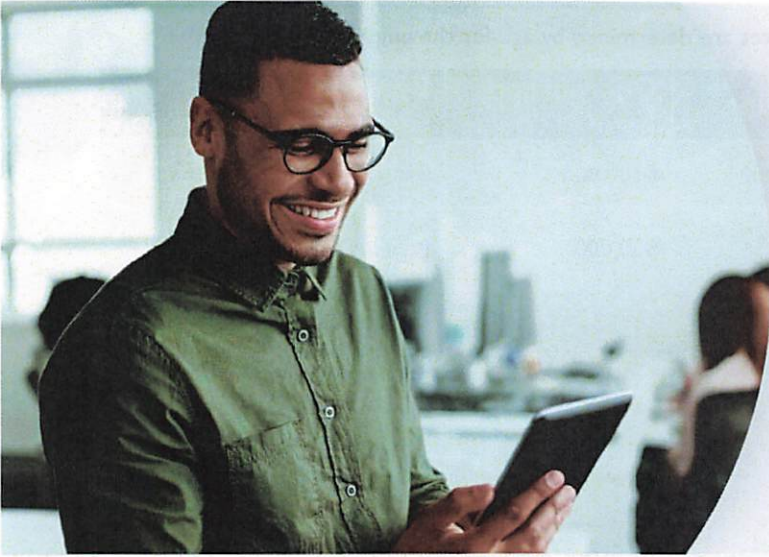
Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	\$3.04	\$6.38	\$5.47	\$10.24



Vision Benefits

Find a Provider

SuperiorVision[®]
By  MetLife



Find an in-network eye care provider near you.

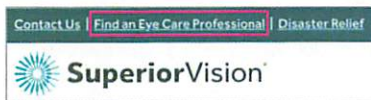
See how easy it is to access one of the largest networks of eye care professionals.

You can find Superior Vision by MetLife's network of providers at [superiorvision.com](https://www.superiorvision.com).

Here's how to search:

Step 1

Visit [superiorvision.com](https://www.superiorvision.com) and click "Find an eye care professional."



Step 2

Enter your location and complete the form.

Search Location (Required)

[Click here to use your current location.](#)

Place Name, Address, City, State or Zip

10 miles

-- OR --

Select a state

Want to narrow your search results?

Once you bring up search results, you can refine the results by the name of the eye care professional, practice or services offered.

[Refine Search](#)

Step 3

Under "Coverage Info," select the "Insurance Through Your Employer" option and the "Superior National" network.

Coverage Info

Insurance Through Your Employer

Superior National

Step 4

Click "Search" and choose the provider you want.

[Search](#)

Voluntary Life/AD&D



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

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue*	Benefit reduction/termination
Employee	\$10,000	5x salary up to \$500,000	\$100,000	Benefits reduce at age 65
Spouse	\$5,000	\$100,000	\$30,000	Benefits reduce at age 65
Child(ren)	\$10,000	\$10,000	\$10,000	Coverage terminates at age 19 or 26 if full time student

* Without medical documentation

* Please see Employee navigator for a breakdown of your rates

Voluntary Short Term Disability



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

Short-Term Disability- Option 1	
Weekly benefit	60% of salary up to \$1,000; increments of \$25
Elimination period	14th day - Accident 14th day - Sickness
Maximum benefit duration	13 Weeks

*Please see Employee navigator for a breakdown of your rates

Short-Term Disability- Option 2	
Weekly benefit	60% of salary up to \$1,000; increments of \$25
Elimination period	14th day - Accident 14th day - Sickness
Maximum benefit duration	26 Weeks

*Please see Employee navigator for a breakdown of your rates

Accident



Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. Fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose. Benefits include coverage for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

Covered Benefits – All benefits must relate to injuries sustained in an accident.

BENEFIT	BENEFIT LIMITS	LOW PLAN			HIGH PLAN		
		EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death	N/A	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
ACCIDENT BENEFITS CATEGORIES							
Basic Dismemberment/Functional Loss Benefit				Physician Follow-up Benefit			
Catastrophic Dismemberment/Functional Loss Benefit				Transportation Benefit			
Paralysis Benefit				Therapy Services Benefit			
Fracture Benefit (Closed)				Pain Benefit			
Fracture Benefit (Open)				Prosthetic Device Benefit			
Dislocation Benefit (Closed)				Medical Testing Benefit			
Dislocation Benefit (Open)				Medical Appliance Benefit			
Burn Benefit				Modification Benefit			
Concussion Benefit				Blood/ Plasma/ Platelets Benefit			
Coma Benefit				Surgery Benefit			
Laceration Benefit				Other Outpatient Surgery Benefit			
Broken Tooth Benefit				Hospital Admission Benefit			
Eye Injury Benefit				Hospital Confinement Benefit			
Ground Ambulance Benefit				Inpatient Rehabilitation Benefit			
Air Ambulance Benefit							
Emergency Care Benefit							
Non-Emergency Care Benefit							

*Please reach out to your Bukaty service team or contact MetLife for a detailed benefit summary for each category.

Rates – Low Plan

Type	Per Pay Period
Employee Only	\$6.26
Employee + Spouse	\$12.39
Employee + Children	\$14.93
Employee + Spouse and Children	\$17.61

Rates – High Plan

Type	Per Pay Period
Employee Only	\$8.79
Employee + Spouse	\$17.32
Employee + Children	\$20.81
Employee + Spouse and Children	\$24.57

Critical Illness/Cancer



For many, cancer can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with cancer, related expenses such as lost income, childcare, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

Plan Design - Covered Conditions

Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect.

Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit.

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type I)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest <i>Payable upon death</i>	50% of Benefit Amount	NONE
Infectious Disease Category		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE

Covered Conditions	Initial Benefit	Recurrence Benefit
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Plan Design – Supplemental Benefits

<p>Health Screening Benefit</p> <p>Payable if an eligible covered person takes one of the screening/prevention measures listed.</p> <p>Benefit Amount • \$50</p> <p>Times Payable per Calendar Year</p> <ul style="list-style-type: none"> • 1 time per Employee • 1 time per Spouse/Domestic Partner • 1 time per Dependent Child <p>cancer antigen 125 blood test for ovarian cancer (CA 125)</p>	<p>Eligible Screening/Prevention Measures</p> <table border="1"> <tr> <td>routine health check-up exam</td> <td>fasting blood glucose test</td> </tr> <tr> <td>biopsies for cancer</td> <td>fasting plasma glucose test</td> </tr> <tr> <td>blood chemistry panel</td> <td>flexible sigmoidoscopy</td> </tr> <tr> <td>blood test to determine total cholesterol</td> <td>hearing test</td> </tr> <tr> <td>blood test to determine triglycerides</td> <td>hemocult stool specimen</td> </tr> <tr> <td>bone marrow testing</td> <td>hemoglobin A1C</td> </tr> <tr> <td>breast MRI</td> <td>human papillomavirus (HPV) vaccination</td> </tr> <tr> <td>breast ultrasound</td> <td>immunization</td> </tr> <tr> <td>breast sonogram</td> <td>lipid panel</td> </tr> <tr> <td>cancer antigen 15-3 blood test for breast cancer (CA 15-3)</td> <td>mammogram</td> </tr> <tr> <td>cancer antigen 125 blood test for ovarian cancer (CA 125)</td> <td>oral cancer screening</td> </tr> <tr> <td>carcinoembryonic antigen blood test for colon cancer (CEA)</td> <td>pap smears or thin prep pap test</td> </tr> <tr> <td>carotid doppler</td> <td>prostate-specific antigen (PSA) test</td> </tr> <tr> <td>chest x-rays</td> <td>serum cholesterol test to determine LDL and HDL levels</td> </tr> <tr> <td>clinical testicular exam</td> <td>serum protein electrophoresis</td> </tr> <tr> <td>colonoscopy</td> <td>skin cancer biopsy</td> </tr> <tr> <td>complete blood count (CBC)</td> <td>skin cancer screening</td> </tr> <tr> <td>coronavirus testing</td> <td>skin exam</td> </tr> <tr> <td>dental exam</td> <td>stress test on bicycle or treadmill</td> </tr> <tr> <td>digital rectal exam (DRE)</td> <td>successful completion of smoking cessation program</td> </tr> <tr> <td>Doppler screening for cancer</td> <td>tests for sexually transmitted infections (STIs)</td> </tr> <tr> <td>Doppler screening for peripheral vascular disease</td> <td>thermography</td> </tr> <tr> <td>echocardiogram</td> <td>two-hour post-load plasma glucose test</td> </tr> <tr> <td>electrocardiogram (EKG)</td> <td>ultrasounds for cancer detection</td> </tr> <tr> <td>electroencephalogram (EEG)</td> <td>ultrasound screening of the abdominal aorta for abdominal aortic aneurysms</td> </tr> <tr> <td>endoscopy</td> <td>virtual colonoscopy</td> </tr> <tr> <td>eye exams</td> <td></td> </tr> </table>	routine health check-up exam	fasting blood glucose test	biopsies for cancer	fasting plasma glucose test	blood chemistry panel	flexible sigmoidoscopy	blood test to determine total cholesterol	hearing test	blood test to determine triglycerides	hemocult stool specimen	bone marrow testing	hemoglobin A1C	breast MRI	human papillomavirus (HPV) vaccination	breast ultrasound	immunization	breast sonogram	lipid panel	cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram	cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening	carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test	carotid doppler	prostate-specific antigen (PSA) test	chest x-rays	serum cholesterol test to determine LDL and HDL levels	clinical testicular exam	serum protein electrophoresis	colonoscopy	skin cancer biopsy	complete blood count (CBC)	skin cancer screening	coronavirus testing	skin exam	dental exam	stress test on bicycle or treadmill	digital rectal exam (DRE)	successful completion of smoking cessation program	Doppler screening for cancer	tests for sexually transmitted infections (STIs)	Doppler screening for peripheral vascular disease	thermography	echocardiogram	two-hour post-load plasma glucose test	electrocardiogram (EKG)	ultrasounds for cancer detection	electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms	endoscopy	virtual colonoscopy	eye exams	
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cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram																																																						
cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening																																																						
carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test																																																						
carotid doppler	prostate-specific antigen (PSA) test																																																						
chest x-rays	serum cholesterol test to determine LDL and HDL levels																																																						
clinical testicular exam	serum protein electrophoresis																																																						
colonoscopy	skin cancer biopsy																																																						
complete blood count (CBC)	skin cancer screening																																																						
coronavirus testing	skin exam																																																						
dental exam	stress test on bicycle or treadmill																																																						
digital rectal exam (DRE)	successful completion of smoking cessation program																																																						
Doppler screening for cancer	tests for sexually transmitted infections (STIs)																																																						
Doppler screening for peripheral vascular disease	thermography																																																						
echocardiogram	two-hour post-load plasma glucose test																																																						
electrocardiogram (EKG)	ultrasounds for cancer detection																																																						
electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms																																																						
endoscopy	virtual colonoscopy																																																						
eye exams																																																							

*Please see Employee navigator for a breakdown of your rates

Hospital Indemnity



MetLife Hospital Indemnity Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year ¹	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement ⁴	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$25	\$50

¹ If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

⁴ If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

⁵ Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Benefit Reduction Due to Age

- Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69.
- Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older.

Proposed Rates – Low Plan

Type	Per Pay Period
Employee Only	\$6.04
Employee + Spouse	\$12.81
Employee + Children	\$9.48
Employee + Spouse and Children	\$16.25

Proposed Rates – High Plan

Type	Per Pay Period
Employee Only	\$11.11
Employee + Spouse	\$23.56
Employee + Children	\$17.44
Employee + Spouse and Children	\$29.90



Add value to your benefits offering with MetLife Legal Plans

Help increase peace of mind for personal legal matters

Employees may need help when they navigate important moments in their lives — like buying a home or creating a will. When they don't have easy access to that help, it can result in reduced productivity at work.



Cost effective, personal legal plans

With MetLife Legal Plans, you get an easy-to-implement, voluntary benefit that provides your employees with convenient, professional legal counsel — at virtually no cost to your organization.

\$22.50 per employee per month¹ covers spouse and dependents.

Reduced rates may be available if legal plan benefits are 100% employer-paid. Ask your broker or MetLife representative for details.

Convenient for employees, smart for small businesses

Offering employees access to professional legal services can be a simple, cost-effective way to add value to your benefits program.

MetLife Legal Plans advantages

- Full service on an unlimited number of legal matters
- Access to attorneys in person, by phone, email or mobile app
- Money-back guarantee
- No deductibles, copays, claim forms or usage limits when using a network attorney for a covered matter

Experienced, responsive professionals

Employees will have access to our national network of more than 18,000 attorneys who meet established selection criteria. The attorneys have an overall average of 25 years of experience and offer a broad range of legal services.

If employees have an attorney they'd like to use that's not in our large network, there's an out-of-network option available, too.²

Estate planning made easy

We offer employees the ability to choose an attorney for estate planning or create their own estate planning documents using our newly enhanced website. With our digital estate planning solution, employees are taken through a simple, guided process to complete wills, living wills and/or power of attorney, in as little as 15 minutes.

MetLife Legal Plans covers some of the most frequently needed personal legal matters

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services³ Identity Theft Defense 	<ul style="list-style-type: none"> Negotiations with Creditors Personal Bankruptcy Promissory Notes 	<ul style="list-style-type: none"> Tax Audit Representation Tax Collection Defense Triple Bureau Credit Monitoring³
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Mortgages Property Tax Assessments Refinancing & Home Equity Loan Sale or Purchase of Home 	<ul style="list-style-type: none"> Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies 	<ul style="list-style-type: none"> Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship 	<ul style="list-style-type: none"> Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Issues 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues Related to Your Parents: Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Traffic Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets⁴ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession
Additional Features	<p>For non-covered matters that are not otherwise excluded, employees get four additional hours of network attorney time and services per plan year.⁵</p> <p>Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.</p> <p>Over 1,700 self-help documents⁶ are available to members and potential members on our website.</p>		

Contact your benefits broker or MetLife representative today.

- Rates are standard and subject to change.
- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- This benefit provides the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring provided by Cyberscout, LLC. Cyberscout is not a corporate affiliate of MetLife Legal Plans.
- Does not cover DUI.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

[metlife.com](https://www.metlife.com)

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLife® is a registered trademark of MetLife Services and Solutions, LLC, New York, NY.

MetLife Legal Plans is excluded for qualification and payment as part of MetLife's Broker and GA Supplemental Compensation Plans for customers with less than 100 employees.

If Group elects to be represented by a benefits broker/consultant in connection with the MetLife legal plan, a commission schedule of 10% on first year and subsequent years business will be paid. Standard broker compensation for brand new legal plans is included in the monthly rate. We will guarantee the rate for up to two years upon execution of a contract for the same term.

Payroll deduction required.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. For costs and complete details of the coverage, call or write the company.



MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

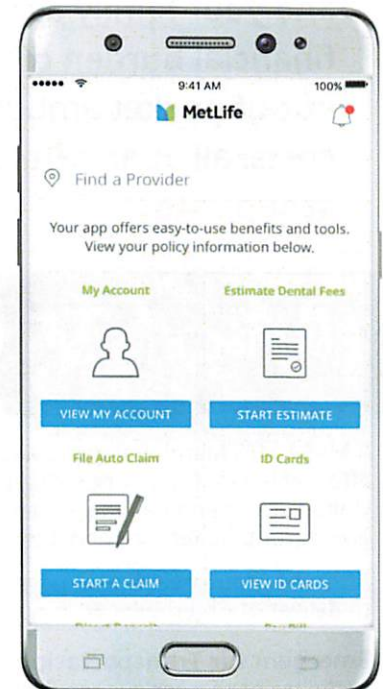
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Benefits at your employees' fingertips

We care about the success of your benefit program. Your employees' convenience is one of our top priorities. With MetLife's mobile app, employees who prefer a digital service experience can securely and easily view and manage their benefit information on their mobile devices.

The MetLife mobile experience¹

Accident & Health	<ul style="list-style-type: none"> View policy details
Auto and Home	<ul style="list-style-type: none"> View policy details View ID card File a claim and upload accident details Pay auto insurance bills
Dental²	<ul style="list-style-type: none"> Find a provider Add/change dentist (DHMO only) View ID card (PPO only) Get estimates for most dental procedures (PPO only) View plan summary (PPO only) View claims (PPO only) Track brushing and flossing activity
Disability	<ul style="list-style-type: none"> View and update claim information Set up direct deposit
Legal Services³	<ul style="list-style-type: none"> Find an attorney View coverage details Get a case number
Life	<ul style="list-style-type: none"> View policy details
Vision	<ul style="list-style-type: none"> Find a provider



Count on us for an exceptional service experience. Contact your MetLife representative today.

- To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app.
- Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.
- Legal plan features requires the use of a separate MetLife Legal Plans app.

metlife.com

Like most insurance policies and benefit programs, insurance policies and benefit programs offered by Metropolitan Life Insurance Company and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details.



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



EMERGENT PLUS MEMBERSHIP BENEFITS



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

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

Emergent Air Transportation

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

Emergent Ground Transportation

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

Non-Emergency Inter-Facility Transportation

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

Repatriation/Recuperation

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

DID YOU KNOW?

25 MILLION PEOPLE

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

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



\$5,000



\$60,000

\$14 /MONTH

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

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

Why KPERS 457?

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

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

WORKERS COMPENSATION

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

Workers Compensation Rights and Responsibilities

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

This notice applies to dates of accidents on or after April 25, 2013.

Este aviso aplica a las fechas de los accidentes a partir de Abril 25, 2013.

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

NOTIFY YOUR EMPLOYER IMMEDIATELY. Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) **20 calendar days** from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, **20 calendar days** from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, **10 calendar days** after the employee's last day of actual work for the employer.

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

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

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

BENEFITS. Benefits are paid by the employer's insurance carrier or self insurance program. Benefits include medical treatment, partial wage replacement for lost time and additional benefits if the injury results in permanent disability. An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00 dollars for the unauthorized medical treatment.

QUE HACER SI UNA LESIÓN OCURRE EN EL TRABAJO

NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE. De acuerdo con el artículo de ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador dentro de antes de las siguientes fechas: (A) **20 días** a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cual se están buscando beneficios y dicho empleado busca tratamiento médico por cualquier lesión por accidente o trauma repetitiva, **20 días** a partir de la fecha que dicho tratamiento médico ha sido obtenido; o (C) si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, **10 días** después del último día de trabajo para dicho empleador.

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

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

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

BENEFICIOS. Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio. Los beneficios incluyen tratamiento médico, reemplazo de sueldo parcial por tiempo perdido y beneficios adicionales si la lesión resulta en incapacidad permanente. El empleador debe proporcionar todo el tratamiento médico necesario y tiene el derecho de designar al doctor para dicho tratamiento. Si el empleado busca tratamiento con un doctor que no ha sido autorizado por el empleador, el empleador o su compañía aseguradora serán responsables de pagar solamente los primeros \$500.00 dólares para tratamiento médico no autorizado.

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

TRISTAR RISK MANAGEMENT

Employer's Insurance Carrier (Compañía Aseguradora del Empleador)

(844) 702-2353, Ext. 1511

Telephone (Teléfono de la Aseguradora)

PO Box 2805 Clinton, IA 52733-2805

Address (Dirección de la Aseguradora)

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

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

Website: www.dol.ks.gov/workcomp/default.aspx
Email: KDOL.wc@ks.gov
Phone: (800) 332-0353 or (785) 296-4000


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

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

STEP 1. LOG IN

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

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



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

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

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

COMPANY IDENTIFIER:

STEP 2. BEGIN ENROLLMENT PROCESS

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

STEP 3. UPDATE PERSONAL INFO

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

STEP 4. ELECT YOUR BENEFITS

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

STEP 5. ADDITIONAL FORMS

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

STEP 6. REVIEW AND CONFIRM ELECTIONS

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

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



Scan me for
Employee
Navigator access at
your fingertips!



For help contact:
enrollmentsupport@bukaty.com
913.345.0440

Rights and Disclosures

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

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

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

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

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

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

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

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

Disability Extension

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

Second Qualifying Event

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

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions

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

Keep Us Informed of Status Changes

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

Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1.866.444.EBSA (3272).

If you live in a qualifying State, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

KANSAS - Medicaid	MISSOURI - Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

Richard Appelhanz

From: Emily Ahlvers <EAhlvers@bukaty.com>
Sent: Thursday, July 13, 2023 8:21 AM
To: Richard Appelhanz; Derek
Cc: Terri Miller
Subject: Re: Employee Benefit Broker Services Bid

Caution: This is an external email. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department

Good Morning!

Thank you for giving us the opportunity to clarify. The \$25 PEPM will remain the same for all 5 years of partnership.

Thanks!

Emily Ahlvers
Benefits Consultant
Main: 913.345.0440 ext. 222 | Direct: 913.653.8360
916 Massachusetts
Lawrence, KS 66044



NOTICE OF CONFIDENTIALITY

This information is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. Thank you.

From: Richard Appelhanz <rappelhanz@topekametro.org>
Sent: Wednesday, July 12, 2023 3:06 PM
To: Emily Ahlvers <EAhlvers@bukaty.com>; Derek <derek@kawvalleyins.com>
Cc: Terri Miller <tmiller@topekametro.org>
Subject: Employee Benefit Broker Services Bid

Emily and Derek,

We've received your bid for our Employee Benefit Services RFB. We will be awarding a 5 year contract for our employee benefit broker services. Our Price Quote Form only contained rows for pricing for the first year of the contract. Will \$25 per employee per month be your price for each year of the contract or will you be raising your price per employee per

month for each year of the contract? If your price will change each year please provide the amount for each year below. I'll let you know if we have any other questions and thank you for submitting your bid!

Year 1 \$25 PEPM

Year 2

Year 3

Year 4

Year 5

Thanks,

Richard D. Appelhanz | *Chief Financial Officer*

TOPEKA METRO | 201 N. Kansas Ave. | Topeka, KS 66603

rappelhanz@topekametro.org | direct line: 785-730-8621

Main line: 785-233-2011 | Fax: 785-233-3063

