



**BUTLER**  
*County*

## **2018-2019 Employee Benefit Highlights**

Butler County Kansas

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 31-33 for more details

Benefit Summary Highlights	
2018 Benefits at a Glance	<p><b>Important Notice:</b>            The material in this benefits brochure is for informational purposes only and is neither an offer of coverage, medical advice or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.</p> <p>Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law.</p> <p>All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship, or affiliation by and between the trademark owners and USI.</p>
Eligibility & Enrollment	
Cost of Coverage	
Medical Insurance	
Dental Insurance	
Vision Insurance	
Flexible Spending Accounts	

Member Service Information			
Policy	Carrier Name	Telephone	Website
<u>Medical Plans</u>			
	Meritain Health	1-800-925-2272	www.mymeritain.com
<u>Teladoc</u>			
	Teladoc	1-800-Teladoc (835-2362)	www.teladoc.com
<u>Dental Plan</u>			
	Delta Dental of Kansas	1-800-234-3375	www.deltadentalks.com
<u>Vision Plans</u>			
	Vision Care Direct	1-877-488-8900	www.VisioncareDirect.com
<u>Life Insurance</u>			
	Companion Life	1-800-753-0404	www.companionlife.com
<u>Flex Spending Account(s)</u>			
	Surency Life and Health	1-800-264-9462	www.surency.com
<u>Additional Voluntary</u>			
	Aflac – Gail Coe	316-765-1188	www.aflac.com
<u>457 Deferred Compensation</u>			
	Mass Mutual Life Insurance Debra Anton	316-210-5049	danton@retirementplanadvisors.com



# Eligibility & Enrollment

## Eligibility Rules

Eligible active employees are able to participate in the Butler County Kansas Employee Benefits Program. For most of our benefit plans your coverage will become effective on First of Month Following Sixty days of employment. You must be actively at work for your coverage to be effective on your eligibility date. You may also enroll your eligible dependents in the Butler County Kansas Benefit Plans. Your eligible dependents include your spouse, as well as your dependent children, whether natural, adopted, stepchildren, foster, or those for whom you have legal custody by court decree. When enrolling in medical, dental or vision coverage, you may enroll any dependent child up to age 26.

## When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period
- During the annual open enrollment period thru **Oct 12 2018**
- Within 30 days of a qualified family-status change

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

## Making Changes

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer and another change is permitted under the plan terms.

Examples of these change in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must timely notify your Human Resources department and complete the necessary forms. For more information refer to your benefits booklet.



## Cost of Coverage: *How You Pay for Health Care Costs*

You share the cost of health care services with Butler County Kansas and the medical plan you select. As you review the medical plan options you should consider the following types of costs:

**Premium:** A premium is the total cost for your medical insurance. You and Butler County Kansas share this cost. You pay your portion through pre-tax payroll deductions.

**Deductible:** A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

**Copay:** A copay is a set payment you make for a specific service.

**Coinsurance:** When you are paying coinsurance, you are sharing a percentage of the cost of services with the medical plan.

**Out-of-Pocket Maximum:** The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay and includes your medical deductible, copays and coinsurance, for eligible expenses during a plan year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for the balance of the calendar year.

### **Your Total Costs**

Remember, the total cost you pay for health care services in a plan year is the combination of your out-of-pocket costs when you access medical care and the premium payments you are required to make for coverage.

*Premiums + Out-of-Pocket Costs = Total Cost of Health Care*

Depending on your personal situation, the plan with the lowest deductibles and copays may not be the best plan for you—it is important to also take into account the premium you will pay out of your paycheck for coverage when calculating which plan is best for you and your family. If you are in generally good health, it may make more sense to enroll in the High Deductible plan. This plan offers the lowest premium cost and the chance to save money in an HSA.



## Selecting Your Medical Insurance Plan

Everyone spends some money on medical care each year. If you're like most people, maybe you expect to visit your doctor at least once during cold and flu season. In addition, you might obtain an annual physical exam and take a few prescription drugs over the course of the year. Some people might spend a night or two in the hospital, and others will need some health care services each year, and some will need more care than others.

How do you select the right medical insurance plan? We suggest that you consider the different plan features, the provider networks you are willing to accept and your own state of health before making a plan decision. And you should consider the premium contribution requirement before you enroll for a particular plan.

The plan grid below compares a number of the major features of each of our medical plans. Use this grid, in conjunction with the benefit descriptions on the following page, to make an informed plan decision.

**The Wesley Preferred networks narrow your hospital/facility choices in the Wichita area, and save you money out of your paycheck. Your local El Dorado hospital is included in this option. The High Deductible Health Plans (HDHP) paired with the Health Savings Accounts (HSA) also cost less, Butler County contributes money to the HSA which you can use for out of pocket expenses. These might be good options that save you money.**

**Whether you enroll in the Open Access or the Wesley Preferred for either the PPO or HDHP plan, the plan design stays the same. The only difference is which hospitals/facilities you are willing to direct your care to while in the Wichita area. The Wesley Preferred options would not cover Via Christi and some other Wichita facilities as in-network under these plans. To search for providers on the Wesley Preferred network, visit [aetna.com](http://aetna.com) website and Find a Provider, and search the Wesley Preferred Aetna Choice network. Consider the Wesley Network option to save money out of your paycheck!**



Benefit Description	Meritain Health - HDHP	Meritain Health - PPO
Calendar Year deductible	Single \$2,000 per member / family \$2,600/ \$4,000	\$850 / \$1,700 per member / family
Calendar year out-of-pocket maximum	\$4,000 / \$8,000 per member / family	Member - Out-of-pocket maximum \$4,000 medical, \$3,150 prescription drugs  Family - Out-of-pocket maximum \$8,000 medical, \$6,300 prescription drugs.
Physician office visit	80% after deductible	\$25 copay
Specialist office visit	80% after deductible	\$50 copay
Preventive and wellness	100% - deductible waived	100% - deductible waived
Complex Radiology	80% after deductible	80% after deductible
Inpatient hospital care	80% after deductible per admit	80% after deductible per admit
Urgent Care visit	80% after deductible	\$50 copay
Emergency room services	80% after deductible - emergency medical conditions only	\$300 copay then 80% after deductible - emergency medical conditions only
Retail Prescription Drugs 30 days	Generic: 80% after deductible Formulary: 80% after deductible Non Formulary: 80% after deductible Preferred Specialty: 80% after deductible	Generic: \$10 copay Formulary: \$30 copay Non Formulary: \$50 copay Preferred Specialty: \$150 copay
Mail Order Prescriptions 90 days	Generic: 80% after deductible Formulary: 80% after deductible Non Formulary: 80% after deductible Preferred Specialty: Not covered	Generic: \$25 copay Formulary: \$75 copay Non Formulary: \$125 copay Preferred Specialty: Not covered
Coinsurance percentages shown in the above plan descriptions represent the percentages paid by the health plan.		

## Urgent Care

An urgent care situation is an unexpected illness or injury that needs prompt medical attention, but is not an immediate threat to your health. Examples include headaches, back or joint pain, flu symptoms, or earaches. These are times when care is necessary but not critical. Medical conditions that are not an emergency should be treated in your family physician's office or at a contracting urgent care center. Urgent Care centers save you out of pocket costs and save the plan, over the of an emergency room visit. Urgent Care Walk-in Clinics in our area are:

### SBA Urgent Care Clinic

West Central Ave, El Dorado, Next to Hibbett Sports  
Opening 12/1/18  
Hours: Seven days a week, 8am-8pm

### AFC Doctors Express

3161 N Rock Road, Ste C, Wichita  
316-440-2713  
Hours: Mon-Sat, 8:00am-8:00pm

### Augusta Immediate Care Clinic

401 W 7<sup>th</sup> Ave, Augusta  
316-558-5575  
Hours: Mon-Sat, 3:00pm-9:30pm

### Via Christi Immediate Care Facility

3311 E Murdock, Wichita  
316-689-9107  
Hours: Mon-Fri, 8:00am-8:00pm, Sat 9:00am-5:00pm, Sun Noon-5:00pm

# Prescription Drug Benefits Manager



## Welcome to MaxorPlus!

With MaxorPlus, you will have access to a nationwide network of participating retail pharmacies as well as comprehensive pharmacy benefits and exceptional customer service.

## Finding a Pharmacy Near You

MaxorPlus' participating pharmacy network includes more than 62,000 retail pharmacies, including regional and national chains, as well as independently owned pharmacies.

To locate a pharmacy near you, log on to [www.maxorplus.com](http://www.maxorplus.com) and access our online pharmacy locator. You may also contact MaxorPlus customer service at 1-800-687-0707 and speak with a customer service representative to assist in finding a pharmacy near you.

## Save Money with Preferred Drugs

The MaxorPlus Preferred Drug Formulary is a reference to help guide you and your physician in choosing medications which allow the most effective use of your prescription drug benefit. By prescribing generic or preferred brand-name drugs on this list, your physician can help you save on your prescription expenses. Upon receiving your ID card with the group number, you are encouraged to print a copy of the Preferred Drug Formulary from our website at [www.maxorplus.com](http://www.maxorplus.com) and share this list with your physician and other health care providers. It is our goal to partner with both you and your physician to save you money.

\*Please note that brand-name drugs may move to non-formulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription drug benefit programs; check your benefit materials for the specific drug coverage and exclusions.\*

## Mail Service Pharmacy

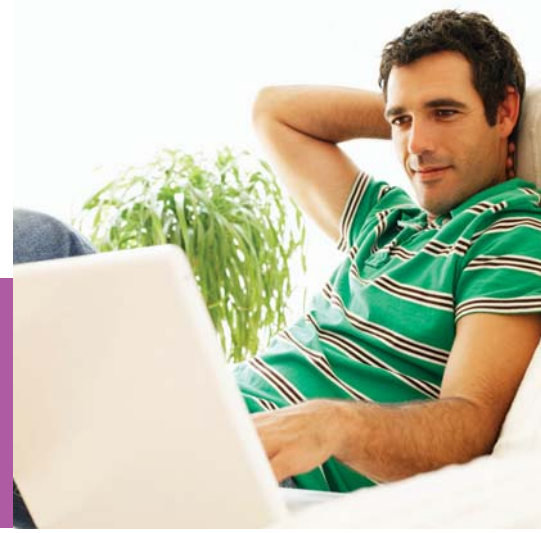
As an added benefit, MaxorPlus offers the convenience of home delivery through Maxor's Mail Order Pharmacy. A 90 day supply of medication can be filled through the Maxor Mail Order Pharmacy. If you are new to mail service, please take note of the important information below.

***To begin receiving medications through mail service***, you will first need to:

Register online or fill out the enrollment form you will soon receive in your benefits packet and return it with your prescription to PO Box 32050, Amarillo, TX 79120-2050. The form is also available at [www.maxorplus.com](http://www.maxorplus.com). When completing this form, please make sure that you include the member ID & Rx group numbers that are printed on the ID card you will receive in the upcoming weeks. Refills can be authorized 24/7 by calling Maxor mail service at 1-800-687-8629, or securely through [www.maxorplus.com](http://www.maxorplus.com).

## We're Here to Help

If you have questions, please call our customer service department at 1-800-687-0707. Representatives are available to assist Monday through Friday 7AM-9PM, Saturday 8AM-6PM, and Sunday 9AM-5PM CST (Central Standard Time). In the event of an emergency, MaxorPlus has staff readily available 24/7 to assist you with your prescription benefit questions.



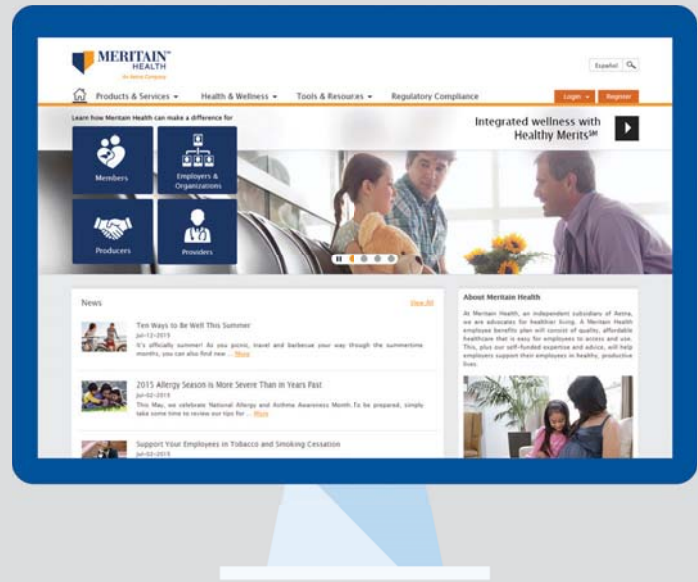
# My Health, My Time, myMERITAIN

Did you know you can find a variety of healthcare tools and resources at [www.meritain.com](http://www.meritain.com)?

Your member website, myMERITAIN, gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

## With myMERITAIN you can:

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOBs).
- Review your benefit plan document.



## Access to myMERITAIN is as easy as 1-2-3

If you have an account simply log in. If you're a new user, you'll need to register with these simple steps.

**Step 1** From your computer, simply open your Web browser and go to [www.meritain.com](http://www.meritain.com). Then, in the top right corner, click *Register*.

**Step 2** Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID Card. (If you are new to the plan, you will soon receive your member ID Card in the mail.) Then, click *Continue*.

*Please note: you may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.*

**Step 3** You'll need to enter the following information, then select *Submit*:

- Member ID (located on your member ID Card)
- First name (employee, spouse or dependent)
- Zip code
- Date of birth (mm/dd/yyyy)
- Group ID (located on your member ID Card)
- Last name (employee, spouse or dependent)
- Email (personal address)

A username will be provided to you. After you create a password and confirm your email address—you're done! You'll automatically be logged into your new myMERITAIN account. The next time you log in, just use the same username and password from Step 3.





# Insight Online with Healthcare Bluebook™

## Understanding healthcare costs with the help of Healthcare Bluebook

If you are like most people, you probably have a pretty good idea of what you are going to pay when you go grocery shopping, or when you need to replace your cell phone. However, change the conversation from everyday purchases to the topic of healthcare prices, and we are all pretty much in the same place—the dark.

Healthcare Bluebook is an online tool that can help you better understand what you should pay for healthcare procedures, as well as find providers offering fair prices in your area. Healthcare Bluebook is a free service, and is accessible through your member website, [www.meritain.com](http://www.meritain.com).

## Where can I find Healthcare Bluebook?

Healthcare Bluebook is easy to find:

- Log in to your member portal at [www.meritain.com](http://www.meritain.com).
- Click on the *Health Tools* tab along the top menu bar.
- Choose *Healthcare Bluebook* link located on the left-hand side of your screen.

Now you're ready to begin!

## How do I use Healthcare Bluebook?

Simply search for prices using the drop-down menu options, or enter text in the search box. If you know the name of the procedure or service, you can type it in the search box to quickly access related information.

## What do the different colors mean?

Where network-specific provider reimbursement information is available, Healthcare Bluebook displays the high, low and recommended Fair Price™ for the procedure you are searching for. Where reimbursement data is not yet available, a Fair Price will be displayed. Green represents providers that charge at or below the Healthcare Bluebook Fair Price, yellow providers charge slightly above, and red are among the most expensive providers of this service. If specific providers are displayed, click on their name for additional information or to map their location.

**Important:** Remember to verify that the provider you select is in-network with your plan before receiving service. You can search for in-network providers at myMERITAIN, or contact Meritain Health Customer Service at the number listed on your ID Card.

**Questions? Contact Meritain Health Customer Service, at the number listed on your ID Card.**

### The healthcare you need at a Fair Price

Healthcare Bluebook presents you with a recommended Fair Price for treatment in your area. Many common procedures, such as MRIs, colonoscopies and other diagnostic tests will even show you specific providers that offer a good value. Not all procedures and locations currently have specific providers listed, but more are added each month.

**Please note:** Healthcare Bluebook does not guarantee the quality of services or providers. Use the *Compare Doctors and Hospitals* tool available at myMERITAIN to compare quality ratings for specific providers and facilities.

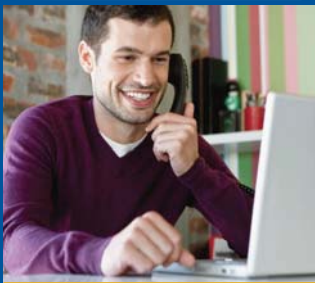
### Cost savings tips and financial considerations

Healthcare Bluebook displays valuable tips and considerations to help you better understand the key drivers of cost, as well as alternative treatments you might want to discuss with your provider.



An Aetna Company

[www.meritain.com](http://www.meritain.com)



# Reach a doctor 24/7

## The Teladoc™ solution

Teladoc is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

With Teladoc, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use Teladoc for medical advice and care when:

- ✓ **Your primary care doctor is not open.**
- ✓ **You are at home, traveling or do not want to take time off work to see a doctor.**
- ✓ **You need a prescription or refills.** *Please note, there is no guarantee you will be prescribed medication.*

### There's more than one way to reach a doctor



#### By phone

Just call **1.800.362.2667**.



#### Online

Simply request a video consultation online at [www.MyDrConsult.com](http://www.MyDrConsult.com).



#### On the go

You can download the Teladoc mobile app by visiting the **App Store** or **Google Play**.

### Common conditions treated:

- Allergies
- Headaches/migraines
- Sinus infections
- Urinary tract infections
- Bronchitis
- Eye/ear infections
- Stomachache/diarrhea
- Many other conditions
- Cold/flu
- Rash/skin infections

### Our members love Teladoc

*"We had a good experience with the doctor. She called and talked to me, and gave great service. I had no problem picking up my prescription. This is a really good service."*

### Benefits of Teladoc



Saves time and money



Quicker recovery from illness



Convenient prescriptions



Choice of consultation method



Great health means peace of mind

### Highly qualified, experienced doctors

When you use Teladoc, your medical questions will be answered by a highly qualified doctor. Teladoc doctors are:

- **Experienced**—with an average of over 10–15 years in practice.
- **Progressive**—using the latest technology to provide excellent care.
- **U.S. board certified** and **state licensed**.
- **Specially trained** in telemedicine.

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Contact a Teladoc physician at **1.800.362.2667**, or by visiting [www.MyDrConsult.com](http://www.MyDrConsult.com).



# Health Savings Account

**Health Savings Account (HSA) pairs with the HDHP medical plan.  
You must enroll in the HDHP to participate in a Health Savings Account.**

Butler County offers employees enrolled in the High Deductible Health Plan the option of participating in a Health Savings Account (HSA). The HSA is a tax-free bank account that allows you to save money for healthcare expenses. As out-of-pocket healthcare expenses are incurred, you may withdraw funds from your HSA to pay those expenses or reimburse yourself. Your money continues to build year over year, there is no use-it-or-lose-it rule.

Butler County wants to help get your health savings account started and to assist with those out of pocket claims you may have. The County will contribute to the Health Savings Accounts for members who elect the HDHP plan AND have opened their HSA bank account. For the 2018-2019 plan year, the County will make a monthly contribution to the member's HSA account. Monthly amounts are \$62.50 for Single and \$125.00 for Family enrollees. (For employees who open an HSA after the plan year start date of November 1, 2018, these amounts will be prorated. If you have already opened your HSA account with MidAmerican Credit Union, you do not have to open an account again.)

## HSA Eligibility

- Qualified High Deductible Plan must be the employee's only medical coverage
- Spouse does not have a Flexible Spending Account (FSA)
- Not enrolled in Medicare
- Not claimed as a dependent on another person's tax return (except spouses)
- You may not utilize an FSA with an HSA, except a limited use FSA for dental and vision only.

## HSA Contributions Limits for Calendar Year 2018

- Employee only - \$3,450
- Employee plus dependents - \$6,900

## HSA Contributions Limits for Calendar Year 2019

- Employee only - \$3,500
- Employee plus dependents - \$7,000
- Employees age 55 or older in 2018/9 may contribute an additional catch-up amount of \$1,000
- Any person – an eligible individual, an employer, a family member, or any other person - can contribute to your HSA; each contribution counts toward your maximum amount

Set up your HSA through MidAmerica Credit Union, with no monthly fees. Visit the website at:

<https://www.midamerican.coop/butlercounty>

Or Contact Heather Schwaiger, and let MACU know you're a Butler County employee for your no fee account!  
316-722-3921 ext 233, heathers@midamerican.coop





Health Insurance Premiums will be based on employee participation in Butler County's Wellness Program. The program will focus on encouraging healthy choices by the employee and their spouse in five areas; tobacco usage, biometric screening, Nutrition Education, enrollment in Teladoc and wellness (Vitality) participation. An additional 25% can be charged to an employee's premiums if they fail to meet the objectives. For example, if you fail to meet two of the objectives you will be charged any additional 10%. If your current participation rate is 20%, then your new rate will be increased from 20% to 30%. Each objective will be worth 5%. The increased premiums will go into effect for the following full-insurance year starting in November of every year. If you meet all objectives, your share will not increase.

## **Objectives**

1. A 5% premium penalty will be assessed in addition to the current employee participation rate to any employee utilizing the County's Health Insurance, who fails to complete a biometric screening (Vitality Check) on or before September 15<sup>th</sup> of each year, or whose spouse, if on a family plan fails to complete a biometric screening (Vitality Check) on or before September 15<sup>th</sup> of each year. You may complete this by participating in a company sponsored screening event, or by taking the Vitality Check Form found on the [www.powerofvitality.com](http://www.powerofvitality.com) website to your personal physician for completion. Once your physician completes the form you are responsible for submitting this to Vitality for credit. If you complete the screening at a company screening event, the results will be automatically sent to Vitality.
2. A 5% premium penalty will be assessed in addition to the current employee participation rate to any employee utilizing the County's Health Insurance, who does not provide a negative tobacco usage screen on or before September 15<sup>th</sup> each year or whose spouse, if on a family plan, does not provide a negative tobacco usage screen on or before September 15<sup>th</sup> each year. Employees and Spouses, if on a family plan, will be required to have a negative Cotinine level documented in the Vitality system either through the company on-site screening or through your medical provider.
3. A 5% premium penalty will be assessed in addition to the current employee participation rate to any employee utilizing the County's health insurance who fails to reach the 3500 point level in the Vitality on or before September 15<sup>th</sup> of each year in the Vitality Wellness program or whose spouse, if on a family plan, fails to reach the 3500 point level in Vitality on or before September 15<sup>th</sup> of each year in the Vitality Wellness program.
4. A 5% premium will be assessed in addition to the current employee participation rate to any employee who fails to complete Vitality Health Review in the online Vitality Wellness program on or before September 15<sup>th</sup> of each year or whose spouse, if on a family plan, fails to complete one Vitality Health Review in the online Vitality Wellness program on or before September 15<sup>th</sup> of each year.
5. A 5% premium will be assessed in addition to the current employee participation rate to any employee who fails to complete a Dental Exam, Flu Shot or 1 Nutrition module in the online Vitality Wellness program on or before September 15<sup>th</sup>, 2018 or whose spouse, if on a family plan, fails to complete a Dental Exam, Flu Shot or 1 Nutrition module in the online Vitality Wellness program on or before September 15, 2018.

	Single Employee	Married Employee	Spouse	Description
Policy #1	5%	5%	5%	Employee (and Spouse if family plan) completing Vitality/Biometric Screening
Policy #2	5%	5%	5%	Employee (and Spouse if family plan) Negative Cotinine (Tobacco) test.
Policy #3	5%	5%	5%	Employee (and Spouse if family plan) reaching 3500 Vitality points.
Policy #4	5%	5%	5%	Employee (and Spouse if family plan) completing the Vitality Health Review in Vitality.
Policy #5	5%	5%	5%	Employee (and Spouse if family plan) completing a Dental Exam or Flu Shot or one Nutrition Module.
<b>Total</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>	Max surcharge is 25% on Single or Family Plan and max surcharge per policy tier is 5%.

**PROCEDURE**

1. All objectives must be met before September 15th of each year as the County will run a report on September 30<sup>th</sup> each year from Vitality and other providers indicating completion of each objective by the employee and spouses (if on family plan).
2. Lack of verification by the deadline of September 15th of each year will result in premium adjustments of 5% for each objective not met in addition to the current employee participation rate.
2. The Maximum surcharge per plan is 25% and the maximum surcharge per policy tier will be 5%.

*Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.*



## Medical Premiums for 11/1/2018

Per pay period deductions based on 24 pay periods

<b>HDHP Plan</b>	Wesley Preferred	Open
<b>80/20</b>		
Single	\$60.25	\$62.17
Family	\$133.20	\$137.45
<b>75/25</b>		
Single	\$75.31	\$77.71
Family	\$166.50	\$171.81
<b>70/30</b>		
Single	\$90.37	\$93.25
Family	\$199.80	\$206.18
<b>65/35</b>		
Single	\$105.43	\$108.79
Family	\$233.10	\$240.54
<b>60/40</b>		
Single	\$120.49	\$124.34
Family	\$266.40	\$274.90
<b>55/45</b>		
Single	\$135.55	\$139.88
Family	\$299.70	\$309.26
<b>PPO Plan</b>	Wesley Preferred	Open
<b>80/20</b>		
Single	\$70.42	\$72.53
Family	\$155.70	\$160.37
<b>75/25</b>		
Single	\$88.03	\$90.67
Family	\$194.63	\$200.47
<b>70/30</b>		
Single	\$105.63	\$108.80
Family	\$233.55	\$240.56
<b>65/35</b>		
Single	\$123.24	\$126.93
Family	\$272.48	\$280.65
<b>60/40</b>		
Single	\$140.84	\$145.07
Family	\$311.40	\$320.74
<b>55/45</b>		
Single	\$158.45	\$163.20
Family	\$350.33	\$360.84

# Dental

Butler County Kansas offers a Dental PPO plan through Delta Dental of Kansas for all employees. With the Dental PPO plan you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider.

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

Benefit Description	Delta Dental of Kansas Dental PPO Dental	
	In-Network	Out-of-Network <sup>1</sup>
Annual Deductible	\$0 / \$0 per member / family	\$0 / \$0 per member / family
Annual maximum dental benefit	\$1,000	\$1,000
Preventive Care Services	100% <u>Exam and Cleaning</u> 2 times per calendar year <u>Diagnostic x-rays</u> – bitewings once each 6 months for dependent children under age 18 and once each 12 months for adults age 18 and over	
	<u>Full mouth x-rays or panoramic x-rays</u> – once each 5 years <u>Topical Fluoride</u> – once each 6 months for dependent children under age 19 <u>Space Maintainers</u> – for dependent children under age 14 and only for premature loss of primary molars <u>Sealants</u> – once per lifetime for dependent children under age 16 when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.	100%
Basic Services	50% Extractions Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12 Root canal treatments and root canal fillings Endodontics, Periodontics	50%
	50% Crowns Prosthodontics, Bridges, Partials, Dentures, repairs and adjustments	50%
Orthodontic Benefits	Not covered	Not covered
<b>Cost per pay period:</b>		
Employee	\$3.18	
Employee & Dep(s)	\$7.64	

Coinsurance percentages shown in the above plan descriptions represent the percentages paid by the dental plan.

<sup>1</sup> You can receive care from any licensed dentist, anywhere in the United States. If you choose a non-participating dentist, you will be responsible for the coinsurance amount listed above, as well as any charges above Delta Dental of Kansas's maximum allowable charge for covered services.

# Vision

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer, sharper and brighter.

Vision examinations not only determine the need for corrective eye wear but also may help detect other general health problems such as glaucoma, cataracts, and diabetes. Plus, eye exams for children can help detect problems that can impact learning and development.

Dollar for dollar, you get the best value from your vision care plan when you visit a Vision Care Direct network doctor. If you decide not to see a Vision Care Direct doctor, you will only be reimbursed the plan's out of network allowance, so your out of pocket cost will be higher.

**Butler County offers you the opportunity to enroll yourself and your dependents in a voluntary vision plan through Vision Care Direct. Find a provider at [www.visioncaredirect.com](http://www.visioncaredirect.com).**

Vision Benefits	Plan Benefits	Cost at time of service
Eye, Health and Vision Care Exam	Includes refraction & dilation	\$15.00
Frame	\$100 Benefit towards any frame Member is responsible for any amount exceeding \$100	\$15.00
Spectacle Lenses	<ul style="list-style-type: none"> <li>▪ Single vision, Flat top 25/28 Bifocal, Flat Top 7x25; 7x28 Trifocal or Lenticular</li> <li>▪ Progressive multifocal – member pays price difference between retail price of progressive and trifocal.</li> <li>▪ Lens enhancements – Tints, anti-reflective, scratch coats available to member at customary charge.</li> </ul>	
Contact Lenses	In lieu of spectacle lenses and frames. Professional fees may apply Member receives \$105 contact lens Member is responsible for any overages	N/A
Lasik	Cost reduced by 10% at VCD providers	N/A

## Benefit Frequency

Voluntary	Gold	Materials Only	RX Sunwear	Exam Only
Vision Exam	Every 12 months	N/A	N/A	Every 12 months
Materials – Lenses	Every 12 months	Every 12 months	Every 12 months	N/A
Materials – Frames	Every 12 months	Every 12 months	Every 12 months	N/A

## Benefit Plans & Per Paycheck Deductions

Voluntary	Gold	Materials Only	RX Sunwear	Exam Only
Employee Only	\$6.20	\$4.19	\$4.52	\$2.01
Employee + 1	\$10.53	\$7.11	\$7.69	\$3.42
Employee + Family	\$17.97	\$12.14	\$13.13	\$5.83

# Basic Life and Accidental Death and Dismemberment Insurance

## Employee Life and AD&D Insurance

Butler County provides eligible employees with a flat \$10,000 life insurance benefit. Coverage includes both group life and accidental death and dismemberment (AD&D) insurance.

Age Reduction Schedule 35% at age 65, an additional 15% of the original amount at age 70. Benefits will terminate at retirement.

**This is only a brief summary of benefits. Consult your certificate for full details.**

## Flexible Spending Accounts

One of the valuable opportunities Butler County Kansas offers is tax savings through two Flexible Spending Accounts (FSAs). An FSA is a type of cafeteria plan authorized under Section 125 of the Internal Revenue Code. FSAs allow employees to purchase certain benefits, such as medical or dental expenses, on a pre-tax basis. When you participate in an FSA plan via salary reduction, you reduce your federal, FICA, Social Security, Medicare (and in some cases, state) taxes and increase your take-home pay. The money that is deposited into your Flexible Spending Account comes straight out of your gross pay, therefore reducing taxes.

Butler County Kansas offers two FSA accounts: a Health Care FSA and a Dependent Care FSA. By funding the Health Care FSA or the Dependent Care FSA with pre-tax dollars, you can increase your net income by lowering your taxes. **IRS regulations require that Flexible Spending Account elections be made each year. Your election from last year will not rollover to this year. You must enroll/re-enroll in the plan to participate for the plan year November 1, 2018 – October 31, 2019**

You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA, depending on your tax bracket.

### The Health Care FSA - HCFSA

With the Butler County Kansas HCFSA you can set aside up to \$2,650 on a pre-tax basis to pay expenses you know you're going to have, such as medical and dental plan deductibles, copayments, vision care expenses, and other out-of-pocket health and dental care expenses.

The dollars you contribute to your HCFSA are deducted from your paycheck pre-tax and are available to pay for most medically necessary health care services that are not covered by insurance.

Examples of eligible expenses for reimbursement from your Health Care FSA include: deductibles and coinsurance amounts not covered by health, dental and vision plans; over-the-counter medications obtained with a doctor's prescription used to treat a medical problem (e.g., aspirin); copayments for birth control pills and other prescribed drugs; smoking cessation programs; immunizations; surgery to improve vision (LASIK); in vitro fertilization; orthodontic care; psychological and psychiatric care;; chiropractic expenses; eyeglasses and contact lenses; hearing exams and hearing aids; and prescription vitamins.

### The Dependent Care FSA - DCFSA

With the DCFSA you can set aside up to \$5,000 each year to pay for dependent care expenses you incur in order to work (if you're married but filing separately, federal regulations limit the use of a DCFSA to \$5,000 each year). As with your Health Care FSA, you can save 25% or more on your dependent care expenses, depending on your tax rate. You should consult your tax advisor to determine whether the DCFSA or the dependent care deduction on IRS Form 1040 would be more advantageous for you.

In order to qualify for a DCFSA, the IRS has established two regulations. The first is that an eligible dependent is any child under the age of 13 or an eligible dependent who is physically or mentally incapable of caring for his or her own needs, such as an invalid parent. The second is that if you claim the dependent care credit on your tax return or collect compensation through your DC FSA, you must report the name, address, and taxpayer identification number of each dependent care provider. If you do not comply, you will either lose the credit or pay taxes on the income placed in your DC FSA.

## The Important "Use It or Lose It" Rule

Because of the tax-advantaged way that both the Health Care FSA and Dependent Care FSA operate, the IRS has established strict guidelines for how these plans may be used. One of these guidelines is known as the "use it or lose it" rule. This rule states that if you contribute your pre-tax dollars to an FSA and then do not use all of the dollars you deposit, you will lose any remaining balance in the account at the end of the plan year. For this reason, it is essential that you plan ahead before deciding how much to contribute to your two FSA accounts and that you put in only those dollars you are confident you will use.

You are allowed **up to \$500 of unused funds** remaining at the end of a plan year in your health FSA to be paid or reimbursed for qualified medical expenses incurred during the following plan year. The carryover of up to \$500 may be used to pay or reimburse medical expenses under your health FSA incurred during the entire plan year to which it is carried over. The grace period to file claims will still apply for any unused funds you have remaining on October 31, 2018 and the carryover will begin for any funds you have remaining as of January 1, 2019. If a Participant fails to complete a Salary Reduction Agreement within the Open Enrollment Period for the succeeding Plan Year as described in the Elections paragraphs as discussed in Section 5 for the Health FSA, the Participant forfeits all rights with respect to any Health FSA Carryover Amount from the preceding Plan Year.

The Dependent Care FSA will continue with a grace period for filing claims. There is no rollover.

If you enroll in the HDHP with HSA, IRS rules do not allow contributions to both the HSA and a general purpose Health Care FSA. The HSA has no use it or lose it rule and the funds saved there can be used for general purpose medical, Rx, dental and vision expenses. However, you can also put money aside in a Limited Purpose Flexible Spending Account (limited purpose FSA), for additional tax benefits. The funds in a limited purpose FSA can only be used for qualifying dental and vision expense for you, your spouse and eligible dependents, and remember to put aside in it only what you will spend in the plan year, as it, like a general purpose health care FSA, has use it or lose it spending deadlines.



## Benefit Resource Center

The Benefit Resource Center is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 8:00pm via phone 855-874-0742 or via e-mail [BRCMT@usi.com](mailto:BRCMT@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

## Aflac Voluntary Benefits

Help maintain your standard of living and meet emergency obligations by providing immediate cash resources through these supplemental benefits.

***Employees who choose to participate in any of the AFLAC Voluntary Products are required to pay 100% of the premium. These plans pay cash directly to you in addition to any other coverage. You do not have to participate in the group health plan to participate in these voluntary benefits.***

ACCIDENT INSURANCE	CANCER INSURANCE	HOSPITAL INDEMNITY
<b>On and Off Job Benefits</b> <ul style="list-style-type: none"> <li>▪ Emergency Treatment Benefits</li> <li>▪ Hospital/Intensive Care Benefits               <ul style="list-style-type: none"> <li>▪ Follow-up Treatment</li> <li>▪ Ambulance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ First treatment benefit               <ul style="list-style-type: none"> <li>▪ Hospitalization</li> </ul> </li> <li>▪ Radiation and Chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hospital confinement benefit               <ul style="list-style-type: none"> <li>▪ Daily rate paid to you</li> </ul> </li> </ul>
SHORT TERM DISABILITY	SPECIFIED EVENT	
<ul style="list-style-type: none"> <li>▪ Benefits paid for 6 months to match KPERS</li> <li>▪ Benefits stay with you regardless of job change.</li> </ul>	<b>(Heart Attack, Stroke, Renal Failure, etc.)</b> <ul style="list-style-type: none"> <li>▪ First and reoccurring benefit</li> <li>▪ Hospital confinement benefit               <ul style="list-style-type: none"> <li>▪ Continuing care benefit</li> <li>Ambulance</li> </ul> </li> </ul>	

**For further inquiry please contact:**  
Gail Coe 316-765-1188



# 457 Deferred Compensation Plan

***Retirement will probably be the biggest expense you'll ever face.***

***Fortunately, as a County employee, you're already building retirement income through your pension. Personal savings are an important part of your retirement too – participating in a 457 Deferred Compensation Plan today can help you reach your financial goals.***

We are pleased to offer as part of your retirement benefit package the Butler County 457 Deferred Compensation Plan. Retirement Plan Advisors (RPA) is our service provider, representing MassMutual Financial Group (formerly The Hartford). RPA is the largest independent service provider of 457 plans in the Midwest, and proudly offers you a robust array of carefully chosen investments for Butler County through MassMutual. MassMutual has been providing plans *specifically* tailored for public employees since 1851. Your local RPA Financial Advisor is Deb Anton.

Deb will be able to meet with you individually to offer advice and recommendations. She can help with your initial enrollment, as well as provide financial education and/or assist with other investment-related issues you may have. Whether you are enrolling in a retirement savings plan for the first time, or are a seasoned investor just seeking an account review, Deb can help. (Remember, it is a good idea to review your account and investment strategies with a professional every year to ensure that you are on target to meet your financial goals). **To learn more, enroll in the program, or schedule an appointment, please contact Deb at (316) 210-5049; or by e-mail at [danton@retirementplanadvisors.com](mailto:danton@retirementplanadvisors.com).**

## **457 Deferred Compensation Plan Overview**

A 457 Deferred Compensation plan is an arrangement that allows you to voluntarily defer a portion of your salary through convenient payroll deductions to be invested for payment at a later date. Because deductions are made on a pre-tax basis, no state or federal tax will be withheld now on the portion you elect to defer. In fact, both your contributions and their earnings will grow tax-deferred until withdrawal.


A 457 Deferred Compensation plan differs from a 403(b) savings plan (or an IRA) in that a 457 plan allows you to access the monies you have saved in the plan upon separation from Butler County *without penalty*, regardless of your age. While you are required to pay the tax you deferred upon withdrawal of funds, you will not pay an additional penalty if you are no longer associated with Butler County. The 457 Deferred Compensation Plan helps you save on taxes today while saving for your future retirement.


You may increase or decrease your deferral at any time. You may make changes to your investment options whenever you choose, as well. Withdrawals generally are made at retirement or termination of employment, or if you have an approved unforeseen hardship. Distributions are taxed as ordinary income, and as mentioned, if you meet the criteria, there is no 10% early withdrawal penalty on funds released from the 457 Deferred Compensation plan, regardless of your age.


# YMCA Corporate Fitness Program


## YMCA Membership rates for Butler County Employees:

Employee must attend the YMCA 10 times in a quarter to stay eligible for the discounted rate.

 Employee rate will be \$15.47 per month  
(Normally \$38.80)

 Family Rate will be \$30.57 per month  
(Normally \$53.90)


 Joiner Fee Waived  
(Normally \$50.00)


 Monthly Fees are payable by bank draft

**Memberships may be purchased at any Greater Wichita YMCA location (Including El Dorado and Andover)**

**When purchasing a membership, you will need to provide:**

 A voided personal bank check

 Show your employee badge

 Cash, check, Visa or Mastercard for the first month's fee (will be prorated)

Employees who are currently members of the YMCA can also convert their current memberships to the Butler County Program by contacting any Greater Wichita YMCA branch and completing a membership change form. The employee will need to show their Butler County badge when making the transaction change.

Contact Melissa Riley at 316-322-4324  
or for general information, the Greater Wichita YMCA at  
[www.ymcawichita.org](http://www.ymcawichita.org)



# Employee Assistance Program

**Butler County** is contracted with Compliance One to provide your Employee Assistance Program. Your Employee Assistance Program provides services for you and your immediate family members on many issues including personal problems, depression, stress, marital and relationship issues, harassment, financial and legal, job-related problems, alcohol and drug abuse, separation and loss, balancing work and family, and problem gambling. Your Employee Assistance Program (EAP) services include phone calls (brief crisis intervention, assessment, and referral), face-to-face visit, and legal/financial assistance.

Your EAP is simply a phone call away. All you need to do is pick up the phone and dial toll-free 1-800-999-1196. For your convenience, our EAP phone lines are answered 24 hours a day, members may access this phone line as often as needed with no annual restrictions.

Your EAP provides for up to one (1) face-to-face visit per issue for you and each of your family members on an annual basis. When face-to-face visits are needed, we will schedule your initial appointment for you or your family member with a professional counselor who will provide you with the assistance you need in addressing and resolving your concerns. The counselors available to you are well-trained professionals, many with specialties in a wide variety of areas to meet any need you may have. Appointments for any follow-up visits will be scheduled directly between you and the counselor that you are working with.

As an added benefit to your EAP, when you call in for legal or financial issues, you will be transferred immediately to experts who will provide you professional assistance with any of the legal and financial matters listed below. After an initial consultation (phone or face-to-face visit) per issue at no charge, should you need further service through representation, you will receive a 25% discount off the normal rates for these legal or financial professionals' services.

- Civil & Consumer Issues
- Personal & Family Legal Services
- Business Legal Services
- Tax Preparation & Consultation Services
- Real Estate
- Criminal Matters
- IRS Matters
- Financial Matters
- Financial Services
- Estate Planning Law

You will also have unlimited access to the program's core web site which contains information on more than 1,000 legal/financial forms.

When you or your family member call for EAP service, please let our counselors know

- 1) That you are calling for the **Butler County EAP**;
- 2) What problem or issue you are seeking assistance with, so that our counselors can best address your needs.

All your EAP services – phone calls, visits, and legal/financial service requests are strictly confidential. Any information shared on your phone calls and your face-to-face visits stays between you and the professionals you speak with. We insured complete confidentiality for you and your family members at each and every step throughout the EAP process.

Remember, this employee benefit is provided to you by Butler County at no cost. Your EAP enables you and your family members to discuss your problems with qualified professionals, allowing you to find the assistance that you need, when you need it most. All you need to do is pick up the phone and give us a call!!

**Compliance One**  
**1-800-999-1196**

# Paid Holidays

New Year's Day  
Martin Luther King Jr. Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Veteran's Day  
Thanksgiving Day  
Friday after Thanksgiving Day  
Christmas Day

## Butler County Employee Association

As a Butler County employee you may become a member of the Butler County Employee Association upon enrollment. No employee shall be excluded from membership in, or from participation of any program or activity of, this association. Any Butler County Reserve or Volunteer is also eligible to become a member upon payment of annual dues and will have the same benefits and participation availability as Butler County Employees.

As a member of the Butler County Employee Association you will receive savings on meals, theater, massages, beauty products, wireless phone service, movie tickets, carpet cleaning, sporting events, pest control, accountant services and lube & oil services, just to name a few.

There are get-togethers such as picnics, holiday events, and other activities geared for families with children as well as those without.

Best of all, there is the opportunity to become acquainted with members from other departments. Just think of all the new friends you can make!

**Come and join in the fun and benefit from all that we can offer!**

**Call 316-322-4300**

# OurWorkplace

## **What is OurWorkplace?**

It's a confidential way for employees to report any ideas, suggestions, or problems about the workplace that they prefer not to discuss with their supervisor or other management or do not know who to make the comment to.

Employees use a website to anonymously communicate their thoughts about information or situations they believe may need attention. Employee comments, questions, or suggestions submitted through OurWorkplace are reviewed by an external third party, and are routed to the individual within the employer's organization most appropriate to respond to those concerns. Reporting back to the employer is handled with a particular sensitivity to protect the employee's identity (if confidentiality is desired), and identifying the individual within an employer's organization who is in the best position to handle and resolve an issue.

## **Why use OurWorkplace?**

There may be topics that employees would prefer to report anonymously, Open and Candid communication among an organization's employees fosters trust, highlights problems, brings forth solutions and helps make the organization stronger. OurWorkplace is simply one more channel to encourage open communication.

## **What kinds of topics are appropriate for OurWorkplace?**

Any issue that you prefer not to discuss with a manager or administrator or that you would like to submit anonymously is appropriate for OurWorkplace. Examples might include suggestions for improving processes or products, ideas for better customer service, concerns about policies, unethical behavior, inappropriate use of the organization's equipment or time, or poor management. If you would like to highlight an issue and do not feel comfortable going through "normal channels" consider OurWorkplace.

OurWorkplace is not used for emergency situations.

## **How do employees use OurWorkplace?**

Log on to the Internet on any computer, go to [www.ourworkplace.com](http://www.ourworkplace.com) and enter the organization's ID: BUcares (if you don't have computer access at home or work, many public libraries offer Internet access). This number identifies the organization you are communicating about, NOT who is submitting information. You will outline your idea or concern, and when you have finished your report, the information goes directly to a third-party firm. There, a designated professional reviews the report and routes it to the appropriate person to respond within your organization.

## **How do employees know OurWorkplace is confidential?**

The website login is anonymous – you may provide your name if you wish to do so, but you are not required to. All information submitted goes directly to a third-party firm which is by contract cannot try to identify the sender or even the Internet address (IP address) from which the information was sent. The third-party firm does not provide any identifying information to your organization unless you voluntarily give your name as part of the report. Any violation of confidentiality would destroy the value of OurWorkplace to the employer

For more information call 316-322-4324  
or log on to [www.ourworkplace.com](http://www.ourworkplace.com)  
using employer number BUcares



# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: PPO \$850, 80%, HDHP \$2000 or \$2600, 80%

## NOTICE OF 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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

## NOTICE REGARDING WELLNESS PROGRAMS

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

However, employees who choose to participate in the wellness program will receive an incentive of lower health insurance premiums for the following year. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive lower health insurance premiums.

Additional incentives of lower health insurance premiums may be available for employees who participate in certain health-related activities such as being non-tobacco user. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Vitality.

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

### **Protections from Disclosure of Medical Information**

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Melissa Riley in the Human Resources Dept.

### **CONTACT INFORMATION**

Questions regarding any of this information can be directed to:

Melissa Riley or Sandy Zieman

205 W. Central, 4<sup>th</sup> Floor

El Dorado, Kansas 67042

316-322-4300

[mriley@bucoks.com](mailto:mriley@bucoks.com), [szzyman@bucoks.com](mailto:szzyman@bucoks.com)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

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*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

# Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

# Our Uses and Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).



## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

# **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have

about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## Other Instructions for Notice

- Effective Date 11/1/2018
- Contact: Melissa Riley, [mriley@bucoks.com](mailto:mriley@bucoks.com), 316-322-4300

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

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

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
  - 2. Butler County has determined that the prescription drug coverage offered by the Butler County Health plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**
- 

### **When Can You Join A Medicare Drug Plan?**

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

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

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

If you decide to join a Medicare drug plan, your current Butler County coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Butler County coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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

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

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

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

Contact the person listed below for further information [or call Sandy Zieman at 316-322-4300]. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Butler County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	11/1/2018
Name of Entity/Sender:	Melissa Riley
Contact--Position/Office:	Human Resources Director
Address:	205 W Central, El Dorado, KS 67042
Phone Number:	316-322-4300

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864

<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/mass-health/">http://www.mass.gov/eohhs/gov/departments/mass-health/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075



<b>MONTANA – Medicaid</b>		<b>PENNSYLVANIA – Medicaid</b>	
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084		Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	
<b>NEBRASKA – Medicaid</b>		<b>RHODE ISLAND – Medicaid</b>	
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178		Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347	
<b>NEVADA – Medicaid</b>		<b>SOUTH CAROLINA – Medicaid</b>	
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900		Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	
<b>SOUTH DAKOTA - Medicaid</b>		<b>WASHINGTON – Medicaid</b>	
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059		Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	
<b>TEXAS – Medicaid</b>		<b>WEST VIRGINIA – Medicaid</b>	
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493		Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
<b>UTAH – Medicaid and CHIP</b>		<b>WISCONSIN – Medicaid and CHIP</b>	
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669		Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002	
<b>VERMONT– Medicaid</b>		<b>WYOMING – Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427		Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531	
<b>VIRGINIA – Medicaid and CHIP</b>			
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282			

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

## How Can I Get More Information?

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

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

<sup>1</sup> An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

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

3. Butler County	4. 48-6035405	
5. 205 W Central	6. 316-322-4300	
7. El Dorado	8.KS	9. 67042
10. Who can we contact about employee health coverage at this job? Melissa Riley or Sandy Zieman		
11. 316-322-4300	12. mriley@bucoks.com	

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

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Active full time employees scheduled to work at least 30 hours per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Your legal spouse and natural, step and adopted children . Dependent children are eligible to the end of the month in which they reach age 26, or older if disabled and incapable of self care.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

\* An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986