Coffey Health System

Employee

Benefit Guide

November 2024 - October 2025

CHS

Welcome!

We are pleased to provide you with this summary of the **Coffey Health System** benefits to assist you in understanding your employee benefits. It is our pleasure to offer a variety of benefits to help meet the needs of you and your family.

This guide is a brief overview of the available benefits. This is not an exhaustive list of benefits, restrictions, or plan details. For more information about these plans, please refer to the plan documents, benefit summaries, and other benefit documentation or contact the Gallagher Benefit Advocate Center or Human Resources. Should there be any discrepancies between this guide and the legal benefit documents, the legal benefit documents will control.

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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 34 - 37 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Medical Plan

Full and part time employees are eligible for the following health insurance plan by Blue Cross & Blue Shield of Kansas.

IMPORTANT: Due to the Affordable Care Act, even if you are not enrolling in coverage you must go online to decline Medical Coverage.

Benefits Information**	Comprehensive $3,500 Plan*	HDHP $6,000 Plan*
Deductible (Indiv. / Family)	$3,500 / $7,000	$6,000 / $12,000
Co-Insurance	20% after deductible	N/A
Maximum Out-of-Pocket	$6,350 / $12,700	$6,350 / $12,700
Office Visit: Primary Care	$35 copay	Subject to deductible
Office Visit: Specialist	$70 copay	Subject to deductible
Emergency Room	$250 copay, then deductible / co-insurance	Subject to deductible
Urgent Care Facility	$35 copay / $70 copay	Subject to deductible
Outpatient Lab / Imaging	Paid at 100% first $300, then deductible / co-insurance	Subject to deductible
Preventive Care	No Charge	No Charge
Prescription Drugs	$15 / $50 / $75 / $150 / 20% up to $250 copay	Subject to deductible, then $15 / $50 / $75 / $150 / 20% up to $250 copay
Health Savings Account (HSA) Compatible	No	Yes

FULL TIME EMPLOYEES	Comprehensive $3,500 Plan		HDHP $6,000 Plan	
Cost Per Pay Period	Employee	Employer	Employee	Employer
Employee Only	$56.00	$372.04	$30.00	$339.41
Employee + 1 Dependent	$196.00	$547.74	$100.00	$541.81
Employee + Family	$288.50	$903.44	$180.00	$848.51

PART TIME EMPLOYEES	Comprehensive $3,500 Plan		HDHP $6,000 Plan	
Cost Per Pay Period	Employee	Employer	Employee	Employer
Employee Only	$63.00	$365.04	$36.00	$333.41
Employee + 1 Dependent	$225.00	$518.74	$112.00	$529.81
Employee + Family	$331.00	$860.94	$190.00	$838.51

**Benefits listed are for in-network providers. To find a provider, go to www.bcbsks.com or call 800-432-3900.*

***This is just a brief overview. See Summary of Benefits and Coverage (SBC) for more information. The above comparison is intended for informational use only. It does not include all the benefit provisions, limitations, and qualifications. If this information conflicts in any way with the contract, the contract will prevail.*

Health Savings Account (HSA)

If you are enrolled in the Qualified High-Deductible Health Coverage, you may be eligible to contribute to an HSA. This plan is administered by ASIFlex and the bank, HSA Central. The HSA provides you the benefit of using pre-tax money to pay for eligible health care expenses. By using pre-tax money, you will generally save at least 30% on these qualifying expenses! The HSA account is owned by you and funds roll over from year to year.

The 2024 IRS max contribution is $4,150 (individual coverage) or $8,300 (family coverage).
Individuals over 55 may also qualify for an annual $1,000 catch-up contribution.

If you have any Medicare coverage, you cannot contribute to an HSA.

Important note: It is up to you to ensure you are eligible for coverage and to maintain documentation for all eligible expenses.

Contact ASIFlex or HSA Central about your HSA Plan		
	ASI Flex	**HSA Central**
Phone	800-659-3035	833-232-4676
Online	ASIFlex.com	HSACentral.net
Email	asi@asiflex.com	HSACentral@healthaccountservices.com

Medical and Prescription Drug Plan Consumerism

Consumerism in healthcare is about behavior change – people taking personal and financial responsibility for their health and wellness. Your employer believes that all employees should be educated healthcare consumers and play an active role in decision-making related to healthcare. Be sure to ask questions, use the tools provided, and be proactive in your healthcare needs. Below are a few additional tips:

- Take advantage of preventive services under our medical plan – preventive services are covered 100% in-network!
- Ask questions! Be sure to check with different providers on the costs of their services – check whether the providers are in-network. Your provider network is listed on the back of your ID card.
- Get prior authorization. Prior authorization is required for inpatient services and some outpatient services. Check with your insurance provider if Prior Authorization is required. There may be penalties applied without PA.
- Take care of yourself! Eat healthy foods and exercise, manage your current conditions, lower future health expenses, and improve your quality of life.
- Contribute to your Health Savings Account (HSA) or Flexible Spending Account (FSA).
- Develop a relationship with a primary care provider.
- SAVE MONEY – Visit urgent care and walk-in clinics in your area instead of going to the emergency room when possible. Also consider using telehealth services.

Tip: The cost of non-life-threatening conditions is much higher in an emergency room than at an urgent care center, telehealth, or a physician's office.

Preventive Services

As you consider your enrollment elections, it's important for you to know that regardless of which plan you select, preventive services are covered at 100% in-network, with no cost-sharing (office visit co-payment, co-insurance, deductible, etc.). This broad list of preventive services generally includes:

- Annual physical examinations; breast cancer and cervical cancer screenings; colon cancer screenings; and screenings for diabetes, high cholesterol and high blood pressure.
- Routine vaccinations, such as childhood immunizations, and periodic tetanus, flu, and pertussis shots for adults.
- For children: regular pediatrician visits, vision screenings, and hearing screenings.

Tip: When visiting your doctor, confirm that the visit is preventive.

Dental Plan

Full and part time employees are eligible for the following dental insurance plan. Your dental insurance program is administered by Delta Dental of Kansas.

Benefits Information**	PPO and Delta Premier Networks*
Deductible (Individual / Family)	$25 / $75
Class I Services - Preventive	$0 (2 visits per year)
Class II Services - Basic	50%, after deductible
Class III Services - Major	50%, after deductible
Plan Year Max Benefit	$1,500 per plan year per covered person
Orthodontics	Not covered
Right Start 4 Kids	**Children age 12 and under receive their claims paid at 100% for all covered services.** Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Must see a Participating Delta Premier or PPO Dentist.

Cost Per Pay Period	Employee Cost	Employer Cost
Employee Only	$5.27	$8.25
Employee + 1 Dependent	$10.20	$15.98
Employee + Family	$17.27	$27.04

**It is to your advantage to choose a Delta Dental PPO™ or Delta Dental Premier® network dentist. To find a provider, go to DeltaDentalKS.com, on the Delta Dental mobile app, or by contacting our customer service team at 800-234-3375.*

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Healthcare Flexible Spending Account (FSA)

Full and part time employees are eligible for the Healthcare Flexible Spending Account (FSA). On average, this plan allows employees to save at least 30% on eligible medical, dental, and/or vision care expenses by using pre-tax money!

Contributions are deducted pre-tax in equal installments throughout the year from your paycheck and placed in a spending account for you to reimburse qualifying expenses. Some of the qualifying expenses include: deductibles, copays, coinsurance, dental care, and vision care. This plan is administered by ASIFlex.

The IRS annual maximum employee contribution for 2024 is $3,200. Your plan has a 'grace period' provision which means you have an additional 2 ½ months after the end of the plan year to incur eligible expenses. Unreimbursed money left in your account after the end of the grace period will be forfeited.

Dependent Care FSA

Dependent Care FSA is also available for full and part time employees. This type of FSA allows you to use pre-tax dollars to pay for day-care expenses for your children or adult dependents. With a dependent care FSA, the money must be in your account before you can request reimbursement. This plan is administered by ASIFlex.

The IRS maximum for 2024 remains at $5,000 (or $2,500 if married and filing separately) based on federal regulations. Unreimbursed money left in your account after the end of the grace period will be forfeited.

Note: You are not able to take advantage of the Dependent Care Tax Credit and Dependent Care FSA in the same year. Consult your tax adviser for more information.

Contact ASIFlex about your FSA Plans			
Phone:	**Online:**	**Email:**	**Mobile App:**
800-659-3035	ASIFlex.com	asi@asiflex.com	ASIFlex Self Service

Vision Plan

Full and part time employees are eligible for two vision plan options available through MetLife Vision.

Benefits Information**	Low Plan*	High Plan*
Routine Eye Exam	Included after $15 copay	Included after $15 copay
Frame Benefit	$150 allowance every 12 months after $15 copay	$200 allowance every 12 months after $15 copay
Contact Lens Benefit	$150 allowance in lieu of frames	$200 allowance in lieu of frames
Single/Bifocal/Trifocal Lens Benefit	Included every 12 months	Included every 12 months
Second Pair	N/A	2 pair eyeglasses, 1 pair of eyeglasses + contact lenses, or double contact lens
Standard Enhancements	UV coating, polycarbonate (child), progressive standard, anti-reflective	UV coating, polycarbonate (child), progressive standard, anti-reflective

Cost Per Pay Period	Low Plan	High Plan
Employee Only	$4.44	$5.70
Employee + Spouse	$9.38	$12.26
Employee + Children	$8.00	$10.31
Employee + Family	$13.10	$17.11

Benefits shown are for in-network providers. To find a provider call 855-638-3931 or visit metlife.com/insurance/vision-insurance/#find-a-provider and select the* **VSP Choice *network.*

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Employer-Paid Benefits

Full and part time employees are eligible for the following life and disability insurance benefits at no cost to you. Coverage provided through Sun Life. These benefits protect you from financial hardship due to disability or loss of life.

Life and AD&D Insurance

The company-paid Life and Accidental Death and Dismemberment (AD&D) plans provide a benefit of up to 3 times your annual salary. Plan maximum $500,000. Coverage reduces to 65% of annual salary at age 65, to 40% at age 70, and 20% at age 75.

Long-Term Disability

Your employer provides a long-term disability plan which will pay a benefit of 60% of your monthly salary if you become disabled for a period of 90 days or more.

Employee Assistance Program

The ComPsych Guidance Resources employee assistance program offers you and your family up to 3 complimentary telephonic sessions* with a counselor for the following needs:

- Confidential emotional support (anxiety, depression, stress, grief, relationship conflicts)
- Work-life solutions (finding child/elder care, hiring movers or home repair contractors)
- Legal guidance (divorce, adoption, family law, wills, trusts)
- Financial resources (taxes, budgeting, debt, and more)

You also have 24/7 access to an extensive online library of tools and resources including:

- Articles, podcasts, videos, and slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Use of the Employee Assistance Program services is strictly confidential. Your employer does not receive any notification regarding services obtained by its employees.

Call Toll Free: 800-460-4374 **TTY:** 800-697-0353	**Online:** guidanceresources.com **Web ID:** EAPEssential	**App:** GuidanceNow℠

**The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.*

Voluntary Life and AD&D Insurance

Full and part time employees are eligible to purchase life insurance for themselves and their dependents. Coverage provided through Sun Life. Your cost for coverage will be calculated for you during online enrollment.

Employee Life and AD&D

You have the option of buying additional term life insurance for yourself and your family up to $500,000 of coverage. If this is your first opportunity to enroll, you have a Guaranteed Issue amount of $150,000 (no health questions required).

If you are currently enrolled in coverage and you have not been denied coverage previously, you have a Guaranteed Issue amount of $20,000 (no health questions required) at each open enrollment.

Benefits above the guaranteed issue amount may be applied for by completing the Evidence of Insurability (EOI) form.

Coverage reduces to 25% of the elected volume when you reach age 75.

Spouse Life and AD&D

If you purchase coverage on yourself, you can purchase coverage on your spouse in $5,000 increments. Maximum benefit is 50% of your Employee Life/ADD amount. If newly eligible, Guaranteed Issue amount is $50,000.

Coverage reduces to 65% of the elected volume when your spouse reaches age 65; 40% when they reach age 70; 25% when they reach age 75; and 10% when they reach age 80.

Child Life and AD&D

If you purchase coverage on yourself, you can purchase coverage on your dependent child(ren) up to $20,000. Dependent children are eligible for coverage up to age 26.

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Voluntary Short-Term Disability Insurance

Full and part time employees are eligible for voluntary short-term disability coverage available through Sun Life. This plan provides a cash benefit of 60% of your weekly salary (up to $2,300 weekly max benefit) if you become disabled for a period of more than 30 days.

Regardless of whether you are unable to work due to accident or sickness, this plan provides cash benefits beginning on day 31 and will continue for up to 9 weeks.

Your cost for this plan will appear during the online benefit enrollment process.

Pre-Existing Conditions Exclusion:

A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine. If you submit a claim within 12 months of your insurance taking effect Sun Life will not pay any benefit for any pre-existing condition.

Frequently Asked Questions:

How does using my PTO affect my disability benefit payment?

To determine the benefit Sun Life will pay while you are disabled, they add your deductible sources of income (ie: PTO) and your disability earnings to your gross disability benefit.

If the calculation is more than 100% of your normal weekly earnings, they will subtract the overage from your disability benefit payment amount.

If the calculation is less than 100% of your normal weekly earnings, Sun Life will pay the full disability benefit.

What if a benefit is underpaid or overpaid?

Reimbursement will be made to Sun Life for any overpayments that they may make due to any reason. You must repay within 60 days unless they agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If Sun Life has underpaid a benefit for any reason, they will make a lump sum payment for that amount.

I'm planning to have a baby, how long will I receive benefits?

Short-term disability benefits typically end six weeks after your delivery date for a natural birth. For a C-section, disability benefits may be extended up to an additional two weeks, for a total of up to eight weeks beyond your delivery date. Please note that the Elimination Period will still apply. Benefit payments may extend beyond 6-8 weeks if there are medical complications. Your doctor must provide certification that the covered disability will last more than the initial six weeks.

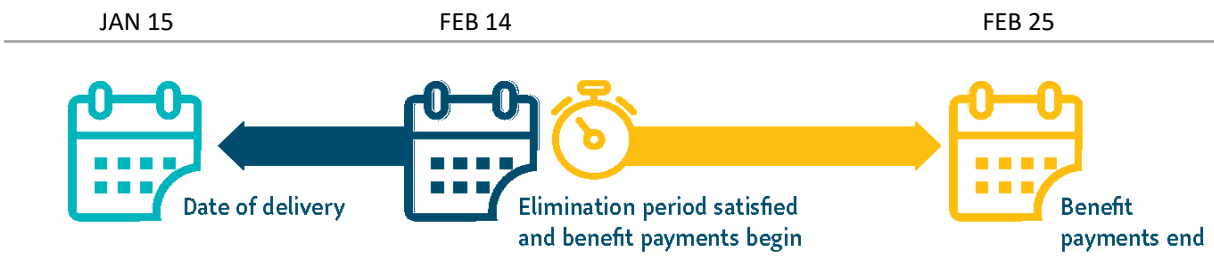
Isn't everyone eligible for 12 weeks of leave?

Employees eligible under the federal Family and Medical Leave Act (FMLA) can take up to twelve weeks of leave for certain family or medical emergencies. The law also provides that, in most cases, you will have a job with your employer when you return from leave.

I was told I was eligible for six weeks of disability benefits, why did I receive fewer checks?

The payments you receive may vary. The number of weeks for which you receive disability benefit payments is based on the approved weeks of disability *minus* the Elimination Period.

30-Day Elimination Period



In this scenario, you would receive 2 weeks of disability benefits due to the 30-day elimination period.

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Cancer Insurance

Full and part time employees are eligible for cancer coverage through Guardian Life. These plans provide benefits in addition to your health insurance coverage to help protect you from financial hardship during a difficult time. Policies are portable giving you the ability to keep your coverage at the same rates even if you change jobs or retire.

These plans pay a lump-sum cash benefit for certain procedures, screenings, and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers. Easy enrollment with no medical questions.

Benefits Information*	Low Plan*	High Plan*
Initial Diagnosis Benefit	$3,000	$5,000
Radiation Therapy or Chemotherapy	Up to $10,000 per year	Up to $15,000 per year
Anti-Nausea Medication	$50 per day, up to $150 per month	$50 per day, up to $250 per month
Experimental Treatment	$100 per day, up to $1,000 per month	$200 per day, up to $2,400 per month
Surgical Benefit	Schedule amounts up to $4,125	Schedule amounts up to $5,500
Hospital Confinement	$300 per day for first 30 days; $600 per day for 31st day thereafter	$400 per day for first 30 days; $800 per day for 31st day thereafter
Wellness Benefit	$100 per covered person per year	
Portable Coverage	Yes; though ported coverage terminates at age 70.	

Cost Per Pay Period	Low Plan	High Plan
Employee Only	$10.78	$16.14
Employee + Spouse	$16.32	$24.98
Employee + Children	$14.64	$22.84
Employee + Family	$20.19	$31.68

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Accident Insurance

Full and part time employees are eligible for accident coverage through Guardian Life. This policy is portable giving you the ability to keep your coverage at the same rates even if you change jobs or retire.

This plan pays a cash benefit for covered injuries, treatments, and services in addition to whatever your medical plan may cover. Easy enrollment with no medical questions.

Benefits Information*	
Accidental Death Benefit	Employee $40,000; Spouse $20,000; Child $10,000
Dislocations	Up to $5,400
Fractures	Up to $6,750
Hospital / ICU Admission	$1,000 / $2,000
Hospital Confinement	$225 per day, up to 1 year
Hospital ICU Confinement	$450 per day, up to 15 days
Emergency Room Treatment	$175
Urgent Care Treatment	$75
Chiropractic Visits	$25 per visit, up to 6 visits
Wellness Benefit	$100 per covered person per year. Qualify with flu shot or many other health screenings.
Portable Coverage	Yes

Cost Per Pay Period	
Employee Only	$8.30
Employee + Spouse	$15.63
Employee + Children	$13.39
Employee + Family	$20.72

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Critical Illness Insurance

Full and part time employees are eligible for critical illness coverage through Guardian Life. These plans provide benefits in addition to your health insurance coverage to help protect you from financial hardship during a difficult time. Policies are portable giving you the ability to keep your coverage at the same rates even if you change jobs or retire.

Treatment of critical illnesses can lead to unexpected expenses that create an additional financial burden. Critical illness insurance helps fill in the gaps that medical insurance does not cover. This may include travel to treatment centers, ongoing household bills, co-pays to experimental treatment, and everyday expenses like groceries, rent, and mortgage.

- Pays initial benefit ($10,000 or $20,000) for: Heart Attack, Invasive Cancer, Stroke, Major Organ Failure, Renal Failure, Paralysis, Advanced Alzheimer's and more
- Additional benefit if a second Critical Illness occurs
- Recurrence benefit if certain critical illness occurs more than once, at least 12 months apart
- Issue-age: your cost will not increase due to age.
- Coverage is portable
- $50 annual wellness benefit for each covered person

Cost Per Pay Period	$10,000 Plan	$20,000 Plan
Age 18-34	$1.61	$3.22
Age 35-49	$5.52	$11.04
Age 50-59	$11.61	$23.22
Age 60-69	$13.21	$26.42
Age 70+	$34.84 *Benefit reduced to $5,000*	$69.68 *Benefit reduced to $10,000*
Note: Costs shown above **double** if enrolling in Employee + Spouse coverage. Dependent children under 26 are eligible for coverage at no additional cost.		

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MASA Emergency Medical Transport

Full and part time employees are eligible for Emergency Medical Transportation Coverage. Emergency air or ground transportation often can lead to high out-of-pocket costs even for those with health insurance coverage. Protect your family from these costs with MASA Medical Transport Solutions.

Benefits Information*	Platinum Plan	Emergent Plus Plan
Emergency Ground Transport	Included (US & Canada)	Included (US & Canada)
Emergency Air Transport	Included (US & Canada)	Included (US & Canada)
Repatriation	Included (US & Canada)	Included (US & Canada)
Non-Emergent Medical Air Transport *Must be pre-approved by MASA*	Included (Worldwide)	Included (US & Canada)
Visitor Transportation	Included (US, Canada, Mexico, & Caribbean)	Not Included
Vehicle Return	Included (US, Canada, Mexico, & Caribbean)	Not Included
Pet Return	Included (US, Canada, Mexico, & Caribbean)	Not Included
Portable Coverage	Yes	No; must upgrade to Platinum Plan to continue

Cost Per Pay Period**	Platinum Plan	Emergent Plus Plan
Family Coverage	$18.00	$6.46

MASA provides coverage for the Primary Employee, Primary Employee's Spouse/Legal Domestic Partner, and Primary Employee's legal dependents up to the age of 26.

*MASA allows you to be transported by **any** emergency air or ground transport provider.

**Employee must be covered by a health insurance plan to enroll in this benefit. Per IRS regulations, members enrolled in any Qualified High Deductible Health Plan must have met at least $1,600 of their individual medical deductible before MASA can pay any claims.

Refer to benefit materials available during online enrollment for more details about this benefit.

LegalShield & IDShield Coverage

Full and part time employees are eligible for the following benefits. These plans provide Legal Assistance & Identity Theft Protection. Coverage provided through LegalShield and IDShield.

LegalShield Plan

- Personal Legal advice on unlimited issues
- Letters/calls made on your behalf
- Lawyers prepare your Will, your Living Will, and your Health Care Power of Attorney
- Contracts & documents reviewed
- Moving Traffic Violations (available 15 days after enrollment)
- 24/7 Emergency Access for covered situations
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- Trial Defense (if named respondent in covered lawsuit)
- Ability to keep same coverage at same rates even if you change jobs or retire

Identity Theft Protection Plan

- Privacy and Security Monitoring: Monitoring your name, SSN, financial information, email address, phone numbers, driver license, medical ID numbers, financial activity alerts and quarterly credit score tracking, and more!
- Consultation: 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications, and more!
- Full Service Restoration: Identity recovery by Kroll Licensed Private Investigators and $5 million service guarantee.
- Ability to keep same coverage at same rates even if you change jobs or retire

Cost Per Pay Period	LegalShield	IDShield	Legal & IDShield Combo
Employee Only	$6.90	$3.90	$10.80
Employee + Family	$7.36	$7.36	$13.34

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Social Security Alternate Retirement Plan

Coffey Health System provides a Social Security Alternate (SS Alt Plan) retirement savings program to help you prepare for retirement.

Who is eligible to participate?

All employees are required to participate in the SS Alt Plan, **contract number G37366.** In accordance with 414(h)(2). CHS provides this plan in place of participation in Social Security so all employees must participate. The effective date of this plan was May 1, 1979. These are pre-tax contributions so they are fully taxable when distributions are made from the plan.

What mandatory contributions are made to my account?

In lieu of making contributions to Social Security, each employee will contribute 4% of their annual compensation into the SS Alt Plan. The employer will also contribute 8.4% of the employee's compensation into this plan each pay period.

How will this impact my Social Security benefit?

Because alternate plans are designed to "replace" years you would have otherwise contributed to Social Security and because Social Security bases benefits on "substantial earnings" over 35 years, offsets may be applied when you begin distribution from the SS Alternate Plan. These offsets include the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO). Explanation of these offsets are available upon request or by visiting www.ssa.gov, the Social Security administration website.

NOTE: Alternate plan contributions replace participation in the Social Security retirement program (the 6.2% FICA tax) only. This DOES NOT affect your Medicare participation or eligibility.
1.45% Medicare taxes from both you and CHS will continue for the purpose of Medicare benefits when you become eligible

What investment options are available?

You may choose from a wide variety of investment options. We encourage you to contact Gallagher 888-537-0754 to learn more.

Can I contribute more toward retirement?

Yes! Please see the Voluntary Retirement Savings Plan Summary for more information.

Does my plan have a vesting schedule?

Employees are immediately 100% vested upon becoming a participant in the Social Security Alternate retirement plan.

What happens if I die or become disabled?

At death, prior to retirement, the participant's vested interest in the accumulated account values will be paid to the beneficiary. It is important for you to keep your beneficiary designations up to date. You can update your beneficiary either through your OneAmerica online account or by contacting Human Resources.

What happens when I'm ready to retire and how much will I get in retirement?

The amount of pension benefit participants receive in cash or monthly benefits depends upon years of participation in the plan and the amount of contributions made and gains credited to each participant's retirement accounts. In addition, retirement age and distribution options also play a part in the amount received at retirement.

How do I access my account?

For online access go to: OneAmerica.com/login

- For initial login, select 'Register for New Account' and then 'Account Services'
- Enter your information including your plan number from one of your statements
- Select 'Next' to set up your User ID & Password
- If you've forgotten your login information, you may select 'Forgot User ID or Password'

For assistance accessing your online account, please call **OneAmerica Participant Services: 800-249-6269**

Will I get statements for my retirement plan?

You will receive a quarterly statement for each plan number in which you have a balance. For the Social Security Alternate Plan, you will receive a statement as follows:

Current Mandatory SS Alternate Plan: G37366

What else should I know about my retirement program?

When you terminate employment or retire, it is important for you to carefully consider your options. Distributions from the SS Alt Plan, plan number G37366, must be reported to Social Security when you apply for benefits from this plan and your social security retirement benefits may be subject to the offsets mentioned above. We encourage you to contact Gallagher 888-537-0754 to learn more. If you terminate prior to retirement and your total vested account balance is less than $5,000.00 the entire account will be paid to the participant.

Have more questions or need assistance?

We encourage you to contact Gallagher Benefit Services at 888-537-0754 to learn more.

This is just a brief overview. See Plan Documents and Summary Plan Description (SPD) for details regarding benefit eligibility, contributions, limitations, and plan provisions. If this information conflicts in any way with the legal plan document, the legal plan document will prevail.

Voluntary Savings Retirement Plan

Coffey Health System provides a Voluntary Savings Plan to help you prepare for retirement.

What types of retirement plans are offered?

A 457(b) Deferred Compensation Voluntary Savings Plan (VSP), contract number G76240, is available for employees to make contributions to over and above mandatory contributions made to the Social Security Alternate Plan (SS Alt Plan). This effective date of this plan was April 1, 1981.

(See Social Security Alternate Plan summary for more information.)

Who is eligible to participate?

Employees age 18 may voluntarily contribute traditional (pre-tax) contributions up to the IRS limits each year (2024 Limits: $23,000 or $30,500 if age 50+).

Are there matching contributions in addition to my voluntary contributions?

No.

How much should I consider contributing to my retirement?

Many financial professionals recommend saving between 10% – 15% of your earnings toward retirement each year. This can be a combination of employee and employer contributions. Contact Human Resources to increase or change your contribution!

What investment options are available?

You may choose from a wide variety of investment options. We encourage you to contact Gallagher 888-537-0754 to learn more. Investment elections may be changed at any time.

Does my plan have a vesting schedule?

Employee contributions to the voluntary 457(b) VSP are always 100% vested.

What happens if I die or become disabled?

At death, prior to retirement, the participant's vested interest in the accumulated account values will be paid to the beneficiary. It is important for you to keep your beneficiary designations up to date. You can update your beneficiary either through your OneAmerica online account or by contacting Human Resources.

What happens when I'm ready to retire and how much will I get in retirement?

The amount of pension benefit participants receive in cash or monthly benefits depends upon years of participation in the plan and the amount of contributions made and gains credited to each participant's retirement accounts. In addition, retirement age and distribution options also play a part in the amount received at retirement.

How do I access my account?

For online access go to: OneAmerica.com/login

- For initial login, select 'Register for New Account' and then 'Account Services'
- Enter your information including your plan number from one of your statements
- Select 'Next' to set up your User ID & Password
- If you've forgotten your login information, you may select 'Forgot User ID or Password'

For assistance accessing your online account, please call **OneAmerica Participant Services: 800-249-6269**

Will I get statements for my retirement plan?

You will receive quarterly statements for each plan number in which you have a balance in addition to the Social Security Alternate Plan. Below is a list of additional plans which you may receive statements from:

Current 457(b) Voluntary Savings Plan: G76240

What else should I know about my retirement program?

When you terminate employment or retire, it is important for you to carefully consider your options. We encourage you to contact Gallagher 888-537-0754 to learn more. If you terminate prior to retirement and your total vested account balance is less than $5,000.00 the entire account will be paid to the participant.

Have more questions or need assistance?

We encourage you to contact Gallagher Benefit Services at 888-537-0754 to learn more.

This is just a brief overview. See Plan Documents and Summary Plan Description (SPD) for details regarding benefit eligibility, contributions, limitations, and plan provisions. If this information conflicts in any way with the legal plan document, the legal plan document will prevail.

Frequently Asked Questions

How can I learn more about the benefits in this guide?

You are welcome to contact the Gallagher Benefit Advocate team or Human Resources to learn more!

When can I make changes to my benefits?

Benefit changes can be made during the annual open enrollment period. Benefit changes can also be made if you experience a qualifying life event such as a marriage, divorce, birth of a child, etc.

Do I have to go through the online benefits enrollment process?

All eligible employees are required to complete the online enrollment process. Even if you are not making any changes to your benefits, it is still **very important** for you to complete the process.

How can I file a claim?

- Complete claim form for appropriate benefit
- Attach any required supporting documentation
- For fastest processing, online submission via the carrier's website is recommended

How to Log in to Employee Self-Service

Using Computer Log in Credentials to Access ESS

When accessing ESS or the supervisor log in from a device outside of the Paycom network, use the following link: https://pcoo.paycomonline.com/.

Then, select Employee or Supervisor Login. *Please Note: there will be a separate login link for Onboarding, On Leave and Former Employees.*

From there, you will be prompted to use your Paycom computer log in credentials.

paycom

Using Single Sign On

When accessing ESS on the Paycom network, you can use the ESS shortcut on your computer desktop, which will log you into your ESS automatically.

Outside the Paycom network (when using a phone, tablet or home computer), please continue to use the link https://pcoo.paycomonline.com/, which will prompt you for your computer credentials.

Because your ESS is no longer behind an additional password firewall, it is important to remember to lock your computer when walking away from your desk. The easiest way to do this is holding down the Windows and "L" keys.

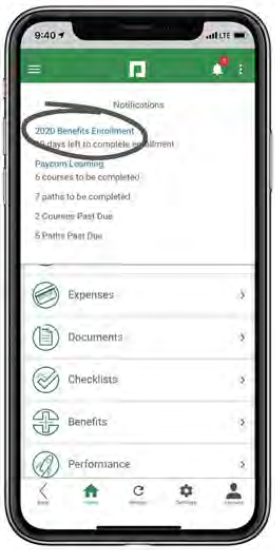
SHOW ME HOW

to Enroll in Benefits

Benefits

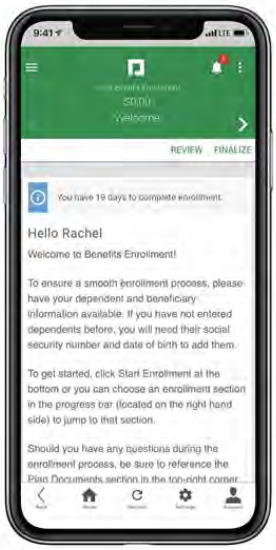
STEP 1

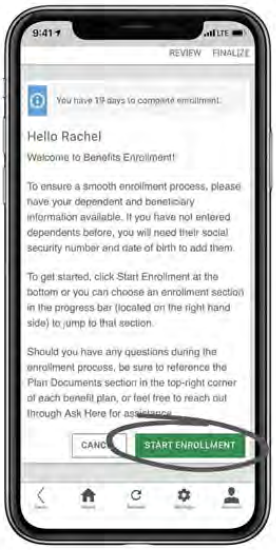
Log into the Paycom app. From the Notification Center or from the Benefits section, click the current year's Benefits Enrollment.



STEP 2

Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.





EMPLOYEES

Visit the Help Menu for the most up-to-date version of this guide.

paycom

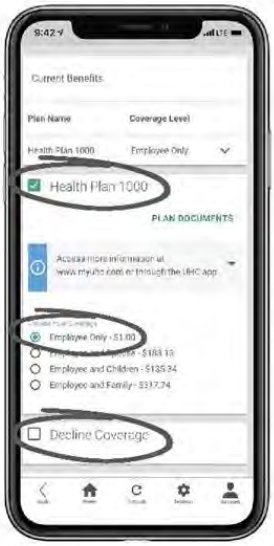
SHOW ME HOW

to Enroll in Benefits

Benefits

STEP 3

After determining which plan will work for you, choose your coverage level, then select either to enroll or decline.



STEP 4

To complete enrollment, click "Finalize," then "Sign and Submit".

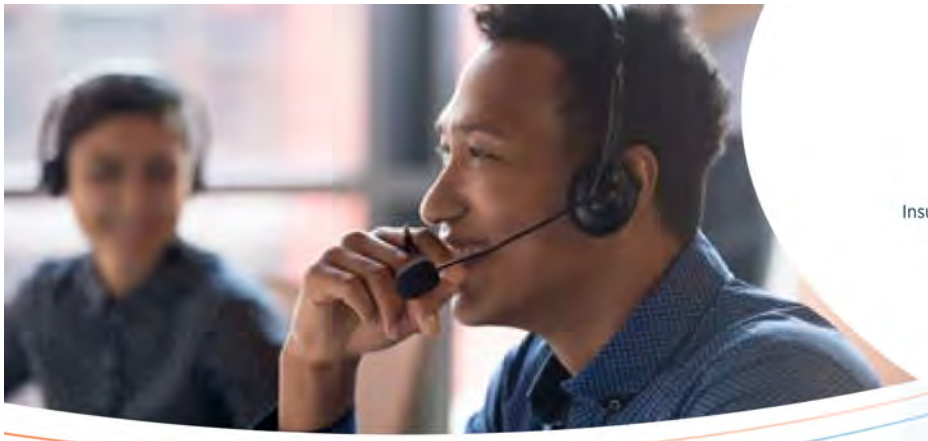
HELPFUL TIPS

- Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.

EMPLOYEES

Visit the Help Menu for the most up-to-date version of this guide.

paycom



Gallagher

Insurance | Risk Management | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefits program by providing support from an advocate at no cost to you. Get assistance with:

1. **Insurance cards**
   Are you missing your insurance cards, need replacement cards or need to get in touch with an insurance carrier?
2. **Benefits questions**
   Do you need help with specific benefits questions relating to how plans work, coverage questions or in-network benefits?
3. **Eligibility rules**
   Who can be covered under the plan and when?
4. **Provider search**
   Do you need help finding an in-network or specialty provider?
5. **Prescription/pharmacy issues**
   Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting a pre-authorization on your medication?
6. **Claims**
   Are you unsure if your insurance will pay for a certain procedure? Did you receive a bill from a doctor and don't know why?

Hours of Operation

Monday–Friday
8 a.m.–6 p.m. in local time zone

Connect With Us

Coffey Health System

(833) 884-7729
bac.coffeyhealthcso@ajg.com

ajg.com **The Gallagher Way.** Since 1927.

Contacts

Benefit Plan	Carrier	Website	Telephone
Gallagher Benefit Advocate Center	Gallagher	Email: bac.coffeyhealthcso@ajg.com	833-884-7729
Medical and Prescription Claims Processing	Blue Cross & Blue Shield of Kansas	www.BCBSKS.com	800-432-3900
Dental	Delta Dental of Kansas	DeltaDentalKS.com	800-234-3375
Flexible Spending Accounts	ASI Flex	www.ASIFlex.com	800-659-3035
Health Savings Account	HSA Central Bank	www.HSACentral.net	833-232-4676
Vision	MetLife	www.MetLife.com/Vision	855-638-3931
Life and Disability	Sun Life	www.SunLife.com/Account	800-247-6875
Employee Assistance Program	ComPsych Guidance Resources	www.GuidanceResources.com	800-460-4374
Cancer, Accident, and Critical Illness	Guardian	www.GuardianLife.com	888-482-7342
Emergency Transport	MASA Medical Transport Solutions	www.MASAMTS.com	877-503-0585
Legal Services	LegalShield	www.LegalShield.com	866-470-1694
Identity Theft Protection	IDShield	www.IDShield.com	888-494-8519
Retirement	OneAmerica	OneAmerica.com/Login	800-249-6269

Legal Notices

This information is intended to be shared by the employee with their spouse and dependents.

HIPAA Special Enrollment Rights

Coffey Health System Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Coffey Health System Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

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

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Theresa Thoele - Chief Human Resources Officer at 620-364-2121 or tthoele@coffeyhealth.org.

Important Warning

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

Women's Health & Cancer Rights

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Comprehensive $3,500 Plan (Individual: 20% coinsurance and $3,500 deductible; Family: 20% coinsurance and $7,000 deductible)

Plan 2: HDHP $6,000 Plan (Individual: N/A coinsurance and $6,000 deductible; Family: N/A coinsurance and $12,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 620-364-2121 or tthoele@coffeyhealth.org.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Coffey Health System is committed to the privacy of your health information. The administrators of the Coffey Health System Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Theresa Thoele - Chief Human Resources Officer at 620-364-2121 or tthoele@coffeyhealth.org.

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

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

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

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

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

If you live in 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 January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

Medical Plan Comprehensive $3,500 Plan | Notice of Creditable Coverage

Important Notice from Coffey Health System
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 Coffey Health System 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. **Coffey Health System has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Coffey Health System coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Coffey Health System coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of 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, 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:	**November 01, 2024**
Name of Entity/Sender:	**Coffey Health System**
Contact—Position/Office:	**Theresa Thoele - Chief Human Resources Officer**
Office Address:	**801 N 4th St** **Burlington, Kansas 66839-2602** **United States**
Phone Number:	**620-364-2121**

CMS Form 10182-CC | Updated April 1, 2011

HDHP $6,000 Plan | Notice of Non-creditable Coverage

Important Notice from Coffey Health System
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 Coffey Health System 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. **Coffey Health System has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Coffey Health System Employee Health Care Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**
3. **You can keep your current coverage from the Coffey Health System Employee Health Care Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.**

When Can You Join a Medicare Drug Plan?

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

However, if you decide to drop your current coverage with Coffey Health System, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Coffey Health System plan.

Since you are losing creditable prescription drug coverage under the Coffey Health System plan, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

Since the coverage under the Coffey Health System plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 Coffey Health System coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Coffey Health System coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

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

- Visit www.medicare.gov/
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of 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).

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notes

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