

Here's where to find ...

What's New for 2025	4	Hospital Indemnity Insurance	_20
Part-Time Benefits	5	Pet Insurance & Norton LifeLock	21
Medical Benefit	7	Life Insurance	22
Medical Plan Service Providers	9	Short- & Long-Term Disability	_23
LiveWell Health Center	10	Kansas Public Employees Retirement System	25
Serve You Rx Pharmacy Benefits	11	457(b)/401(a) Retirement Plans	_26
Serve You Rx Member Portal	12	Employee Assistance Program (EAP)	27
Quest Select Benefit	13	Free Rec Center Membership	_28
Health Savings Account (HSA)	14	Tuition Savings & Reimbursement	29
Flexible Spending Account (FSA)	15	Work-Life Balance	30
Dental Benefit	16	Basic Insurance Terms	31
Vision Benefit	17	Contacts	32
Accident Insurance	18	Legal Plan Notices	33
Critical Illness Insurance	19		



2025 Open Enrollment

This year's open enrollment will be held from October 28 through November 8. If you do not enroll, all current benefit elections will remain the same for 2025, with the exception of the health savings account and flexible spending accounts. You must reenroll in the health savings account, healthcare flexible spending account, limited flexible spending account, and dependent care flexible spending account if you wish to continue contributing to them in 2025.

All changes must be made by November 8.

Who Is Eligible?

All full-time and part-time employees are eligible for coverage (subject to the plan's policy/procedure for determining full-time and part-time employee status under the Affordable Care Act for medical coverage eligibility).

Eligible dependents include:

- Your legally married spouse. This includes both same-sex and opposite-sex spouses.
- Your legal children or your spouse's legal children until their 26th birthday regardless of student status. (Please consult with the human resources department for the full definition and eligibility requirements under the health savings account.)
- A dependent child of any age who is incapable of supporting themselves because of a mental or physical disability. (The disability must be medically certified by the child's doctor and be verified annually by the plan.)

Making Changes During the Year

The benefit choices you make remain in effect through the end of the plan year (December 31, 2025). Once you are enrolled, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents unless you have a qualifying life event as defined by the IRS.

Examples of a qualifying life event include but are not limited to the following:

- Marriage, divorce, legal separation, or annulment.
- Birth or adoption of a child.

- Loss of other coverage.
- Change in your dependent's eligibility status because of marriage, age, etc.

The IRS mandates that changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter). Note: Any change you make to your coverage must be consistent with the change in status.

What's New for 2025

2025 IRS Limits

Every year the IRS updates their new regulations for qualified high deductible health plans, health savings accounts and flexible spending accounts. In 2025, the IRS has increased the minimum deductible level for individuals to \$1,650 and \$3,300 for family coverage for the QHDP. Below is a table of what is changing in 2025. Please note, the FSA limits have not been released yet.

	2024	2025
Annual HSA contribution maximum		
Individual	\$4,150	\$4,300
Family	\$8,300	\$8,550
Annual catch-up contribution		
For HSA-eligible individuals ages 55 or older	\$1,000	\$1,000
QHDP minimum deductible		
Individual	\$1,600	\$1,650
Family	\$3,200	\$3,300
Flexible spending account limits		
Healthcare FSA	\$3,200	Pending
Dependent care FSA	\$5,000	Pending

Unlimited Dental Cleanings

The City is pleased to announce that we are enhancing the dental plan benefit to offer unlimited dental cleanings moving forward. In the past, plan participants were limited to two cleanings per calendar year. This will go into effect on January 1, 2025.

Medical Rates Remain Flat

Despite medical and pharmacy costs increasing year over year, the 2025 premiums for the medical plans will remain the same as current rates!

Dietician Services

We will be adding coverage for outpatient dietician services to our health plan effective January 1, 2025. Dietician services will be billed as a specialist visit; please refer to the schedule of benefits on page 7 to see how the PPO/QHDP plan will cover visits.



Part-Time Benefits

The City appreciates the commitment of our part-time employees to our success. We're equally committed to providing our part-time employees with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

The City offers benefits to part-time employees working 1,000-1,559 hours per year. Part-time employees will be eligible for the following benefits:

- Medical and prescription drugs
- Dental
- Vision
- Flexible spending accounts
- Health savings account

- Accident insurance
- Critical illness
- Hospital indemnity
- Nationwide pet insurance
- Norton LifeLock

Part-time employees are not eligible for The Standard's life and short-term disability insurance.

The City's HSA Contribution

If you are enrolled in the QHDP, you may be eligible to contribute to a health savings account. The City will contribute to your HSA in 2025. For more info on eligibility and contribution limits, please refer to the QHDP/health savings account page in this guide.

- Employee \$750
- Employee + 1 or Family \$1,000

The City pays half in January and half in July.



2025 CITY OF LENEXA LiveWell Wellness Program

The 2025 Wellness Program begins Jan. 6, 2025. Employees and spouses on the City's health insurance must complete the Wellness Evaluation portion of the program by May 31, 2025. Employees must earn an additional 850 points through Biometric Screening Results and Healthy Behavior Options by Dec. 12, 2025. Failure to complete the program will result in paying the full premium rate for health insurance in 2026.

EMPLOYEE + SPOUSE

Wellness Evaluation: DUE MAY 31, 2025

Employees and spouses must complete the Wellness Evaluation, which includes a Biometric Screening and Health Coaching Visit. If all five Biometric Screening Results are in range, the required Health Coaching Visit is waived.

1	Biometric Screening	75 points	Biometric Screening	Results
•	(Schedule on the LiveWell Patient Portal)	7.5 points	LDL Cholesterol	(≤130 mg/dL)
2		75 points	Triglycerides	(≤150 mg/dL)
	(Schedule on the LiveWell Patient Portal)		Blood Glucose	(≤100mg/dL fasting
	Employees earn 150 points when they	150 points	Waist Circumference*	(females ≤35"/males ≤
			Blood Pressure*	(≤120/80 mmHg
	Health Coaching Visit (Schedule on the LiveWell Patient Portal) Employees earn 150 points when they complete the Wellness Evaluation. Up	75 points	Triglycerides Blood Glucose Waist Circumference*	(≤150 mg/dL (≤100mg/dL (females ≤35"/m

^{*}Waist circumference and/or blood pressure can be rechecked one time after initial screening at the LiveWell Health Center. This must be done by the May 31 deadline.

EMPLOYEE ONLY

≤40")

Finish Your 1,000 Points: DUE DEC. 12, 2025

to 500 additional points can be earned

through Biometric Screening Results.

Employees must earn remaining points through Healthy Behavior Options. Reporting and activities take place on the LiveWell Wellness Portal.



> 100 100

Healthy Behavior Options	Each	Annual Max Points
Online Wellness Courses	20	200
Wellness Challenges	100	300
Activity Tracker (4,000 steps=2 pts)	Varies	500
Non-tobacco user or LiveWell Cessation Program completion	50	50
Behavioral Health Visit (Must complete verification form and submit to Wellness Coordinator)		200
Annual physical, mammogram, Pap smear, colonoscopy, prostate cancer screening		300
Preventative exams: dental, vision, bone density testing, skin cancer screening, on-site physical therapy assessment	50	250
Preventative vaccinations: flu, COVID-19, shingles, RSV, pneumonia, etc.		100
Online Wellness Assessment	25	25
On the Menu <i>Live</i>	50	300
On the Menu Recorded	25	150
Community wellness events (Blood Drive or walk/run event e.g. Lenexa Freedom Run)	25	100

EXCLUSIONS & ACCOMMODATIONS: New employees hired after May 31, 2025, do not need to complete any portion of the program for the 2026 discount. This includes their spouse if they are on the City's health plan. Employees unable to participate may request a reasonable accommodation. Employees not enrolled in the City's health plan can earn \$100—\$200 for participating. Learn more on LexConnect.

Medical Benefit

Luminare Health Benefits | myluminarehealth.com | 800-990-9058

The City of Lenexa is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of two medical plan options for 2025: PPO and QHDP.

Luminare Health Benefits (Trustmark) administers our comprehensive medical plans. Aetna Signature Administrators network offers exceptional access to in-network providers and deep discounts on services, resulting in lower costs for our employees and our plans. It is highly recommended that you verify that all providers you use participate in the Aetna Signature Administrators network. This includes not only your doctor but also anesthesiologists, lab facilities, etc. This helps you avoid incurring any unexpected out-of-network charges and ensures cost-effective use of your health plan.

2025 Medical Plan Premiums

Despite medical and pharmacy trend causing increases to costs, we will be keeping rates flat for City of Lenexa employees and family members in 2025. The premiums below take into account whether both an employee and spouse have met the necessary wellness requirements. For example, if you have individual coverage and participate in the wellness program, you will pay the "full wellness" premium.

If your spouse is enrolled on your medical plan, both of you will need to complete the wellness requirements. If both you and your spouse have met the wellness requirements, you will pay the "full wellness" premium. Please note that if only one of you completes the wellness requirements, you will pay the "one wellness" premium. Premiums will be deducted from 24 paychecks.

Medical and Prescription Semi-Monthly Employee Payroll Deductions

Effective January 1, 2025

	PPO	QHDP
Employee only		
Full Wellness	\$74.00	\$45.50
No Wellness	\$148.00	\$91.00
Employee + 1		
Full Wellness	\$138.00	\$85.00
One Wellness	\$207.00	\$127.50
No Wellness	\$276.00	\$170.00
Family		
Full Wellness	\$219.00	\$132.00
One Wellness	\$328.50	\$198.00
No Wellness	\$438.00	\$264.00

Medical and Prescription Drug Plan Summary

Medical	PPO		QHDP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Employee	\$750	\$1,500	\$1,650	\$3,300
Employee + 1/family	\$1,500	\$3,000	\$3,300	\$6,600
Coinsurance	10%	40%	10%	40%
Out-of-pocket maximum (includes deductible)				
Employee	\$1,500	\$3,000	\$3,300	\$6,600
Employee + 1/family	\$3,000	\$6,000	\$6,600	\$13,200
Physician office visit	\$25 copay	Deductible, then 40%	Deductible, then 10%	Deductible, then 40%
Specialist office visit	\$35 copay	Deductible, then 40%	Deductible, then 10%	Deductible, then 40%
All other services in physician's office	Paid at 100% after deductible	Deductible, then 40%	Paid at 100% after deductible	Deductible, then 40%
Chiropractic care	Deductible, then 10%	Deductible, then 40%	Deductible, then 10%	Deductible, then 40%
Preventive care services	No charge	Deductible, then 40%	No charge	Deductible, then 40%
Hospital services				
Inpatient	Deductible, then 10%	Deductible, then 40%	Deductible, then 10%	Deductible, then 40%
Outpatient	Deductible, then 10%	Deductible, then 40%	Deductible, then 10%	Deductible, then 40%
Urgent care	\$35 copay	Deductible, then 40%	Deductible, then 10%	Deductible, then 40%
Emergency room	\$100 copay and deductible, then 10%	\$100 copay and deductible, then 40%	Deductible, then 10%	Deductible, then 40%
Retail prescription drugs		Participatin	g Pharmacy	
Generics	\$10 0	copay	\$10 copay af	ter deductible
Brand name	\$20 copay + 20% coinsurance		\$20 copay af	ter deductible
Retail 90-day prescription drug program				
Generics	\$20 copay		\$20 copay after deductible	
Brand name	\$40 copay + 15% coinsurance		\$40 copay after deductible	
Mail order (90-day supply)				
Generics	\$20 0	copay	\$20 copay af	ter deductible
Brand name	\$40 copay + 15% coinsurance		\$40 copay after deductible	

 $\label{eq:prescription} Prescription \ drugs -- 100\% \ coverage \ for \ preventive \ generics \ before \ the \ deductible \ applies.$

Preventive brand and nonpreferred brand (second- and third-tier) drugs are covered at the plan's coinsurance maximum amounts as outlined in the chart. A deductible does not apply.

Medical Plan Service Providers

Luminare Health Benefits

Luminare Health Benefits is the third-party administrator for both the PPO and QHDP plans; it pays all claims and provides customer support regarding your claim status. You can call Luminare Health Benefits with any questions regarding current or future claims at 913-685-4740. You can also access your claims or review your explanation of benefits by visiting <u>Luminare Health Benefits</u> and registering for an account.

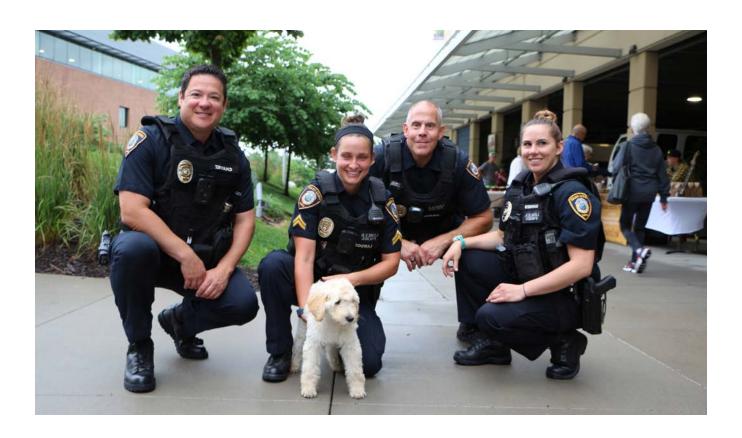
Check out <u>myluminarehealth.com</u> to help manage your benefits information while you're on the go, any time of day or night! Available on Android and iPhone devices.

Aetna — Signature Administrators Network

Need to find an in-network doctor or hospital? Aetna is the network provider for the PPO and QHDP plans. Aetna's website includes these features:

- Ability to search by category, procedure, or condition.
- "Type Ahead" feature allows a user to begin typing in a provider/facility name, specialty, procedure, or condition, and the tool will show potential options as you type.
- Maps, driving directions, and a Spanish version of the Aetna website.

To find an in-network provider, you can go to aetna.com/asa



LiveWell Health Center

Care When and Where You Need It

When you get sick, you want healthcare that's convenient. The LiveWell Health Center is located at the Lenexa Public Safety Building (located at 87th and Monrovia) and is open Monday through Friday to give you prompt, quality care. You'll see a provider within minutes of arrival to address your healthcare needs.

The LiveWell Health Center is not a drop-in clinic. Please call 913-825-8548 to schedule an appointment. Same-day appointments are typically available.

Quality Care You Can Trust

Full-time and part-time benefits-eligible employees and any covered dependents on the City's health plan (age two and older) can receive quality healthcare from the Center's board-certified providers. Employees do not need to be on the City's medical plan to be seen at the LiveWell Health Center. However, a fee is applied. We guarantee your confidentiality, regardless of whether the providers are your primary care team or coordinate care with your existing providers. At all times, federal and state law, along with City policy, ensures your medical records remain private.

The LiveWell Health Center Services Include:

- Behavioral health
- Physical exams
- Immunizations
- Physical therapy
- Lab draws
- Primary care

We Focus on Total Health

The providers at the LiveWell Health Center focus on prevention and wellness so you can get and remain healthy. Together, we will make sure you have the proper tools and information to take care of yourself and your covered dependents.

To further ensure your quality of care, the LiveWell Health Center will:

- Coordinate treatment outside the LiveWell Health Center when needed.
- Refer you to a provider in the Aetna Signature Administrator (ASA) network when appropriate.
- Transfer records to and communicate with referred physicians.

Cost and Fees

- PPO health plan: Free.
- Qualified high deductible plan: \$40/visit.
- Employees not on health plan: \$40/visit.

If you need to cancel an appointment, failure to do so 24 hours in advance will result in a \$25 fee (with the exception of verified work reasons). Please bring your health insurance card or City ID (if not on the City's health plan) to your Health Center visits.



Serve You Rx Pharmacy Benefits

Serve You Rx | serveyourx.com | 800-759-3203

Online Access to Serve You Rx

Serve You Rx is the Pharmacy Benefits Manager, or PBM, for the City. The Serve You Rx nationwide pharmacy network has thousands of pharmacies, including all chain pharmacies, independent community pharmacies, and mail service pharmacies operated by Serve You Rx. To find a participating pharmacy or to check if your current pharmacy is in the Serve You Rx network, log in to the Member Portal at serveyourx.com and use the pharmacy search feature or call 800-759-3203. For more information regarding to the Member Portal, please refer to the next page.

Maximize Savings With Mail Service

Mail service can save you time and money by delivering the medications that you take regularly for chronic conditions right to your door. Serve You Rx's mail order pharmacies provide:

- Free standard home delivery.
- Three-month supplies of your medications, which likely cost less than what you would pay at a retail pharmacy.
- 24/7 access to pharmacists who can answer questions about your mail prescriptions.
- Convenient refill options by phone, by mail, and online.
- Secure and confidential packaging that protects against weather and tampering.

Serve You Rx customer service representatives are available 364 days per year to provide assistance. Simply call or go online.

Phone: 800-759-3203

Online: serveyourx.com

Refer to the Serve You Rx Preferred Drug List

A Preferred Drug List (PDL) is a list of prescription medications covered by your prescription drug plan. Its purpose is to help you and your prescriber choose safe, effective, and costefficient drug treatments.

Using drugs on the PDL often results in lower out-of-pocket costs. You can learn which drugs are listed on the PDL by visiting <u>serveyourx.com</u> or by calling Serve You Rx customer service at 800-759-3203.

Explore Lower-Cost Options

Generic drugs contain the same active ingredients as their brand-name counterparts and can be considerably less expensive. An FDA-approved generic equivalent will be dispensed whenever possible based on availability and your prescriber's approval.

The City and Serve You Rx recommend that you ask your prescriber or pharmacist if a generic is available for your medications, as this may provide considerable cost savings for you.

Step Therapy

Our pharmacy plan requires step therapy through Serve You Rx. Step therapy requires plan members to try the most cost-effective medications (generics) first before "stepping up" to more expensive medications (name brands). This program will help plan members save money on prescriptions throughout the year.

Serve You Rx Member Portal

Make the most of your prescription benefit online at <u>serveyourx.com</u>. With just a few quick clicks, you'll have access to useful tools and resources that can help save time and money.

Find What You Need on the Serve You Rx Homepage

The Serve You Rx homepage is dedicated to the member experience. On this page, you will find helpful tools and information about your pharmacy benefit and our mail service pharmacy, Serve You DirectRx, including:

- Member Portal
- EZRefillRx
- How to sign up for home delivery and automatic refills
- Member forms
- Drug lists

Member Portal

As a plan member, you can register for the Member Portal through <u>serveyourx.com</u>. This free, secure portal contains information about your benefit and will help you track and organize prescription details for yourself and covered family members. Once on the Serve You Rx homepage, go to the "Member" dropdown and click the "Member Portal" button. As part of registration, you will be instructed to create a HealthSafe ID, which is used to ensure your information is protected.

Once registered, you have access to:

- MY PROFILE Manage your account details and store contact information for providers, emergency contacts, and more.
- MY PRESCRIPTIONS View and organize all your prescription and over-the-counter medications in one convenient place.
- PHARMACY LOCATOR Search for network pharmacies that accept your insurance by ZIP code, distance, and 24-hour availability.
- DRUG PRICING AND INFORMATION Compare the costs of drugs between home delivery from Serve You DirectRx Pharmacy and retail pharmacies. Learn about prescription storage, missed dosage instructions, common uses, side effects, and more.
- BENEFITS INFORMATION Learn about your benefits and how to use them.
- CLAIM HISTORY View and/or download the details of your current and past claims.

Quest Select Benefit

(Formerly known as Lab Card)

Save Money, Use Your Quest Select!

Our Quest Select program offered through Quest Diagnostics is a value-added benefit enhancement to your current health plan. Your health insurance card contains the Quest Select logo on the front, so this is all you will need to present to receive the benefits.

The labs will be covered differently depending on which plan you choose. Please see how each plan will cover the benefit below:

- PPO Labs will be covered at 100% regardless if your deductible has been met.
- QHDP Labs are subject to your deductible. Once your deductible has been met, labs are covered at 100%.

You Save Money!

For the most current listing of collection sites available, visit <u>questselect.com</u>. To receive the benefits of the Quest Select program, you must present your health insurance card and request the Quest Select program at the time of service. Your physician's office or collection site will need a copy of your health insurance card each time you go for services. Quest Select covers routine outpatient testing. Quest Select does not cover:

- Testing ordered during hospitalization.
- Lab work needed on an emergency or (STAT) basis.
- Testing done at a lab other than Quest.
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies, and spinal fluid tests.

If you and/or your physician elect to use another lab — including the lab in your physician's office — your normal benefits will apply.

For more information about Quest Select, visit <u>questselect.com</u> or call 800-646-7788 today.

Using Your Quest Select Is Easy

When your physician orders lab work for you, show your health insurance card with the Quest Select logo on it and verbally request to use the Quest Select program. Your physician will collect and send your specimen to Quest Diagnostics under the Quest Select benefit.

Any physician can collect specimens and call Quest Diagnostics Quest Select Client Services at 800-646-7788 for courier pickup and supplies.

If your physician does not participate with the Quest Select program, take your lab orders to an approved Quest Select collection site for the draw.

These locations can be found by calling Quest Select Client Services or by visiting questselect.com.

Your specimens will be processed through the Quest Select program at an approved Quest Diagnostics facility and results sent back to your physician (usually within 24-48 hours).

Health Savings Account (HSA)

UMB | umb.com | 800-860-4862

Understanding a Qualified High Deductible Plan

The City's qualified high deductible plan (QHDP) is a health insurance plan that has a higher deductible and lower premium than the City's PPO health plan. The QHDP provides insurance coverage and a tax-advantaged way to help save for future medical expenses.

The QHDP also gives you greater flexibility and discretion over how you use your healthcare dollars. In-network preventive care is covered at 100% before the deductible, but other expenses (including prescriptions) must be paid by the employee until the deductible has been met.

Understanding a Health Savings Account

A health savings account (HSA) is paired with the QHDP and is an account in which money is kept to help cover your deductible and other medical, dental, vision, and prescription expenses. The HSA is funded with pre-tax dollars, and you own the account. The balance accumulates year after year with no "use it or lose it" concerns.

For 2025, the maximum contribution amount from all sources (you, the City and any other contributions) is \$4,300 for individual coverage and \$8,550 for family coverage. Throughout the year, you can make pre-tax HSA contributions from your paycheck. The City will automatically set up your HSA if you enroll in the QHDP.

How Do the QHDP and HSA Benefit Me?

- Your insurance premiums on the QHDP are lower than the PPO plan.
- You can use your pre-tax HSA dollars to cover eligible medical, dental, vision, and prescription expenses.

If you contribute to the HSA, remember to re-enroll before November 8.

2025 Lenexa Employer Contributions

For 2025, the City's HSA contribution for full-time employees will be:

- Employee-Only coverage: Lenexa will contribute \$1,500 to your HSA.
- Employee+1/Family coverage: Lenexa will contribute \$2,000 to your HSA.
- The City contributes half in January and half in July.

How Do I Manage My HSA?

If you elect the QHDP as your health insurance plan, you have the option to elect an HSA deduction amount for the 2025 plan year. You will receive information from UMB regarding your account and your debit card via mail. To access your account online, log in to myluminarehealth.com and click the link to your UMB account.

For more information about the HSA and managing your account, visit <u>hsa.umb.com</u>.

HSA Eligibility

You are not eligible to open and fund an HSA if:

- You are enrolled in any other non-HSA qualified health insurance plan.
- You are covered by your spouse's health plan (unless it is a qualified high-deductible plan).
- You currently have funds in a healthcare flexible spending account.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, Medicaid, TRICARE, or TRICARE For Life.

City of Lenexa Benefits Guide

Flexible Spending Account (FSA)

Employee Benefits Corporation | ebcflex.com | 800-346-2126



A great way to plan ahead and save money on eligible expenses is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pre-tax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

Healthcare Flexible Spending Account

For employees electing the PPO health insurance plan, the City offers an optional healthcare flexible spending account (FSA). This account allows employees to make pretax paycheck deductions up to \$3,300 to pay for medical, dental, and vision expenses as well as office and prescription copays and your deductible. The healthcare FSA is only available to individuals enrolled in the PPO plan and not the QHDP. Additionally, an individual whose spouse is enrolled in a QHDP with an HSA and taxes are filed jointly does not qualify for the healthcare FSA.

Limited Flexible Spending Account

For employees who participate in the QHDP, a limited purpose flexible spending account (LPFSA) is available for eligible dental and vision expenses only. Unlike a healthcare FSA, however, you can have an LPFSA and HSA at the same time. When coordinated with an HSA, the LPFSA can further reduce your taxes while allowing you to allocate HSA funds to other purposes. This account allows employees to make pre-tax paycheck deductions up to \$3,300.

Dependent Care Flexible Spending Account

The dependent care flexible spending account allows employees to make pre-tax paycheck deductions up to \$5,000 annually for dependent care expenses, such as day care, after school care, and elder care. This account can be used with either the PPO plan or QHDP.

How Long Do I Have to Use the Funds?

The healthcare, limited, and dependent care FSAs are "use it or lose it" accounts. This means that you will lose whatever funds have not been spent on eligible expenses by the end of the plan's grace period. The City offers a 2 ½ month grace period for the limited and healthcare FSA. You have until March 31 to submit healthcare and limited FSA expenses incurred through March 15, 2025. For the dependent day care account, you have until March 31 to submit any 2024 expenses.

How Do I Manage My FSA?

The healthcare and limited FSAs come with a benefits card. You use the benefits card to pay for eligible expenses instead of paying out-of-pocket or manually filing a claim. The dependent care FSA will require you to submit a claim for each reimbursement. EBC offers an app called My Mobile Account Assistant for both Android and Apple mobile devices. My Mobile Account Assistant allows you to file claims or submit documentation needed from card transactions.

Dental Benefit

Delta Dental | deltadentalks.com | 800-753-5823

The City offers an excellent dental plan through Delta Dental, with three coverage tier offerings. Diagnostic and preventive procedures are covered at 100% and are excluded from the deductible. Effective this year, the City will offer unlimited dental cleanings on the health plan instead of only 2x per calendar year. Please see the table below for additional details about the dental plan.

Dental Plan Premiums

	Semi-Monthly		
Employee	\$5		
Employee + 1	\$9		
Family	\$13		

Dental Plan Design

Plan Design	Delta Dental PPO/Premier or Nonparticipating Provider
Deductible	
Employee	\$25
Employee + 1/family	\$50
Annual plan maximum per covered member	\$1,500
Coinsurance	
Diagnostic and preventive	100%
Basic	100%
Major	80%
Orthodontics (adults and dependent children)	90%
Lifetime orthodontics plan maximum	\$1,500

For more detailed information on the dental coverage, visit the "Insurance Benefits" page on LexConnect for the Delta Plan Summary of Benefits.

Delta Dental

If you have any questions about whether your dentist participates as a Delta Dental PPO or Delta Dental Premier dentist, ask your dentist when making an appointment or call Delta Dental of Kansas, Inc., at 316-264-4511 or toll-free at 800-234-3375. You may also access the network, nationwide, at deltadentalks.com.

From the Delta Dental Website, You Can:

- Check your eligibility and plan information.
- Print your ID card.
- Check your claim status.
- Learn about oral health and wellness.
- Locate a participating Delta Dental PPO or Delta Dental Premier dentist.
- Use the flexible spending account estimator.

deltadental.com

Find a Dental Provider

- Go to deltadentalks.com.
- Click on "Find a Dentist."
- Under "Network Selection" (#1), click on Delta Dental PPO or Premier.
- Under "Your Location" (#2), type in either your city and state or your ZIP code.
- Under "Sorting" (#3), choose your preferences.
- Under "Additional Search Criteria" (#4), type the name of the dentist or practice or choose a practice specialty.
- Click on "Search for a Dentist."

Vision Benefit

Surency | surency.com | 866-818-8805

The City will provide base vision coverage at no cost to employees. To access a list of providers, visit surency.com and choose "Access Network."

The City offers an enhanced buy-up vision plan benefit that provides an allowance for contact lenses.

Vision Buy-Up Premiums

	Semi-Monthly
Employee	2.90
Family	7.52

Vision Plan Design

	Base Plan	
Plan design	In-Network Only	
Exam (with dilation as necessary)	\$0 copay	
Retinal imaging	Up to \$39	
Contact lens fit and follow-up		
Standard	Not covered	
Premium	Not covered	
Frames		
Any available frame at provider location	40% off retail price at Select network providers and 35% off retail price at Access network providers	
Standard plastic lenses		
Single vision	\$50 copay	
Bifocal	\$70 copay	
Trifocal	105 copay	
Lenticular	20% discount	
Lens options		
UV coating	\$15	
Tint (solid and gradient)	\$15	
Standard plastic scratch coating	\$15	
Standard polycarbonate — adults	\$40	
Standard polycarbonate — children under age 19	\$40	
Standard anti-reflective coating	\$45	
Standard progressive	\$135 copay	
Premium progressive (add-on to bifocal)	20% off retail price	
Other add-ons and services	20% off retail price	
Contact lenses (in lieu of glasses)		
Conventional	Up to 15% off retail	
Disposable	Up to 0% off retail	
Medically necessary	Up to 0% off retail	
Laser Vision Correction		
Lasik or PRK from US Laser Network	15% off retail price or 5% off promotional price	

Need contacts or glasses? Consider enrolling in the buy-up plan, which offers a \$130 frame/contact allowance.

To Use Your Vision Benefits

- Locate a network provider near you by contacting the Surency Customer Service Department at 866-818-8805 or by checking the online "Locate a Provider" feature at <u>surency.com</u> and choosing "Access Network."
- When you arrive for your appointment, identify yourself as a Surency Vision member and present your Surency Vision ID card. If you need a new card, contact Surency Customer Service at 866-818-8805.

Buy-Up Plan			
In-Network	Out-of-Network		
\$0 copay	\$35		
Up to \$39	Not covered		
\$0	\$40		
10% off retail, then apply \$55	\$40		
allowance	Ψ0		
(MACO - II	#05		
\$130 allowance	\$65		
\$25 copay	\$25		
\$25 copay	\$40		
\$25 copay	\$55		
\$25 copay	\$55		
\$15	Not covered		
\$15	Not covered		
\$15	\$25		
\$40	\$25		
\$0	Not covered		
\$70	Not covered		
\$90	\$40		
\$90 + \$20 off retail price less \$120	\$40		
20% off retail price	Not covered		
\$130 allowance, 15% off	\$100		
balance over \$130	·		
\$130 allowance	\$100		
\$0	\$200		
15% off retail price or 5% off promotional price	Not covered		

Accident Insurance

Voya Compass Voluntary Benefits voya.com/products-services/employee-benefits-work | 877-236-7564

Who Is Eligible for Voya Compass Voluntary Coverage?

- You all full-time and part-time employees working 1,000+ hours per year.
- Your spouse under age 70, if employee coverage is elected.
- Your child(ren) to age 26, if employee coverage is elected.

For more information about the Voya Compass accident insurance, visit the "Insurance Benefits" page on LexConnect.

What Is Accident Insurance?

Accident insurance pays you benefits for specific injuries and related care resulting from a covered accident. The amount paid depends on the type of injury and care received.

You may qualify to receive benefits for the items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details.

Accident hospital care

Common injuries

Follow-up care

Emergency care benefits

Semi-Monthly Rates (24 Pay Periods)

Employee	Employee and spouse	Employee and children	Family
\$5.92	\$9.71	\$11.23	\$15.03

Benefits Paid by Patty's Accident Insurance — With Emergency Care Benefits

	Accident insurance benefit		Accident insurance benefit
Ground ambulance	\$100	Lodging (one night)	\$100
Emergency room treatment	\$150	Medical equipment	\$100
Leg fracture	\$800	Follow-up doctor visit	\$50
Transportation (one trip)	\$300	Total	\$1,600

This is an example of how coverage could work. The amounts shown are an example only. Actual costs/results may vary.

Critical Illness Insurance

Voya Compass Voluntary Benefits voya.com/products-services/employee-benefits-work | 877-236-7564

Who Is Eligible for Voya Compass Voluntary Coverage?

- You all full-time and part-time employees working 1,000+ hours per year.
- Your spouse under age 70, if employee coverage is elected.
- Your child(ren) to age 26, if employee coverage is elected.

For more information about the Voya Compass critical illness insurance, visit the Insurance Benefits page on LexConnect.

What Is Critical Illness Insurance?

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. You can use the benefit to meet out-of-pocket expenses or pay your mortgage or other monthly bills. You have the option to elect critical illness insurance to meet your needs.

What Maximum Critical Illness Benefit Am I Eligible For?

The City of Lenexa provides you with the opportunity to purchase critical illness coverage in amounts from \$5,000 to \$20,000, in \$5,000 increments.

Critical Illnesses and Conditions

- Heart attack
- Stroke
- Coronary artery bypass (25%)
- Coma

- Major organ failure
- Permanent paralysis
- End stage renal (kidney) failure
- Cancer

- Carcinoma in situ (25%)
- Skin cancer (10%)

Wellness Benefit

There is a \$50 wellness benefit payable to you and any covered dependents who complete a health screening test such as a colonoscopy, mammogram, Pap test, or serum cholesterol test for HDL and LDL (limited to one screening test benefit per year). The biometric health screening from the LiveWell Health Center qualifies you to receive the benefit.



Hospital Indemnity Insurance

Voya Compass Voluntary Benefits voya.com/products-services/employee-benefits-work | 877-236-7564

Who Is Eligible for Voya Compass Voluntary Coverage?

- You all full-time and part-time employees working 1,000+ hours per year.
- Your spouse under age 70, if employee coverage is elected.
- Your child(ren) to age 26, if employee coverage is elected.

For more information about the Voya Compass hospital indemnity insurance, visit the Insurance Benefits page on LexConnect.

What Is Hospital Indemnity Insurance?

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay.

Initial Confinement Benefit

This benefit pays you 5x the daily benefit for the first day you spend in a hospital, critical care unit, or rehabilitation center.

Available Coverage

- Hospitalization \$100 per day, up to 30 days per confinement.
- Critical care unit \$200 per day, up to 15 days per confinement.
- Rehabilitation facility \$50 per day, up to 30 days per confinement.

Rates	
Employee only	\$6.76
Employee + spouse	\$13.47
Employee + children	\$10.11
Family	\$16.82



Pet Insurance & Norton LifeLock

The following additional voluntary benefits are available to employees. The pet insurance through Nationwide can be selected at any point during the year. The LifeLock can only be done during open enrollment.

Nationwide Pet Insurance

Nationwide | petinsurance.com/lenexa | 800-540-2016

Voluntary pet insurance through Nationwide can be elected at any time during employment. There are two types of plans: dog and cat and avian and exotic pet. To be eligible for the dog and cat plans, pets must be between the ages of eight weeks and nine years old. Avian and exotic pets must be at least three months old and have been in the owner's possession for a minimum of 60 days prior to enrollment. Rabbits, guinea pigs, snakes, and other common exotic pets must be at least six weeks of age. Please note that preexisting conditions are not covered by any pet insurer. Enroll pets when they are young and healthy to help ensure maximum coverage at a lower cost.

Visit petinsurance.com/lenexa for information on cost and to enroll.

Norton LifeLock Identity Theft

Norton LifeLock | norton.com/ebsetup | 800-607-9174

One minute your personal information is right there in your hand. The next, it's everywhere. Your personal information is out there, making you more vulnerable to cybercrime. Information, like your Social Security number and date of birth can be stolen from your devices and used to steal your identity.

The City offers identity theft protection through Norton LifeLock. This protection monitors for fraudulent use of your personal information and works to resolve identity theft issues.

LifeLock also provides protection against existing and emerging malware threats, including spyware and ransomware, and protects against online threats at home or on the go. For more information, visit the Insurance Benefits page on <u>LexConnect</u>.

Rates	
Employee only	\$5.75/paycheck
Employee + 1/family	\$10.99/paycheck

Life Insurance

KPERS | kpers.org | 888-275-5737 Standard Insurance Company | standard.com | 800-628-8600

Standard Life Insurance

All full-time employees receive 1x your annual salary life insurance paid for by the City, minimum of \$30,000. Accidental death and dismemberment insurance from Standard Insurance Company is included in this plan.

Additional Coverage Options

You can elect to purchase additional life insurance for you, your spouse, or child(ren).

- Employee: You can elect up to \$500,000 of additional life insurance for yourself; guaranteed issue is \$100,000. If you wish to become insured for an amount in excess of \$100,000, the excess will be subject to medical underwriting approval.
- Spouse: Additional life insurance for a spouse is available up to \$250,000 but not to exceed 50% of your voluntary life coverage. Guaranteed issue for spouses is \$15,000; excess will be subject to medical underwriting approval.
- Children: You may elect child coverage in the amounts of \$2,000, \$5,000, or \$10,000.

Voluntary term life insurance is deducted semi-monthly from your paycheck. For more details on how to purchase additional life insurance for either you, your spouse, or child(ren), visit the Insurance Benefits page on LexConnect.

KPERS Life Insurance

All full-time and part-time employees receive 1.5x annual salary life insurance paid for by the City. You can also elect to purchase additional life insurance for you, your spouse, or children.

Additional Coverage Options

- Employee: You can elect up to \$400,000 of additional life insurance for yourself; guaranteed issue is \$50,000. If you wish to become insured for an amount in excess of \$50,000, the excess will be subject to medical underwriting approval.
- Spouse: You may choose spouse coverage in the amounts of \$10,000, \$25,000, \$50,000 or \$100,000; guaranteed issue is \$25,000. If you wish to become insured for an amount in excess of \$25,000, the excess will be subject to medical underwriting approval.
- Children: You may choose child coverage in the amounts of \$10,000 or \$20,000.

The cost for this additional life insurance will be deducted from your first paycheck of each month. For more details on purchasing additional life insurance for you or your spouse, visit the Insurance Benefits page on LexConnect.

Short- & Long-Term Disability

Standard Insurance Company | standard.com | 800-628-8600

The City of Lenexa offers two employer-paid disability plans to provide assistance in case you become disabled or unable to work. These disability plans are available to you immediately upon your hire date.

Short-Term Disability (STD) Plan

Full-time employees who miss work because of personal illness or non-work-related injuries may be eligible to receive 60% of their base salary through the City's short-term disability plan. This benefit is fully funded by the City, and employees are eligible their first day of employment. For more details about the short-term disability plan, visit the Insurance Benefits page on LexConnect.

Short-term disability eligibility — full-time employees	100% paid by the employer
Weekly benefit amount	60%
Weekly benefit maximum	\$1,500
Benefits begin	14 days after continuous disability from accidental injury or illness
Benefits duration	180 days



Long-Term Disability (LTD) Plan

Long-term disability benefits are provided by the City as part of your KPERS or KP&F membership. Disability benefits are based on your annual salary. You will continue receiving KPERS/KP&F service credit and basic life insurance coverage for approved disability periods. In addition, you can continue any optional life insurance you have at your current group rate. For additional information on the disability definition, the eligibility and age limits, and how to apply for disability, please visit the KPERS website at kpers.org or contact Human Resources.

KPERS Members

Long-term disability eligibility — KPERS covered employees	100% paid by the employer
Monthly benefit amount	60%
Monthly benefit maximum	\$5,000
Benefits begin	After 24 months of continuous disability
Benefits duration	To the earlier of age 65 or retirement
Waiting period	180 days

If you become totally disabled, you will receive 60% of your base salary, up to \$5,000 monthly, after you have satisfied the 180-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

KP&F Members

Long-term disability eligibility — KP&F covered	Tier I		Tier II
employees	Service-Connected Disability	Non-Service-Connected Disability	Disability Benefits
Annual benefit (paid monthly)	Higher of 50% of your final average salary or final average salary x 2.5% x years of service	Final average salary x 2.5% x years of service	50% of your final average salary
Monthly benefit for eligible children	10% of final average salary for each child	N/A	N/A
Benefit maximum	90% of your final average salary N/A		N/A
Benefits begin	Upon service-connected disability	180 days from last day active at work	Upon disability
Benefits duration	Rest of your life or ur	ntil no longer disabled	Until no longer disabled or eligible for retirement

Long-term disability benefits are provided by the City as part of your KP&F membership. Tier I and II members are covered by different disability benefits. You are not eligible for KP&F disability benefits if you are injured while working for any employer other than the City. For additional information on your KP&F disability benefits, please visit kpers.org/active/kpf or call KPERS at 888-275-5737.

Kansas Public Employees Retirement System

KPERS | kpers.org | 888-275-5737

Full-time and part-time employees receive retirement benefits through the Kansas Public Employees Retirement System. There are two plans: one for public employees (KPERS) and a separate one for police officers and firefighters (KP&F). KPERS has three membership groups; the group you're in depends upon your KPERS membership date. Each plan pays you a guaranteed monthly benefit when retirement eligibility is reached. You also have life insurance and disability benefits at no cost to you. For more information on the plan that applies to your position, visit the KPERS website at kpers.org or call 888-275-5737.

KPERS

- Vested after five years.
- You contribute mandatory 6% of salary.
- Contributions earn 4% interest annually.
- Basic life insurance equal to 150% of annual salary.
- Long-term disability benefit.
- The City contributes a percentage of employee's salary to help fund the benefit. The State of Kansas determines the contribution percentage annually.

KP&F

- Vested after 15 years.
- You contribute mandatory 7.15% of salary.
- Contributions earn 4% interest annually.
- Death benefit differs based on whether the death is in-service.
- Long-term disability benefit.
- The City contributes a percentage of employee's salary to help fund the benefit. The State of Kansas determines the contribution percentage annually.



457(b)/401(a) Retirement Plans

Voya | voya.com | 913-661-3777

Today's average retiree gets just about 35% of his or her retirement income from Social Security. Even if you will eventually receive pension payments from KPERS/KP&F, chances are these payments will constitute only a small percentage of your total retirement income. For today's average retiree, KPERS represents only about 45% of their income, but for the next generation of retirees, that number may be even lower. That leaves you responsible for a good portion of your own future income! The following retirement plans help you accumulate savings to make up that gap.

457(b) Plans

Deferred Compensation

The 457(b) Traditional and Roth retirement plans are voluntary plans that allow full- and part-time benefits-eligible employees to save for retirement. New employees receive a packet in the mail from Voya that will explain your auto enrollment with a 4% contribution. You have 30 days from your date of hire to decline. Employees can change the monthly contribution amount at any time during the year. Changes go into effect the first of the next month. To make a change, log in to your Voya account at voya.com and adjust your percentage contribution amount. The 2025 annual contribution limit is \$23,000 and an additional \$6,000 for employees 50 and over for catch-up provision. For more information contact, Voya at voya.com, at 855-663-8692, or locally at 913-661-3777.

Traditional 457(b) Option	Roth 457(b) Option
Contributions go in pre-tax	Contributions go in post-tax
Earnings are tax-deferred	Earnings are tax-free
Taxes are due upon withdrawal	Tax-free withdrawals as long as certain qualifying conditions are met*

^{*}Distributions of Roth 457(b) contributions will be tax-free for federal income tax purposes if they are "qualified distributions," which means the funds are held for five years and the distribution is due to attainment of age 59 ½, death, or disability.

401(a) Plan

Defined Contribution

The City will contribute 4% of total compensation into a 401(a) for all full- and part-time benefits-eligible employees who work at least 1,000 hours in a calendar year. In addition, the City will match 50% of an employee's 457(b) plan contribution up to a maximum of an additional 2%. You are eligible the first day of employment and are 100% vested after three years of employment. For more information, contact Voya at voya.com, at 855-663-8692, or locally at 913-661-3777.

Employee's 457 Contribution (As % of Gross Pay)	City's 401(a) Contribution (As % of Gross Pay)	Total 457 and 401(a) (Employee and City)
0%	4%	4%
1.0%	4% + 0.5% match	5.5%
2.0%	4% + 1% match	7%
3.0%	4% + 1.5% match	8.5%
4.0%	4% + 2% match (maximum city contribution is 6%)	10%

Employee Assistance Program (EAP)

ComPsych Guidance Resources | guidanceresources.com | 800-272-7255

We all know that life can be challenging at times. Issues like illness, debt, and family problems can leave us feeling worried or anxious and not able to be at our best. The Employee Assistance Program (EAP) provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any issue, from everyday matters to more serious problems affecting your well-being.

ComPsych Guidance **Resources Program**

For more information and resources:

Call: 800-272-7255

Go online: guidanceresources.com

Company code: Lenexa

The City of Lenexa's provider for the EAP is ComPsych Guidance Resources. The EAP provides short-term, confidential, professional, and free counseling services for employees and their household family members. Types of assistance include stress management, family and marriage concerns, financial consultation, and work-related difficulties. Employees can access additional assistance features including child care and legal services search tools.

To schedule an appointment with a licensed clinician or for more information, call 800-272-7255 or visit the EAP website at guidanceresources.com/groweb/login/login.xhtml.

Here's what the program offers:

COUNSELING: Eight free visits with experienced clinicians (per issue).

FIRST RESPONDER TRAINING PROGRAM:

Educational service for police officers and firefighters focusing on reducing stigma, increasing understanding in the inherent risks for mental health issues, and strengthening resilience skills.

FINANCIAL RESOURCES: Most of us have financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accountants, financial planners and other experts, simply by calling the tollfree number.

LIVEWELL CLINIC SERVICES: On-site behavioral health counseling for City employees and their immediate family throughout the week.

LEGAL: With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25% reduction in customary legal fees.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Alcohol and drug abuse.
- Depression.
- Emotional/psychological issues.Personal and life improvement.
- Child care and elder care issues.

- Stress and anxiety issues with work or family.
- Legal or financial issues.
- Grief issues.

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential assistance and support.

Free Rec Center Membership

Full-time and part-time benefits-eligible employees can now take advantage of a free Core membership to the Lenexa Rec Center. Household family members can be added at a discounted rate.

What's Included in the Membership

- Walking track
- Two gyms for open play
- Fun-filled indoor pool

- Full-service fitness floor
- Eligible to upgrade to Employee X-Pass for unlimited group fitness classes for \$16 per month

How Do I Sign Up?

Email therec@lenexa.com with the following information:

- Address, phone, and birth date
- Any household members you want to add to your account
- Employee number, which is your clock-in number or can be found on your paycheck stub

Memberships must be renewed every six months. You will be notified when it is time to renew.

	Core Membership	X-Pass Membership
Add 1 household member	\$16 per mo.	\$20 per mo.
Add 2 household members	\$32 per mo.	\$40 per mo.
Add 3 household members	\$48 per mo.	\$60 per mo.
Add 4+ household members	\$56 per mo.	\$72 per mo.

Other Discounts Offered by Parks and Rec

- 20% discount on programs, camps, outdoor pool passes, and more
- Resident rate on rentals that include facility, shelter, and birthday parties.



Tuition Savings & Reimbursement

LearningQuest 529 Education Savings Program

LearningQuest | learningquest.com | 877-345-8837

LearningQuest is the State of Kansas tax-advantaged college savings plan managed by American Century. There is no state residency requirement to participate. Your savings can grow tax-deferred through a wide variety of investment options. Later, the money can be withdrawn tax-free to pay for qualified higher education and vocational school costs, like tuition, room and board, computers, and supplies, at any eligible two- or four-year college, university or trade school. In Kansas, the money may be used to pay for qualified tuition expenses at K-12 private, public and parochial schools.

- Earnings grow tax-deferred.
- Qualified withdrawals are tax-free.
- Kansas taxpayers receive tax deduction of up to \$3,000 (\$6,000 if married, filing jointly).
- Easily contribute through payroll deductions.

For more information, visit <u>learningquest.com</u> or call 877-345-8837.



Tuition Reimbursement

Full-time employees as well as part-time benefits-eligible employees will be eligible for the tuition reimbursement program. This program allows eligible participants to receive up to \$4,500 per year for City-approved courses at an accredited college, university, or other approved institution in which they are enrolled. Employees must receive a 2.0 or higher grade point average in order to receive this benefit. The City will reimburse employees for tuition, books, and materials for department-approved, work-related college courses.

- Employees must be employed for one year prior to using tuition reimbursement. Exception to this requirement may be granted by the employee's department director.
- All classes must be approved by the employee's department prior to the class beginning. Reimbursement occurs after the conclusion of the class.

If an employee voluntarily leaves employment with the City of Lenexa within six months after completion of a course for which educational expense reimbursement was paid, the employee shall be liable for all amounts reimbursed by the City in the previous six-month period. For further information, contact Human Resources.

Work-Life Balance

Time-Off Benefits

We believe that a good work-life balance makes a happy, healthy employee. Our employees are offered a variety of paid leave time, including vacation, sick, bereavement leave, personal days, parental leave, 10 paid holidays, and compensatory time, if applicable.

Vacation

Full-time and part-time employees accrue vacation leave on a biweekly basis. Annually, employees receive between 40 and 160 hours of vacation leave based on their length of service and employment classification. Shift firefighters accrue between 112 and 224 hours based on their length of service. Vacation accruals carry over from year to year — up to 180 hours for FT 30 hours employees, 120 hours for part-time employees, 240 hours for full-time employees, and 336 hours for shift firefighters. The accrual schedule can be found in the Employee Policy Manual. Employees with at least one year of service are paid for all accrued vacation at separation from employment.

Sick Leave

Full-time and part-time employees accrue sick leave on a biweekly basis. Sick leave can be used for a personal illness or injury, the illness or injury of a member of the employee's immediate family, or any leave provided for by the Family and Medical Leave Act. In the event of an illness or injury lasting more than three days, you must contact Human Resources.

Classification	Hours Accrued
Full-time employees	3.69 hours per pay period (12 days per year)
Shift firefighters	5.17 hours per pay period
Part-time employees	1.85 per pay period
FT 30 hours	2.77 per pay period

Bereavement Leave

Full-time and part-time benefis eligible employees are eligible for paid bereavement leave for the death of a spouse, child, parent, sibling, grandchild, grandparent, aunt, uncle, niece, nephew, legal guardian or corresponding in-law or "step" relation, and pregnancy loss. For more information, refer to the Paid Leaves of Absence policy or call Human Resources.



Basic Insurance Terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percentage (for example, 10%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 10% would be \$10. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$1,600, your plan won't pay anything until you've met your \$1,600 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible, as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An

EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal healthcare reform mandates most U.S. citizens have health insurance for themselves and their dependents. The City of Lenexa helps you stay insured by offering affordable healthcare for all employees who work at least 20 hours each week.

IN-NETWORK VS. OUT-OF-NETWORK: A

network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

Contacts

Medical Plan

Luminare Health Benefits

Member services: 800-990-9058 Website: <u>myluminarehealth.com</u> Doctor network: <u>aetna.com/asa</u>

Wellness Program

LiveWell Health Center

Customer service: 913-825-8548 Website: <u>lexconnect.lenexa.com/</u> pay-benefits/livewell/health-center

Prescription Services

Serve You Rx

Customer service: 800-759-3203 Website: serveyourx.com

Health Savings Account

UMB

Customer service: 800-860-4862 Website: umb.com

Healthcare and Dependent Care FSA

Employee Benefits Corporation

Customer service: 800-346-2126

Website: ebcflex.com

Dental

Delta Dental of KS

Customer service: 800-733-5823 Website: deltadentalks.com

Vision

Surency

Customer service: 866-818-8805 Website: surency.com

Voluntary Benefits

Voya Compass Voluntary Benefits

Customer service: 877-236-7564 Website: voya.com/productsservices/employee-benefits-work

Life Insurance

Standard Insurance Company

Customer service: 800-628-8600 Website: standard.com

KPERS Life Insurance

Customer service: 888-275-5737 Website: kpers.org

Pet Insurance

Nationwide

Customer service: 800-540-2016 Website: petinsurance.com/lenexa

Short-Term Disability

City of Lenexa

Customer service: 800-658-8600 Website: standard.com

Long-Term Disability

KPERS

Customer service: 888-275-5737 Website: kpers.org

Retirement

KPERS

Customer service: 888-275-5737

Website: kpers.org

Voya

Customer Service: 913-661-3777 Website: voya.com

EAP

ComPsych Guidance Resources Program

Customer service: 800-272-7255 Website: guidanceresources.com Company Code: Lenexa

Legal Plan Notices

As a member of the City of Lenexa's health plan, you have certain legal rights. Those rights are outlined in the notices listed below, which are available on the homepage of <u>ADP</u> or on <u>LexConnect</u> on the Insurance Benefits page.

- Medicare Part D Creditable Coverage Notice
- HIPAA Comprehensive Notice of Privacy Policy and Procedures
- Notice of Special Enrollment Rights
- General COBRA Notice
- Women's Health and Cancer Rights Notice
- ADA Wellness Program Notice

If you would like a paper copy of any of the notices, please contact Human Resources.



All changes must be made by November 8!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

