



EMPLOYEE BENEFITS OVERVIEW



Plan Year: March 1, 2024 – February 28, 2025

Welcome

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

Our employees continue to be the driving force behind our past success and position us well for the future. Thank you for your ongoing commitment as we strive to be the best employer in our industry. We are proud to include all of you as part of the Topeka Landscape family.

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

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

Bukaty Companies Service Team



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Greg obtains carrier quotes, prepares spreadsheets, and assists clients through the enrollment process. Greg also assists with enrollment maintenance, and employee terminations.

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COMPANIES
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Health Reimbursement Arrangement (HRA)

Topeka Landscape cares about your financial wellbeing and understands healthcare is important as well as expensive. As an added benefit to your health insurance plan to aid your annual costs in a less than desired healthcare year, TLI will contribute up to \$2,500 towards everyone's annual deductible. This is called a Health Reimbursement Arrangement (HRA). Each plan on the following pages lists a deductible from the insurance carrier, and then immediately below that is the "Employee HRA deductible" in **BOLD**. That is your deductible after you consider the HRA fund provided by TLI.

An HRA is a mechanism for your employer to reduce the deductible an employee has through their health insurance carrier. TLI will contribute up to \$2,500 for each employee towards an individual deductible. However, the dollars are for last the \$2,500 toward in-network deductible expenses in a calendar year, if and only if, you or your dependents have claims incurred and in the calendar year. You will still see your deductible reflected as the full deductible on your Explanation of Benefits (EOB) from the insurance carrier.

What is required to be reimbursed?

Your EOB is all that is required. Your EOB will show how much of any claim has been applied to your deductible. Therefore, you do not have to pay the healthcare Provider or Hospital, then turn in a receipt to get reimbursed, you only have to prove, via the EOB, that a claim has been incurred. The intent is for you to use that money to the healthcare Provider or Facility. Please bring your EOB's to Scott Cole for reimbursement.

Eligible Expenses:

Covered in-network benefits that apply to your deductible. Copays are not eligible, only deductible claims that are eligible with Humana's plans. Spouses and Children are eligible, but reimbursement for family will not exceed \$2,500 total.



Medical: \$3,500 Plan



You are eligible to participate in the employee benefit plan on the first of the month following 60 days of employment. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

The following tables will give you an overview of how the plans work and what your responsibilities are. This is just a brief summary of your benefits; where BCBS's plan document and this summary differ, BCBS's document supersedes all differences. You should refer to the Summary of Benefits and Coverage (SBC) found in Employee Navigator for other important plan information and requirements.

For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage, please contact BCBS of KS at [\(785\)291-4180](tel:7852914180) or visit <https://bcbsks.com>.

Plan Name: CMZCA	Network	Non-Network
Deductible Individual/family (per PLAN yr.) HRA Employee Deductible	\$3,500 / \$7,000 \$1,000 / \$4,500	\$3,500 / \$7,000
Out-of-pocket max. individual/family (includes deductible.) HRA Employee Out-of-pocket Max	\$6,350 / \$12,700 \$3,850 / \$10,200	\$8,350 / \$16,700
Co-insurance	80%	60%
Office visit / Specialist visit	\$35 / \$70 Copay	Deductible & Coinsurance
Preventive Care Services	No Charge	Deductible & Coinsurance
Adult and child immunizations	No Charge	Deductible & Coinsurance
Mammograms, PSA, Pap Smear tests	No Charge	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty Preferred / Specialty Non-Preferred	\$15 / \$50 / \$75 / \$150 / 20% up to \$250 Copay	Coinsurance after In- Network Copay
Retail 90-day supply prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty Preferred / Specialty Non-Preferred	\$37.50 / \$125 / \$187.50 / NA	Coinsurance after In- Network Copay
Urgent care facility	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient lab & radiology services (+advanced imaging)	First \$300 paid 100% then Deductible & Coinsurance	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services	\$250 Copay; then D&C	Deductible & Coinsurance
Skilled nursing facility	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime Maximum	Unlimited	

Weekly Rates:

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
\$3,500 Plan	\$32.48	\$160.06	\$125.48	\$258.14

Medical: \$6,000 Plan



Plan Name: CMZYA	Network	Non-Network
Deductible Individual/family (per PLAN yr.) HRA Employee Deductible	\$6,000 / \$12,000 \$3,500 / \$9,500	\$6,000 / \$12,000
Out-of-pocket max. individual/family (includes deductible.) HRA Employee Out-of-pocket Max	\$6,350/ \$12,700 \$3,850 / \$10,200	\$8,350 / \$16,700
Co-insurance	100%	80%
Office visit / Specialist visit	\$35 / \$70 Copay	Deductible & Coinsurance
Preventive Care Services	No Charge	Deductible & Coinsurance
Adult and child immunizations	No Charge	Deductible & Coinsurance
Mammograms, PSA, Pap Smear tests	No Charge	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty Preferred / Specialty Non-Preferred	\$15 / \$50 / \$75 / \$150 / 20% up to \$250 Copay	Coinsurance after In-Network Copay
Retail 90-day supply prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty Preferred / Specialty Non-Preferred	\$37.50 / \$125 / \$187.50 / NA	Coinsurance after In-Network Copay
Urgent care facility	Deductible	Deductible & Coinsurance
Inpatient hospital care	Deductible	Deductible & Coinsurance
Outpatient hospital care	Deductible	Deductible & Coinsurance
Outpatient lab services	Deductible	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible	Deductible & Coinsurance
Emergency Services	Deductible	Deductible & Coinsurance
Skilled nursing facility	Deductible	Deductible & Coinsurance
Lifetime Maximum	Unlimited	

Weekly Rates:

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
\$6,000 Plan	\$28.35	\$151.18	\$117.12	\$245.02

Medical: \$5,000 HSA Plan



Plan Name: HI96A	Network	Non-Network
Deductible Individual/family (per PLAN yr.) HRA Employee Deductible	\$5,000 / \$10,000 \$2,500 / \$7,500	\$5,000 / \$10,000
Out-of-pocket max. individual/family (includes deductible.) HRA Employee Out-of-pocket Max	\$6,350 / \$12,700 \$3,850 / \$10,200	\$8,350 / \$16,700
Co-insurance	100%	80%
Office visit / Specialist visit	Deductible	Deductible & Coinsurance
Preventive Care Services	No Charge	Deductible & Coinsurance
Adult and child immunizations	No Charge	Deductible & Coinsurance
Mammograms, PSA, Pap Smear tests	No Charge	Deductible & Coinsurance
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty Preferred / Specialty Non-Preferred	Deductible applies then: \$15 / \$50 / \$75 / \$150 / \$150 / 20% up to \$150	Deductible & Coinsurance
Retail 90-day supply prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4 / Specialty Preferred / Specialty Non-Preferred	Deductible applies then: \$37.50 / \$125 / \$187.50 / NA	Deductible & Coinsurance
Urgent care facility	Deductible	Deductible & Coinsurance
Inpatient hospital care	Deductible	Deductible & Coinsurance
Outpatient hospital care	Deductible	Deductible & Coinsurance
Outpatient lab services	Deductible	Deductible & Coinsurance
Outpatient surgery and scopes	Deductible	Deductible & Coinsurance
Emergency Services	Deductible	Deductible & Coinsurance
Skilled nursing facility	Deductible	Deductible & Coinsurance
Lifetime Maximum	Unlimited	

Weekly Rates:

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
\$5,000 HSA Plan	\$21.80	\$137.10	\$103.84	\$224.21

Understanding Your HSA

What is an HSA?

An HSA is an individually owned, tax-favored account that allows consumers to pay for qualified health care expenses.

HSA & QHDHP

An HSA must be coupled with a Qualified High Deductible Health Plan (QHDHP) to receive the tax advantages allowed by the IRS. One of the plans provided to Topeka Landscape employees from Humana is a QHDHP. Whether you use the plan every month or not, once throughout the plan year, employees are encouraged to fund an HSA. Similar to a 401(k) savings plan, individuals can make tax-deductible contributions into an HSA and the account can earn interest tax-free. HSA funds can then be used to pay any qualified, out-of-pocket medical, dental or vision expense. HSAs are also commonly used to pay for deductible and prescription drug expenses.

How much can I contribute to an HSA?

The U.S. Treasury Department establishes annual contribution limits and minimum deductible amounts for HSAs and HSA-qualified health plans, which are adjusted each year for inflation. **2024** limits:

- Maximum HSA contribution: \$4,150 for individuals with single coverage, \$8,300 for individuals with family coverage.
- If age 55 or older you can contribute an additional \$1,000 catch-up contribution.

2023 limits:

- Maximum HSA contribution: \$3,850 for individuals with single coverage, \$7,700 for individuals with family coverage.
- If age 55 or older you can contribute an additional \$1,000 catch-up contribution.

Who is eligible to participate in an HSA?

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

- You must be covered under a QHDHP and cannot have other health care coverage.
- You cannot be enrolled in Medicare (over 65).
- You cannot be claimed as a dependent on someone else's tax return.

Why an HSA?

HSAs provide several tax cost-savings benefits.

- By combining an HSA with a QHDHP, you can reduce your insurance premiums.
- Known as a triple-tax savings account, contributions are made tax free, grow tax free and can be withdrawn tax free to pay for a variety of qualified medical expenses, many of which are not covered by traditional health insurance plans (including dental visits, prescription drugs, eyeglasses, contact lenses and chiropractor).
- Unlike other benefit accounts, unused funds are rolled over annually enabling them to be used for future expenses.

Topeka Landscape HSA Plan:

Contributions to your HSA account can be made through payroll with any HSA bank. Employees are free to choose the bank of their choosing and can contribute post or pre-tax. Pre-tax contributions save payroll FICA taxes of 7.65%. Employees are free to make contribution changes throughout the year (no qualifying event is required). HSA banks will provide members at the end of the year with the appropriate tax forms for tax filings. Please refer to Employee Navigator for a list of eligible expenses. Funds can be used to cover other family members who are not on Topeka Landscape's medical plan so long as they are qualified expenses.

Eligible HSA Expenses

Below is a partial list of IRS eligible expenses that can be reimbursed through an HSA. This list is subject to change and without notice due to new legislation. A list of these expenses is available on the IRS Web site, www.irs.gov in IRS Publication 502, "Medical and Dental Expenses."

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

Dental



BlueCross & BlueShield of KS

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. You are eligible to participate in the plan on the first of the month following 60 days of your full-time date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

To identify participating PPO dentists, you may call BCBS of KS at (785) 291-4180 (in Topeka) or visit their website at <https://bcbsks/dental>

Benefits	In Network Covered Services
Deductible (<i>applied to Basic & Major services</i>)	\$50 per person / Maximum of \$150 per family
Annual Maximum	\$1,500 per covered person
Preventive Services <i>Not subject to deductible</i> <i>100% payment</i>	Oral examinations Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue and cavity detection Fluoride (under age of 21) Prophylaxis, including cleaning, scaling, and polishing Space maintainers Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive and limited to permanent molars and bicuspid (20 teeth).
Basic Services 80% payment after deductible	Periodontal surgery Inlays Simple extractions Repair of dentures Fillings (except gold) Emergency treatment for pain Endodontics General anesthesia when the dental treatment is covered Periodontics, non-surgical Non-surgical care of acute oral infection and oral lesions Oral surgery, consists of diagnosis and treatment of fractures, dislocations, cyst, and abscesses; and surgical extractions (including impacted teeth)
Major Services 50% payment after deductible	Surgery of the bony structure supporting the teeth Bridges Onlays (not part of a bridge) Crowns (not part of a bridge) Dentures, full or partial Dental implant services (\$1,000 lifetime max per insured, per arch)

*Includes unlimited cleanings

Weekly Rates:

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$4.87	\$15.43	\$13.80	\$24.26

Vision

Pacific Life



Annual eye exams are important to your overall health. During your eye exam, a vision doctor will look for vision problems and signs of other health conditions like diabetic eye disease, high blood pressure, and high cholesterol. You are eligible for benefits on the first of the month following 60 days. Eligible dependents may also participate. Eligible dependents include your legal spouse and/or dependent child(ren) to the age of 26.

To identify participating doctors, you may call Pacific Life Vision at 1.855.810.3301 or visit www.pacificlife.com/vision.

	EyeMed Network	Non-Network
Eye Exam (once every 12 months)	\$10 copay	\$45 allowance
Lenses Single: (once every 12 months)	\$25 copay	\$30 allowance
Bifocal:	\$25 copay	\$50 allowance
Trifocal:	\$25 copay	\$65 allowance
Frames: (once every 24 months)	\$150 allowance	\$70 allowance
Contacts Lenses Elective:	\$150 allowance	\$105 allowance

Employee Rates Per Month:

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$0.41	\$2.40	\$1.79	\$3.98

Employer Paid Life / AD&D

Pacific Life



Topeka Landscape cares about your financial wellbeing and that is why they provide all full-time employees company sponsored life insurance. Please make sure you complete the beneficiary form online. Details of the benefit are below.

BENEFIT	
Life / AD&D Amount	\$20,000
Reduction Schedule	35% at age 65; 50% at age 70

Voluntary Life / AD&D



Pacific Life

You also have the option of purchasing additional life insurance for yourself, your spouse and your eligible dependents. Coverage is effective first of the month following 60 days.

Benefit	Employee	Spouse	Child
Benefit schedule	\$10,000 increments	\$5,000 increments	\$1k, \$2k, \$4k, \$5k, or \$10k Children up to 6 months: \$1000.
Maximum	\$500,000	\$100,000, not to exceed 50% of Employee	\$10,000, not to exceed 50% of Employee
Minimum amount	\$10,000	\$5,000	N/A
Guaranteed issue / Proof of Good Health	\$50,000	\$25,000	N/A
Age Reduction	35% at age 65; 50% at age 70		
Elections over guaranteed issue/Proof of Good Health	Require Statement of health form completion and subject to approval by underwriting.		
Open Enrollment	You are eligible to increase your benefit one increment without having to complete a Statement of Health form at each open enrollment		
Portability	If you terminate employment, you may be able to convert benefits to an individual policy; you may be able to continue coverage for you and your covered dependents.		

Supplemental Life	Rate per \$1,000 of Covered Volume
Less than 30	\$0.109
30-34	\$0.113
35-39	\$0.137
40-44	\$0.206
45-49	\$0.328
50-54	\$0.523
55-59	\$0.823
60-64	\$1.258
65-69	\$2.312
70+	\$3.714

Supplemental AD&D	
All Active Full Time Employees ¹	\$0.040

Rates will be automatically calculated on Employee Navigator.

Rights and Disclosures

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

Special Enrollment Rights

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

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

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

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

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

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

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

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

Disability Extension

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

Second Qualifying Event

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

Other Coverage Options Besides COBRA

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

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

Questions

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

Keep Us Informed of Status Changes

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

Lifetime Limit

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

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

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

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

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

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

Kansas - Medicaid	Missouri - Medicaid
kdheks.gov/hcf/	dss.mo.gov/mhd/participants/pages/hipp.htm
785.296.3512	573.751.2005

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

CHIP coverage is available to the child(ren) of individuals who are eligible to enroll in the SEHP. For most employees, if your child(ren) qualifies for HealthyKIDS, they may qualify for the KanCare CHIP program. This program has the potential savings of several thousand dollars if you were previously enrolled in HealthyKIDS.

Benefits under CHIP coverage include:

- No Deductibles.
- No Copays.
- No Coinsurance.
- Monthly household premiums from \$0 to \$50, based on income, household size and age of children.
- Free annual checkups and screenings, including dental.
- Choice of three (3) medical carriers each offering different benefits.
- Coverage is accepted by most doctors.

Household income limits are similar to HealthyKIDS. To check your specific household income, please use the KanCare Medical Assistance Standard chart, found on the SEHP website: [HealthBenefitsProgram.ks.gov](https://healthbenefitsprogram.ks.gov).

State Employees can apply for CHIP for their child(ren) during Open Enrollment, either by filling out the paper application or online using the following link: <https://kancare.ks.gov/consumers/apply-for-kancare>.

If you are going to apply for CHIP, you should still enroll your children in the SEHP medical plans until approved for CHIP. You may call 800-792-4884 if you have questions about CHIP.

During Open Enrollment, if your child(ren) is eligible for CHIP after enrolling them in the SEHP, the approval letter from KanCare will need to be uploaded in MAP when you submit the request to drop your SEHP coverage for your child(ren) for the next plan year.

Gaining CHIP coverage mid-year does not meet the requirements of a Qualifying Event that would allow you to drop your SEHP coverage. The only time members can drop SEHP for CHIP is during open enrollment for the next plan year. CHIP approval after January 1 is not a qualifying event to drop SEHP.

WHICH IS RIGHT FOR ME?

HEALTHY KIDS	CHIP
State Employees with children under age 19.	All with children under age 19 are eligible to apply.
Rate discount applies to the entire family covered by SEHP.	Only covers qualified children.
SEHP Operated Health Plans.	Federal Benefits Plans.
Household income limits apply. Limits are based on income, household size and age of child(ren).	Household income limits apply. Limits are based on income, household size and age of child(ren).
Discounts applied to Medical, Prescription, and Dental, premiums.	CHIP may have a total premium of \$20, \$30, or \$50 depending on household size and age of child(ren).
Deductibles, Copays, Coinsurance and OOP.	NO Deductibles, Copays, Coinsurance or OOP.
Rx costs apply.	Rx covered at 100%.
Vision – lenses and frames or contacts covered at 1 per year.	Vision – lenses and frames, contacts covered at 3 per year when medically necessary.
Dental max annual benefits of \$1,700.	Preventive and medically necessary dental covered at 100% with no limits.

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

STEP 1. LOG IN

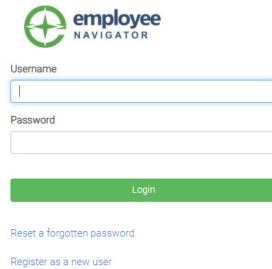
Go to <https://www.employeenavigator.com/benefits>

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

New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

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

COMPANY IDENTIFIER: TLI



The image shows the Employee Navigator login interface. It features the company logo at the top left, followed by input fields for 'Username' and 'Password'. Below these fields is a green 'Login' button. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

STEP 2. BEGIN ENROLLMENT PROCESS

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

STEP 3. UPDATE PERSONAL INFO

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

STEP 4. ELECT YOUR BENEFITS

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

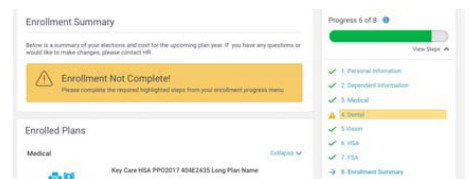
STEP 5. ADDITIONAL FORMS

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

STEP 6. REVIEW AND CONFIRM ELECTIONS

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

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



The image is a screenshot of the 'Enrollment Summary' page. It shows a progress bar at the top right indicating 'Progress 6 of 8'. Below the progress bar, there is a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental, 5. Vision, 6. FSA, and 7. Enrollment Summary. The 'Enrollment Summary' step is highlighted. A yellow warning box at the top left says 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a section for 'Enrolled Plans' with a dropdown menu set to 'Medical' and a list of plans including 'Key Care HSA FPO2017-45462435 Long Plan Name'.

**Scan me for
Employee Navigator
access at your
fingertips!**



For help contact:
enrollmentsupport@bukaty.com
913.345.0440