



City of Topeka

**IMPORTANT:**  
Use the checklist  
on page 2 so you  
don't miss  
anything.

2020

# Benefits Guide

Plan Period:

January 1, 2020 - December 31, 2020



# 2020 Open Enrollment Checklist

City of Topeka, Human Resources  
215 SE 7th Street, Room 170 Topeka, KS 66603  
Phone: 785-368-3867 Fax: 785-368-3605

## Open Enrollment Dates: October 1—October 31, 2019

*Benefit Effective Dates: January 1—December 31, 2020*

If you have questions, contact Maggie Graham at 785-368-3774 or [mgraham@topeka.org](mailto:mgraham@topeka.org).

### Three options for completing 2020 Benefits Open Enrollment:

1. **Self-Enroll Online:** 10/01/2019 – 10/31/2019
  - Self-enrollment instructions available beginning 10/01/2019.
2. **Enroll In-Person with a Benefits Counselor:** Appointments available 10/07/2019 – 10/18/2019
  - Walk-ins accepted at the Benefits Fair on 10/03/2019.
3. **Enroll by Phone:** 10/01/2019 – 10/31/2019 (7am—7pm; Mon—Fri)
  - The phone lines may get backed up, so don't wait until the last minute to call. Phone number available beginning 10/01/2019.

Instructions for completing enrollment will be emailed to employees.

**\*All benefit-eligible employees must complete open enrollment, even if declining 2020 benefits.**

- ☐ **Complete 2020 Benefits Open Enrollment** (see options above): These benefits will end 12/31/19 if you do nothing.
- Medical/Rx • Dental • Vision • Flexible Spending • Friendship Fund
  - Cancer • Accident • Critical Illness • Short Term Disability • Friends of the Topeka Zoo\*
- ☐ **\*Friends of the Topeka Zoo:** Also submit paper form to FOTZ if enrolling for 2020. Details on page 29. Forms available at: [topeka.org/hr/employee-benefits/benefits-guide/](http://topeka.org/hr/employee-benefits/benefits-guide/)
- ☐ **Review your Benefits Confirmation Form:** Ensure confirmation form matches the benefits you elected.
- ☐ **Dependent Documentation:** If adding family members to medical or dental for the first time, submit verification documents **AND** social security cards to HR by Oct 31. Details on page 33.
- ☐ **KPERS Optional Group Life Insurance:** To enroll/change coverage, login to your KPERS account online ([kpers.org](http://kpers.org)) or submit paper form to HR by Oct 31. Forms available at: [topeka.org/hr/employee-benefits/benefits-guide/](http://topeka.org/hr/employee-benefits/benefits-guide/) OGLI coverage will remain the same if you do nothing. Details on page 24.
- ☐ **KPERS 457:** Instructions for enrollment/changing contributions available at: [topeka.org/hr/employee-benefits/benefits-guide/](http://topeka.org/hr/employee-benefits/benefits-guide/) Your 457 contribution will remain the same if you do nothing. Details on page 23.
- ☐ **2020 Wellness Incentive:** Complete the activities below by Oct 31 to earn a discount on your 2020 medical and/or dental premiums. Details on page 9 as well as at [topeka.org/hr/employee-benefits/benefits-guide/](http://topeka.org/hr/employee-benefits/benefits-guide/)
- ☐ **Health Risk Assessment:** Completed at onsite events from July 25—Aug 8.
  - ☐ **Health Risk Assessment Follow-up:** Complete at Health & Wellness Center by Oct 31.
  - ☐ **Eight Additional Points:** Complete by Oct 31.
- ☐ **2020 Tobacco Surcharge:** Complete the activities below by Oct 31 to avoid a surcharge on your 2020 medical and/or dental premiums. Details on page 8.
- ☐ **Employee, Non-Tobacco User:** Complete and pass nicotine test at Health & Wellness Center. Nicotine tests will be completed during the HRA Follow-ups. If you are not completing an HRA Follow-up, schedule (866-959-9355) an appointment for the nicotine test at the Health & Wellness Center.
  - ☐ **Employee, Tobacco User:** Enroll and remain engaged in Healthstat's Tobacco Cessation Program. Tobacco Cessation appointments will be scheduled during the HRA Follow-ups. If you are not completing an HRA Follow-up, call the Scheduling Line (866-959-9355) to enroll in the cessation program. Cessation appointments will begin after January 1, 2020.
  - ☐ **Spouse, Non-Tobacco User:** Complete and pass nicotine test at Health & Wellness Center. If your spouse did not complete the optional HRA or chose not to complete the nicotine test during the HRA, schedule (866-959-9355) an appointment for the nicotine test at the Health & Wellness Center.
  - ☐ **Spouse, Tobacco User:** Enroll and remain engaged in Healthstat's Tobacco Cessation Program. Call the Scheduling Line (866-959-9355) enroll in the cessation program. Cessation appointments will begin after January 1, 2020.
- ☐ **Review 2020 Paychecks:** Review benefits deducted from your paychecks, beginning January 3, 2020. Contact HR as soon as possible with questions.
- How do I access my paystubs from home?** Visit <https://cotopprod-lsf01.cloud.infor.com:1447/lawson/portal> (login using your City computer ("network") login and password) > Bookmarks > Employee Self-Service > Pay > Paychecks.

To access the forms listed above on the City's public site, you MUST enter all text shown in the link. Leaving out the "/" at the end of the link will only take you to the City's home page. If you are on the home page, click on Government > Departments > Human Resources > Employee Benefits > View the Benefits Guide

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## IMPORTANT ENROLLMENT INFORMATION

**Open Enrollment Period**  
October 1—31, 2019

**Employee Benefits and Wellness Fair**  
October 3, 2019 9:00am—2:00pm  
Big Gage Shelter House  
*Near the Topeka Zoo entrance*

**New Coverage Effective Dates**  
January 1, 2020—December 31, 2020

**New Payroll Deductions Begin**  
January 3, 2020

### Enrollment Details

This is an active open enrollment, so each employee must complete enrollment to elect or decline 2020 benefits. Watch your email for further details on how to complete 2020 enrollment. After October 31, employees will not be able to change their elections, except with a qualifying event.

### Required Notices

Required notices are enclosed and also posted on the City of Topeka benefit website:  
[intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits

## DISCLAIMER

This booklet provides only a summary of benefits offered for 2020. It is not intended to serve as the formal Summary Plan Description. Summary Plan Descriptions and additional benefit information will be posted in the benefits section of the City of Topeka intranet at:  
[intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits



# New for 2020

The following benefits have changed for the 2020 plan year. Please refer to the pages noted below for further details.

## Decreased Deductibles

Medical plan deductibles have reduced. Details are on page 6.

2020	2019
<ul style="list-style-type: none"> <li>Base: \$2,000/\$4,000</li> <li>Buy Up: \$1,000/\$2,000</li> </ul>	<ul style="list-style-type: none"> <li>Base: \$2,200/\$4,400</li> <li>Buy Up: \$1,100/\$2,200</li> </ul>

## Increased City Premium Cost-Sharing

The City will increase the employer share of both the employee and dependent tier premiums on the Medical/Rx and Dental plans. Below is a table of the cost-sharing percentages for both the wellness (platinum) and non-wellness (silver) incentive rates. The employee pays 100% of the difference between the Base and Buy Up premiums. Medical/Rx premiums are on page 7, and Dental premiums are on page 13.

PLATINUM PLAN (Wellness Incentive) Coverage Levels	City Share of Premium	Employee Share of Premium	SILVER PLAN (NO Wellness Incentive) Coverage Levels	City Share of Premium	Employee Share of Premium
Employee Only	90%	10%	Employee Only	77%	23%
Employee + Spouse	81%	19%	Employee + Spouse	68%	32%
Employee + Children	81%	19%	Employee + Children	68%	32%
Family	81%	19%	Family	68%	32%

## Increased Mental Health Benefit

Beginning January 1, 2020, the first six (6) visits for mental health will be covered at 100% under the City's plan. These visits do not need to be with the City's EAP provider to be covered. Visit [bcbsks.com](http://bcbsks.com) to find a mental health provider in the Blue Cross Blue Shield of Kansas network. Medical/Rx plan details are on page 6.

## Continuous Glucose Monitors

Beginning January 1, 2020, continuous glucose monitors will be covered under the prescription drug plan and will be subject to the applicable copays. Medical/Rx plan details are on page 6.

## Increased Dental Benefit

**Unlimited Cleanings:** Beginning January 1, 2020, the plan will allow for unlimited cleanings which includes regular/prophylaxis cleanings and periodontal maintenance cleanings. *The plan previously restricted cleanings to twice per year, or four times per year for individuals with periodontal disease.*

**Right Start 4 Kids (RS4K):** This program will begin January 1, 2020 and will remove the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist is seen. If an out-of-network dentist is seen, the underlying contract applies including waiting periods, deductibles and coinsurance levels.

**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**

# 2020 Benefit Summary

MEDICAL/RX COVERAGE	<b>Medical Carrier:</b> Blue Cross Blue Shield of Kansas Two options are available for medical plans, which are listed below. Details begin on page 6.	
	<b>OPTION 1: <u>Base</u></b> <ul style="list-style-type: none"><li>• Deductible<ul style="list-style-type: none"><li>\$2,000 for Employee Only</li><li>\$4,000 for 2 or more persons covered</li></ul></li><li>• Coinsurance<ul style="list-style-type: none"><li>\$2,000 for Employee Only</li><li>\$4,000 for 2 or more persons covered</li></ul></li><li>• Out of Pocket Maximum<ul style="list-style-type: none"><li>\$5,000 for Employee Only</li><li>\$10,000 for 2 or more persons covered</li></ul></li></ul>	<b>OPTION 2: <u>Buy-Up</u></b> <ul style="list-style-type: none"><li>• Deductible<ul style="list-style-type: none"><li>\$1,000 for Employee Only</li><li>\$2,000 for 2 or more persons covered</li></ul></li><li>• Coinsurance<ul style="list-style-type: none"><li>\$2,000 for Employee Only</li><li>\$4,000 for 2 or more persons covered</li></ul></li><li>• Out of Pocket Maximum<ul style="list-style-type: none"><li>\$3,500 for Employee Only</li><li>\$7,000 for 2 or more persons covered</li></ul></li></ul>
	<b>Prescription Drug Carrier:</b> MedTrak Copays are sorted into four (4) tiers for a 30-day supply. A 90-day supply as well as discounts for participation in the Tria Health Pharmacy Advocate program are also available. See pages 6 and 11 for details. <i>You're automatically enrolled in prescription drug coverage when you enroll in a medical plan.</i> <ul style="list-style-type: none"><li>• Retail Copays (30-day)<ul style="list-style-type: none"><li>Tier 1—\$10 Generic &lt;=\$100</li><li>Tier 2—\$35 Generic &gt; \$100</li><li>Tier 3—\$40 Formulary Brand</li><li>Tier 4—\$80 Non-Formulary Brand</li></ul></li></ul>	
DENTAL COVERAGE	<b>Dental Carrier:</b> Delta Dental of Kansas The deductible is \$50 per person with a maximum calendar year benefit of \$2,000 per person.	
LIFE INSURANCE	<b>KPERS Basic Life:</b> This life insurance benefit through KPERS is paid for by the City of Topeka and equal to 150% of the employee's average annual salary. See page 22 for details. <b>KP&amp;F Death Benefit (Non Service Connected):</b> Your spouse receives a lump-sum payment of 100% of your final average salary, plus an annual benefit of your final average salary x 2.5% x years of service in on-going monthly benefits (not to exceed 50% of final average salary) for the rest of his/her life. See page 22 for details. <b>Optional Group Life:</b> Members can purchase additional life insurance through KPERS for self, spouse and child(ren). See page 24 for details.	
RETIREMENT	<b>KPERS/KP&amp;F:</b> All full-time, benefit eligible employees contribute a designated percentage to a retirement account through Kansas Public Employees Retirement System. Sworn Police and Fire employees contribute to Kansas Police & Firemen's Retirement System. Once vested, retired members are guaranteed a monthly benefit for the rest of their lives. See page 22 for details. <b>KPERS 457:</b> KPERS/KP&F members can voluntarily contribute to a 457 account to increase retirement savings. See page 23 for details.	
SUPPLEMENTAL BENEFITS	<b>Administrator:</b> Colonial Life Supplemental benefits provided by Colonial Life include Cancer, Accident, Critical Care and Short Term Disability. See pages 16-21 for details.	
In accordance with Internal Revenue Service ("IRS") Section 125 regulations, City of Topeka employees may elect to have eligible benefits payroll deducted on a pre-tax or after-tax basis.		

# Medical/Rx Plans



This chart compares the basic provisions of the two medical plan options.



## Medical (Blue Cross Blue Shield of Kansas)

**Unsure what these terms mean (deductible, coinsurance, etc.)?**

See the Glossary on page 35 for definitions.

Plan Provision	Base Plan	Buy Up Plan
<b>Annual deductible</b> (Individual/family)	\$2,000/\$4,000	\$1,000/\$2,000
<b>Coinsurance</b> (80% plan, 20% employee)	20% up to \$2,000 max	20% up to \$2,000 max
<b>Out-of-pocket maximum</b> (Includes deductible, coinsurance and copays)	\$5,000/\$10,000	\$3,500/\$7,000
<b>Lifetime maximum</b>	Unlimited	Unlimited
<b>Preventive care</b>	Paid at 100%	Paid at 100%
<b>Primary physician office visit</b>	\$25 copay	\$25 copay
<b>Specialist office visit</b>	\$25 copay	\$25 copay
<b>Chiropractic visit</b> (Includes spinal manipulations and modalities)	\$25 copay	\$25 copay
<b>Urgent care</b>	\$45 copay	\$45 copay
<b>Emergency room care</b>	\$100 copay, deductible then 20%	\$100 copay, deductible then 20%
<b>X-ray and lab</b>	Paid 100% up to \$500, then deductible and coinsurance	Paid 100% up to \$500, then deductible and coinsurance
<b>Inpatient hospital services</b>	Deductible and coinsurance	Deductible and coinsurance
<b>Outpatient hospital services</b>	Deductible and coinsurance	Deductible and coinsurance
<b>Dependent Children</b>	Dependent children* can be covered up to age 26, even if they have their own employer-sponsored coverage available. *Dependent maternity is excluded.	



## Prescription Drug (MedTrakRx)

### What does Formulary mean?

Formulary refers to a list of brand medications commonly covered under the City's plan. An abbreviated version of the Formulary list is available at: [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > Prescription Drug > **Select Formulary**

Plan Provision	Base Plan	Buy Up Plan
<b>Prescription drug out-of-pocket maximum</b>	\$2,350/\$4,700	\$2,350/\$4,700
<b>Retail prescription drugs</b> (30-day supply)		
• Generic <= \$100	\$10 copay	\$10 copay
• Generic > \$100	\$35 copay	\$35 copay
• Formulary Brand	\$40 copay	\$40 copay
• Non-Formulary Brand	\$80 copay	\$80 copay
<b>Retail prescription drugs</b> (90-day supply)		
• Generic <= \$300	\$30 copay	\$30 copay
• Generic > \$300	\$105 copay	\$105 copay
• Formulary Brand	\$120 copay	\$120 copay
• Non-Formulary Brand	\$240 copay	\$240 copay
<b>Specialty Drugs</b>	20% copay	20% copay

**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**

# 2020 Medical/Rx Rates



## Employee's Semi-monthly Premium

*This is the amount you pay twice per month to share in the cost of your premium.*

PLATINUM PLAN (Wellness Incentive) Coverage Levels	Base Plan Semi-monthly Premium	Buy Up Plan Semi-monthly Premium	SILVER PLAN (NO Wellness Incentive) Coverage Levels	Base Plan Semi-monthly Premium	Buy Up Plan Semi-monthly Premium
Employee Only	\$34.53	\$62.62	Employee Only	\$79.42	\$107.51
Employee + Spouse	\$139.61	\$199.99	Employee + Spouse	\$235.14	\$295.52
Employee + Children	\$126.67	\$181.38	Employee + Children	\$213.34	\$268.05
Family	\$199.28	\$285.42	Family	\$335.63	\$421.77

## City of Topeka's Semi-monthly Premium

*This is the amount the City pays twice per month to share in the cost of your premium.*

PLATINUM PLAN (Wellness Incentive) Coverage Levels	Base Plan Semi-monthly Premium	Buy Up Plan Semi-monthly Premium	SILVER PLAN (NO Wellness Incentive) Coverage Levels	Base Plan Semi-monthly Premium	Buy Up Plan Semi-monthly Premium
Employee Only	\$310.78	\$310.78	Employee Only	\$265.89	\$265.89
Employee + Spouse	\$595.22	\$595.22	Employee + Spouse	\$499.69	\$499.69
Employee + Children	\$540.02	\$540.02	Employee + Children	\$453.35	\$453.35
Family	\$849.58	\$849.58	Family	\$713.23	\$713.23

## Medical Plan Tobacco Surcharge

Employees and spouses who use tobacco will each be charged \$33.75 per pay period, in addition to the rates listed above. This totals \$67.50 per month for one tobacco user, and \$135 per month for two tobacco users. Tobacco use will be determined by the cotinine level in the nicotine test. Employees who do not participate in the wellness incentive and self-report as a non-tobacco user need to make an appointment for a nicotine test. Spouses who enroll in the medical plan and are not tobacco users also need to make an appointment for a nicotine test.

## Tobacco Cessation

Tobacco users who enroll and remain engaged in the tobacco cessation program will NOT be assessed the tobacco surcharge. There is NO charge to the employee or spouse to participate in the Healthstat Tobacco Cessation program. Information regarding this program is on page 8.



# 2020 Tobacco Surcharge

Employees and spouses enrolled in the City's 2020 medical and/or dental plans must take action to avoid paying the 2020 Tobacco Surcharge(s).

- Tobacco use will be determined by self-disclosure or through nicotine tests.**

- ☐ **Employee, Non-Tobacco User:** Complete and pass nicotine test at Health & Wellness Center.

*Nicotine tests will be completed during the HRA Follow-ups. If you are not completing an HRA Follow-up, schedule (866-959-9355) an appointment for the nicotine test at the Health & Wellness Center.*

- ☐ **Employee, Tobacco User:** Enroll and remain engaged in Healthstat's Tobacco Cessation Program.

*Tobacco Cessation appointments will be scheduled during the HRA Follow-ups. If you are not completing an HRA Follow-up, call the Scheduling Line (866-959-9355) to enroll in the cessation program. Cessation appointments will begin after January 1, 2020.*

- ☐ **Spouse, Non-Tobacco User:** Complete and pass nicotine test at Health & Wellness Center.

*If your spouse did not complete the optional HRA or chose not to complete the nicotine test during the HRA, schedule (866-959-9355) an appointment for the nicotine test at the Health & Wellness Center.*

- ☐ **Spouse, Tobacco User:** Enroll and remain engaged in Healthstat's Tobacco Cessation Program.

*Call the Scheduling Line (866-959-9355) enroll in the cessation program. Cessation appointments will begin after January 1, 2020.*

- Call the Scheduling Line at 866-959-9355 to schedule a nicotine test before October 31, 2019.

2020 Tobacco Surcharge	
1 Person - Medical/Rx	\$33.75 per pay period
2 Persons - Medical/Rx	\$67.50 per pay period
1 Person - Dental	\$3.75 per pay period
2 Persons - Dental	\$7.50 per pay period

## Reasonable Alternative – City of Topeka Tobacco Cessation Program

- Employees and spouses who are tobacco users and enroll and remain engaged in the designated tobacco cessation program will not be assessed a tobacco surcharge. If the tobacco user drops out or stops participating in the tobacco cessation program, Healthstat will report this to the City of Topeka and the employee will be charged the tobacco surcharge effective the 1st of the following quarter.
- Enroll by calling the Healthstat Scheduling Line at 866-959-9355.

### Tobacco Cessation Program Highlights

- Participants will meet one-on-one with the Healthstat Nurse Practitioner to discuss cessation options as well as progress toward goals.
- Receive in-person guidance and tools to help you quit tobacco.
- Reduce overall costs for the City of Topeka health plan, which saves you money in the long run.
- Participation in this program helps you avoid the tobacco surcharge on your 2020 medical and/or dental premiums.



**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**



# 2020 Wellness Incentive

All active, benefit-eligible City of Topeka employees can participate in this voluntary wellness incentive. The wellness incentive provides a discount on 2020 medical and dental premiums.

**Earn 18 points total by completing all three sections below by October 31, 2019:**

## 1 Tier 2 (8 Points) - Biometrics, Reasonable Alternatives, City-Sponsored Events, & Non-City Activities.

### Biometric Points or Reasonable Alternative (5 points possible from your 2018 HRA)

- ☐ BMI < 30 OR Reasonable Alternative
  - ☐ Blood Pressure < 140/90 OR Reasonable Alternative
  - ☐ HDL: Men  $\geq 40$  Women  $\geq 50$  OR Reasonable Alternative
  - ☐ Triglycerides < 200 OR Reasonable Alternative
  - ☐ Fasting Glucose < 100 OR Reasonable Alternative
- The deadline to schedule a Reasonable Alternative has passed. Employee who did not earn all 5 biometric points could complete items listed below under City Offered or Outside Events to earn the full 18 points.

### Attend City Offered Events (4 points possible)

- ☐ ☐ City of Topeka Challenge or Run/Walk Event (Max 2)
- ☐ City of Topeka offered Presentation (Max 1)
- ☐ City of Topeka Health Fair (Max 1)

➤ These points were automatically added for those who signed in at the event. *The City offered enough events throughout the year for employees to earn all points without needing to log into the portal.*

### Log Outside Events in the MyHS Portal (6 points possible): <https://myhs.yourhealthstat.com>

- ☐ Dental Exam (Max 1)
- ☐ Vision Exam (Max 1)
- ☐ ☐ Cancer Screening (Max 2)
- ☐ Exercise (Max 1)
- ☐ Online Wellness Workshop (Max 1)

➤ Activities completed Nov 1, 2018 through Oct 31, 2019 could be added to your MyHS Portal account for a point. Oct. 31, 2019 is the deadline to submit events in the portal. The MyHS Portal User Guide and other details are available at [intranet.topeka.org](http://intranet.topeka.org) > Healthstat Wellness Incentive.

## 2 Tier 1 (5 Points) - Health Risk Assessment: July/August 2019

The HRA should have been completed during the onsite events between July 23rd and August 8th. Employees who completed the HRA have earned 5 points and these points will be submitted by Healthstat.

**NEW:** Spouses had the option of completing an HRA at the onsite events. **Spouse HRAs will not affect 2020 medical or dental plans discounts.**

## 3 Tier 1 (5 Points) - Health Risk Assessment Follow-up: August—October 2019

The HRA Follow-up should be completed between August and October 2019 at the Health & Wellness Center. Employees who completed the HRA Follow-up have earned 5 points and these points will be submitted by Healthstat.

**NEW:** Spouses can complete a follow-up appointment between January 1, 2020 and March 31, 2020.

**Additional details available at: [intranet.topeka.org](http://intranet.topeka.org) > Healthstat Wellness Incentive**

### Contact:

Emily Pham, Wellness Coordinator

Email: [epham@topeka.org](mailto:epham@topeka.org)

Phone: 785-368-3602

# Health & Wellness Center



The Health & Wellness Center is a FREE service for City of Topeka employees, spouses, children and retirees who are enrolled in the City's medical/rx plan.

Employees who are not enrolled in the City's medical plan can purchase a pass for \$50 per month to have access to care at the Health & Wellness Center. This Clinic Access Pass is only available during benefits open enrollment.



The most important thing you can do for yourself and your family is to stay healthy.

The Health & Wellness Center will help you and your family with the management of your chronic diseases and episodic illnesses. The clinic is staffed by a Family Nurse Practitioner and a Medical Assistant.

**Scheduling Line:** 866-959-9355

## Hours of Operation:

Monday	7am— 4:30pm
Tuesday	<b>CLOSED*</b>
Wednesday	7am— 4:30pm
Thursday	7am— 4:30pm
Friday	7am— 12:30pm

## Address:

Holliday Building  
620 SE Madison Street, Suite A  
Topeka, KS 66607

## Sample of Services Provided:

- Disease management
- Lab work/tests/prescriptions
- Sore/Strep throat
- Referral to specialist
- Flu and minor illnesses
- Bladder infection
- Allergy care
- Well Man/Woman Exams
- Muscle and joint pain
- Preventive care

\*The clinic is closed on Tuesdays for **blood pressure checks and black bag events** with the Nurse Practitioner. The clinician travels to your worksite once per month, and you can stop in and see her any time she's at your location. See the full schedule below.

## Schedule for Blood Pressure Checks:

First Tuesday		Second Tuesday	
Fire Stations 1, 3, 6 & Fire Admin	8am—10am	Fire Stations 4, 5 & 9	8am—10am
Water Plant	10am—11am	City Hall	10am—11:30am
Street & Forestry	2:45pm—3:30pm	Zoo	2pm—2:30pm
Police	3:45pm—4:30pm	Water Distribution	2:40pm—3:10pm
Third Tuesday		Fourth Tuesday	
Fire Stations 2, 7 & 11	8am—10am	Fire Stations 8, 10 & 12	8am—10am
Holliday Building	11am—Noon	Police	12:45pm—1:30pm
WPC	3pm—4:30pm	Fleet Services	1:30pm—2:30pm

**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**

# Pharmacy Advocate Program

Tria Health's pharmacists act as your personal medication experts and work with you and your physician to reduce the risk of medication-related problems.

## Participate & Save Money on Your Prescriptions!

Active participants in the Pharmacy Advocate Program are eligible to receive discounted copays on select medications that are used to treat the conditions targeted through the Pharmacy Advocate Program.

### Targeted Conditions:

- Asthma/COPD
- Chronic Pain
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis
- Specialty Medications

### Who can enroll?

Any employee or family member enrolled in the City of Topeka Medical/Rx plan who:

- Takes multiple medications and/or
- Has at least 1 chronic condition

### Diabetes, Asthma & COPD

Any participant managing diabetes, asthma or COPD will receive **FREE** related prescriptions. Participants managing diabetes will also receive free test strips and a glucose monitor.

## Getting Started in the Pharmacy Advocate Program

### 1. Enroll Online

[triahealth.com/enroll](https://triahealth.com/enroll)

*You may request a paper enrollment form by calling the Tria Help Desk at 888-799-8742.*

*After you enroll, Tria will call you to schedule an appointment to speak with a Tria pharmacist.*

### 2. Speak with Your Tria Health Pharmacist

Confidentially speak one-on-one with a Tria pharmacist to review all of your medications (including over-the-counter and herbal supplements).

### 3. Personalized Resources for You

Receive a summary of recommendations that were made by your Tria pharmacist and a pocket-sized "Tria Med Card" to help you keep track of your medications.

Copay Rates	Generic ≤ \$100	Generic > \$100	Formulary Brand	Non-Formulary Brand
<b>30-day prescription</b>				
<b>Discounted Copay</b>	FREE	\$10	\$20	\$40
Normal Copay	\$10	\$35	\$40	\$80
<b>90-day prescription</b>				
<b>Discounted Copay</b>	FREE	\$30	\$60	\$120
Normal Copay	\$30	\$105	\$120	\$240

**City of Topeka**  
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# Dental Plan



Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below.

Provision	Dental Plan	Right Start 4 Kids (children 12 and under)
<b>Annual deductible</b> (Individual/family)	\$50/\$150	No Deductible
<b>Annual maximum per person</b>	\$2,000	\$2,000
<b>Diagnostic and Preventive Services</b>	Covered at 100%	Covered at 100%
<b>Basic services</b>	Employee pays 40% <i><b>Incentive Rate*:</b></i> <i>Employee pays 20%</i>	Covered at 100%
<b>Major services</b>	Employee pays 60% <i><b>Incentive Rate*:</b></i> <i>Employee pays 50%</i>	Covered at 100%
<b>Orthodontia</b>	City pays 50% up to \$2,000 lifetime maximum	City pays 50% up to \$2,000 lifetime maximum

***\*Incentive Rate:*** with at least one exam and/or cleaning in the prior year, you will receive the “incentive rate” benefit level.

## Diagnostic & Preventive Services

### Oral Examinations:

Twice per calendar year

### Diagnostic X-rays:

Bitewings two times per calendar year for dependents under age 18 and once each 12 months for adults age 18 and over

### Full mouth or panoramic x-rays:

Once every five years

### Prophylaxis (cleanings): Unlimited

**Topical Fluoride:** Two per calendar year for dependent children through the end of the month in which child reaches age 21.

### Space Maintainers & Sealants:

Covered with frequency limitations

## Basic Services

**Emergency exam:** One per calendar year by dentist to relieve pain

**Oral surgery:** Extractions or oral surgery including pre and post operative care

**Fillings-Amalgam:** (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.

**Endodontics:** Includes procedures for root canal treatments and root canal fillings

**Periodontics:** Treatment of gum diseases of the tissues supporting the teeth

## Major Services

**Special restorative:** When teeth cannot be restored with a filling material

**Prosthodontics:** Includes bridges, partial and complete dentures, including repairs and adjustments

### Periodontics:

Surgical periodontal procedures

**Implants:** Covered on a limited basis. A predetermination of benefits prior to treatment is recommended.

**City of Topeka**

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# 2020 Dental Rates



## Employee's Semi-monthly Premium

*This is the amount you pay twice per month to share in the cost of your premium.*

PLATINUM PLAN (Wellness Incentive) Coverage Levels	Semi-monthly Premium	SILVER PLAN (NO Wellness Incentive) Coverage Levels	Semi-monthly Premium
Employee Only	\$1.69	Employee Only	\$3.88
Employee + Spouse	\$6.44	Employee + Spouse	\$10.85
Employee + Children	\$6.91	Employee + Children	\$11.63
Family	\$11.53	Family	\$19.42

## City of Topeka's Semi-monthly Premium

*This is the amount the City pays twice per month to share in the cost of your premium.*

PLATINUM PLAN (Wellness Incentive) Coverage Levels	Semi-monthly Premium	SILVER PLAN (NO Wellness Incentive) Coverage Levels	Semi-monthly Premium
Employee Only	\$15.21	Employee Only	\$13.02
Employee + Spouse	\$27.49	Employee + Spouse	\$23.08
Employee + Children	\$29.46	Employee + Children	\$24.74
Family	\$49.17	Family	\$41.28

## Dental Plan Tobacco Surcharge

Employees and spouses who use tobacco will each be charged \$3.75 per pay period in addition to the rates listed above. This totals \$7.50 per month for one tobacco user, and \$15 per month for two tobacco users. Tobacco use will be determined by the cotinine level in the tobacco test. Employees who do not participate in the wellness incentive and self-report as a non-tobacco user need to make an appointment for a tobacco test. Spouses who enroll in the dental plan and are not tobacco users also need to make an appointment for a tobacco test.

## Tobacco Cessation

Tobacco users who enroll and remain engaged in the tobacco cessation program will NOT be assessed the tobacco surcharge. There is NO charge to the employee or spouse to participate in the Healthstat Tobacco Cessation program. Information regarding this program is on page 8.

# Vision Plan



Your vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses.

Provision	In-Network Cost	Out-of-Network Allowances	Coverage Level	Semi-monthly Cost
<b>Exam with Dilation as Necessary</b>	\$10	\$35		
Retinal Imaging	Up to \$39	N/A		
<b>Contact Lenses Fit and Follow-up</b>				
<b>Standard</b> – spherical clear contact lenses in conventional wear and planned replacement.	\$0	\$40	Employee Only	\$3.98
<b>Premium</b> – all lens designs, materials and specialty fittings other than Standard Contact Lenses	10% off retail, <i>then apply \$55 allowance</i>	\$40	Employee + Spouse	\$8.64
<b>Frames</b>	\$150 allowance	\$75	Employee + Child(ren)	\$7.41
<b>Standard Plastic Lenses</b>			Family	\$14.40
Single vision	\$15 Copay	\$25		
Bifocal	\$15 Copay	\$40		
Trifocal	\$15 Copay	\$55		
Lenticular	\$15 Copay	\$55		
<b>Lenses Options</b>	Adults: \$40	\$25		
Standard Polycarbonate	Dependents under 19: \$0	\$25		
UV Coating	\$15	Not Covered		
Tint (Solid and Gradient)	\$15	Not Covered		
Standard Scratch-Resistance	\$15	Not Covered		
Standard Anti-Reflective Coating	\$45	Not Covered		
Standard Progressive (Includes Copay)	\$80	\$40		
Premium Progressive (Includes Copay)	Tier 1—\$100	\$40		
Custom Progressive (Includes Copay)	Tier 2—\$110	Premium Progressive-\$40		
Other Add-ons and Services	Tier 3—\$125	Not Covered		
	\$80 + 80% of Retail less \$120			
	20% off Retail Price			
<b>Contact Lenses</b>				
Conventional	\$150 allowance, <i>15% off balance over \$150</i>	\$100		
Disposable	\$150 allowance	\$90		
Medically Necessary	\$0	\$200		
<b>Additional Pairs Benefits</b>	40% discount off complete pair of eyeglass purchase and 15% off conventional contact lenses	N/A		
<b>Laser Vision Correction</b>	15% off retail price or 5% off promotional price	N/A		
For Lasik providers call 1.877.5LASER6				

The City of Topeka is in Surency's "Insight" Network.

**City of Topeka**

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# Flexible Spending Accounts



A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars.

You decide how much money you would like to contribute from each paycheck to one or both FSA accounts. Your contribution is deducted from your paycheck on a pretax basis and is put into your FSA account(s). You can access the funds in these accounts to pay for eligible medical or dependent care expenses.

- **Health Care FSA:** New health care FSA participants receive an ASIFlex card which can be used at health care providers and pharmacies. Keep your insurance plan explanation of benefits (EOB) and ask for an itemized statement of service when you use the card as you may be asked to submit this after using the card. For more information, visit [asiflex.com/DebitCards.aspx](http://asiflex.com/DebitCards.aspx).
- **Dependent Care FSA:** Those enrolled in the Dependent Care FSA will need to submit claims to ASI for reimbursement.

Account Type and Eligible Expenses	Annual Contribution Limits	Benefit
<b>Health Care FSA</b> Most medical, prescriptions, dental, vision, hearing and over-the-counter health care products	Maximum annual contribution for the Health Care FSA is \$2,700 in 2020	Saves on eligible expenses not covered by insurance; reduces your taxable income
<b>Dependent Care FSA</b> Work-related child day care expenses and, in some cases, elder care expenses such as daycare, regular babysitting, before/after school care, nursery/preschool or summer day camp	Maximum contribution for Dependent Care FSA is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

Visit [www.asiflex.com/EligibleExpenses.aspx](http://www.asiflex.com/EligibleExpenses.aspx) for a complete list of eligible expenses!

*"Flexible Spending Accounts save you money on medical and child care expenses. Most people save at least 25% on each dollar that is set aside in the program."*  
 - [asiflex.com](http://asiflex.com)

**Not sure how much to contribute?** Visit [asiflex.com/Calculator.aspx](http://asiflex.com/Calculator.aspx) to estimate your Medical Expenses and potential savings. Plan only for routine expenses or scheduled expenses you know you will have and are paying for anyway.

## Example of FSA Savings

Account Type	With FSA	Without FSA
<b>Annual income</b>	\$50,000	\$50,000
<b>Pretax contribution to FSA</b>	\$2,000	\$0
<b>Taxable income</b>	\$48,000	\$50,000
<b>Estimated taxes</b>	\$12,000	\$12,500
<b>Increase in spendable income</b>	\$500	\$0

## Important Information about FSAs

Your FSA elections are effective from January 1 through December 31. Claims for reimbursement must be incurred by March 15 of the following year and submitted to ASI by June 15. Any money remaining in your account after June 15 of the following year will be forfeited. This is known as the "use it or lose it" rule and it is governed by Internal Revenue Service regulations.

## How to Submit Claims

ASIFlex offers several easy ways to submit claims for reimbursement. You do not have to choose only one option; you can use multiple options throughout the year.

- **ASIFlex mobile app** Download the app and log in to your account. Snap a picture of your insurance plan explanation of benefits (EOB) statement, or itemized statement from your provider and submit your claim via the app.
- **ASIFlex Online** Sign in to your online account at [asiflex.com](http://asiflex.com) to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Submit with your EOB or provider itemized statement. Keep a copy for your records.

*Reimbursements will be made within three business days following receipt of a complete claim. Log in to your ASIFlex account to sign up for direct deposit reimbursement to a bank account of your choice.*

**City of Topeka**  
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# Cancer Insurance



This plan provides a lump-sum benefit for qualifying claims related to cancer.

Colonial Life's Cancer Insurance Plans help offset the out-of-pocket medical and non-medical expenses related to cancer that most medical plans don't cover, such as:

- Loss of income
- Child care
- Lodging and meals
- Deductible and copays
- Care at out-of-network specialty centers
- Home health care
- Experimental treatments
- Breast Cancer

Coverage Level	Low Plan Semi-monthly Cost	High Plan Semi-monthly Cost
Single	\$11.83	\$15.13
Family	\$19.70	\$25.18

## Screenings eligible for Cancer Screening/Wellness Benefit:

- Biopsy of skin lesion
- Bone marrow aspiration/biopsy
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- Colonoscopy
- CEA (blood test for colon cancer)
- Virtual Colonoscopy
- CA125 (blood test for ovarian cancer)
- Chest X-ray
- PSA (blood test for prostate cancer)
- Flexible sigmoidoscopy
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- Hemoccult stool analysis

Provision:	Low Plan	High Plan
<b>Cancer Screening/Wellness Benefit</b>	\$75	\$100
<b>Mammography</b>	\$70	\$70
<b>Pap Smear</b>	\$70	\$70
<b>Initial Diagnosis</b> <i>Paid for first diagnosis of internal cancer. Pays 1.5 times for children on family coverage.</i>	\$5,000	\$5,000
<b>Hospital Confinement/Hospital Intensive Care Unit Confinement</b>		
• Per day for first 30 days of hospital confinement in a calendar year	\$200	\$300
• Per day after first 30 days of hospital confinement in a calendar year	\$400	\$600
• Per day for hospital intensive care unit confinement	\$400	\$600
<i>Maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined</i>		
<b>Hospital Confinement/Hospital Intensive Care Unit Confinement in US Government Hospital</b>		
• Per day for first 30 days of hospital confinement in a calendar year	\$200	\$300
• Per day after first 30 days of hospital confinement in a calendar year	\$400	\$600
• Per day for hospital intensive care unit confinement	\$400	\$600
<i>Maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined</i>		

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# Cancer Insurance



Provision:	Low Plan	High Plan
<b>Private Full-Time Nursing, per day</b>	\$200	\$300
<b>Radiation/Chemotherapy, per day</b> <i>Calendar year maximum</i>	\$225 \$7,500	\$300 \$10,000
<b>Anti-nausea Medication, per day</b> <i>Calendar year maximum</i>	\$50 \$200	\$50 \$200
<b>Blood/Plasma/Platelets/Immunoglobulins, per day</b> <i>Calendar year maximum</i>	\$225 \$7,500	\$300 \$10,000
<b>Supportive or Protective Care Drugs &amp; Colony Stimulating Factors, per day</b> <i>Calendar year maximum</i>	\$150 \$1,200	\$200 \$1,600
<b>Bone Marrow Stem Cell Transplant, per lifetime</b>	\$10,000	\$10,000
<b>Peripheral Stem Cell Transplant, per lifetime</b>	\$5,000	\$5,000
<b>Transportation (per mile) up to 700 miles per round trip</b>	\$0.40	\$0.40
<b>Transportation for Companion (per mile)</b> Up to 700 miles per round trip	\$0.40	\$0.40
<b>Lodging, per day, up to 70 days per calendar year</b>	\$50	\$50
<b>Surgical Procedures—Unit Value</b> <i>Maximum per procedure</i>	\$60 \$3,000	\$90 \$4,500
<b>Second Medical Opinion, per malignant condition</b>	\$300	\$300
<b>Reconstructive Surgery—Unit Value</b> <i>Maximum per procedure including anesthesia, limit 2 per day</i>	\$60 \$3,000	\$90 \$4,500
<b>Outpatient Surgical Center, per day</b> <i>Calendar year maximum</i>	\$500 \$1,500	\$750 \$2,250
<b>Waiver of Premium</b>	YES	YES
<b>Ambulance, per trip, limit 2 trips per confinement</b>	\$100	\$100
<b>Attending Physician, per day, max 180 days per calendar year</b>	\$50	\$50
<b>Experimental Treatment, per treatment</b> <i>Lifetime maximum</i>	\$300 \$10,000	\$300 \$10,000
<b>Hair, External Breast, Voice Box Prostheses, per calendar year</b>	\$200	\$200
<b>Prosthesis, Artificial Limb per device, limit 1 per site</b> <i>Lifetime maximum</i>	\$2,000 \$4,000	\$2,000 \$4,000
<b>Skilled Nursing Care Facility, per day up to days confined</b>	\$300	\$300
<b>Hospice, per day, no lifetime limit</b>	\$300	\$300
<b>Home Health Care Services, per day,</b> Up to greater of 30 days/calendar year or 2x days confined	\$300	\$300

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# Accident Insurance



This is an indemnity plan that provides employees with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident.

Coverage Level	Low Plan Semi-monthly Cost	High Plan Semi-monthly Cost
Employee Only	\$4.84	\$7.47
Employee + Spouse	\$7.95	\$12.32
Employee + Child(ren)	\$9.01	\$14.28
Family	\$12.13	\$19.14

Provision:	Low Plan	High Plan
<b>Accident Emergency Treatment</b> —4 visits per person, per calendar year (Doctor's office, urgent care facility or emergency room)	\$75 per visit	\$125 per visit
<b>Accident Follow-Up Doctor Visit</b> (Doctor's office, urgent care facility or emergency room)	\$50/visit, 2 visits per covered accident; 8 visits per calendar year	\$50/visit, 3 visits per covered accident; 12 visits per calendar year
<b>Accidental Death</b>	\$20,000 EE/SP; \$4,000 Child	\$25,000 EE/SP; \$20,000 Child
<b>Accidental Death: Common Carrier</b>	\$80,000 EE/SP; \$16,000 Child	\$100,000 EE/SP; \$20,000 Child
<b>Accidental Dismemberment:</b>		
Loss of Finger/Toe	(1)\$450; (2+)\$900	(1)\$750; (2+)\$1,500
Loss of Hand/Foot/Sight	(1)\$4,500; (2+)\$9,000	(1)\$7,500; (2+)\$15,000
<b>Ambulance — Air</b>	\$1,000	\$1,500
<b>Ambulance — Ground</b>	\$100	\$200
<b>Appliances</b> (Such as wheelchair, crutches)	\$50	\$100
<b>Blood/Plasma/Platelets</b>	\$300	\$300
<b>Burns</b> (Based on size and degree)		
2nd Degree, 36% of Body	\$750	\$1,000
3rd Degree, 9 to 18 square inches	\$1,500	\$2,000
3rd Degree, greater than 18 to 35 square inches	\$3,000	\$4,000
3rd Degree, greater than 35 square inches	\$9,000	\$12,000
<b>Burns — Skin Graft</b>	50% of burn benefit	50% of burn benefit
<b>Catastrophic Accident</b> —365-day elimination period For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss or loss of use of one arm and one leg; loss or loss of use of both arms or both legs; loss of sight of both eyes; loss of hearing of both ears; loss of the ability to speak.	\$25,000 EE/SP; \$12,500 Child	\$50,000 EE/SP; \$25,000 Child

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# Accident Insurance



Provision:	Low Plan	High Plan
<b>Coma</b> —duration of at least 14 consecutive days	\$5,000	\$10,000
<b>Concussion</b>	\$100	\$150
<b>Dislocation</b> —based on joint and if repaired by open or closed reduction	\$90 — \$3,600	\$150 — \$6,000
<b>Emergency Dental Work</b>		
Crown, Implant or Denture	\$150	\$300
Extraction	\$50	\$100
<b>Eye Injury</b>	\$200	\$300
<b>Fracture</b> —based on bone and if repaired by open or closed reduction	\$90—\$4,500	\$150 — \$7,500
<b>Hospital Admission</b>	\$500	\$1,000
<b>Hospital Confinement, per day</b> —up to 365 days	\$100	\$200
<b>Hospital ICU Admission</b>	\$750	\$1,500
<b>Hospital ICU Confinement, per day</b> —up to 15 days	\$200	\$400
<b>Rehabilitation Unit Confinement, per day</b> Up to 15 days per covered accident, and up to 30 days per calendar year.	\$50	\$100
<b>Knee Cartilage—Torn</b>	\$500	\$500
<b>Laceration</b> —based on size and repair		
No Stitches	\$25	\$25
With Stitches, less than 2 inches	\$75	\$75
With Stitches, 2 to 6 inches	\$300	\$300
With Stitches, greater than 6 inches	\$600	\$600
<b>Lodging (Companion)</b> —per day, up to 30 days	\$100	\$150
<b>Medical Imaging Study</b> —limit one per covered person per calendar year	\$100	\$150
<b>Pain Management</b> (Epidural Anesthesia)	\$50	\$100
<b>Prosthetic Device/Artificial Limb</b>		
One	\$500	\$500
Two or more	\$1,000	\$1,000
<b>Ruptured Disc with Surgical Repair</b>	\$500	\$500
<b>Surgery—Cranial, Open Abdominal, Thoracic</b>	\$1,000	\$1,500
<b>Surgery—Hernia</b>	\$100	\$200
<b>Surgery—Exploratory and Arthroscopic</b>	\$100	\$150
<b>Tendon/Ligament/Rotator Cuff</b>		
One	\$500	\$500
Two or more	\$750	\$750
<b>Therapy—Occupational &amp; Physical Therapy</b> —per day, up to 10 days	\$15	\$25
<b>Transportation</b> —per trip, up to 3 trips per accident	\$400	\$500
<b>X-Ray Benefit</b>	\$20	\$30

# Critical Care Insurance



This plan provides a lump-sum benefit for qualifying claims related to critical illnesses such as a heart attack or stroke.

## Coverage is available to:

- Employee
- Employee and spouse
- One-parent family
- Two-parent Family

## Purchase face amounts:

- Employee: coverage up to \$50,000  
\* Purchase up to \$25,000 of coverage without providing proof of good health.
- Spouse and/or child(ren): coverage will be 50% of the employee's coverage amount.

Premiums are based on face amount, age of the employee and whether or not the covered members are tobacco users.

## Claim Forms:

Forms are available on the City intranet at [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > Critical Illness

## Provision:

## Percentage of Face Amount

**Health Screening Benefit**—per covered person, per calendar year.  
See table below for additional information.

\$50

**Heart Attack** (Myocardial Infarction)

100%

**Stroke**

100%

**End Stage Renal** (Kidney) **Failure**

100%

**Major Organ Failure**

100%

**Permanent Paralysis** due to a Covered Accident

100%

**Coma**

100%

**Blindness**

100%

**Occupational Infectious HIV or**

**Occupational Infectious Hepatitis B, C or D**

100%

**Coronary Artery Disease**

25%

## Screenings eligible for Health Screening Benefit:

- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Breast ultrasound
- Fasting blood glucose test
- Chest x-ray
- Blood test for triglycerides
- Colonoscopy
- Hemoccult stool analysis
- Mammography
- Virtual colonoscopy
- Pap Smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG, ECG)
- Serum Cholesterol test to determine level of HDL and LDL
- Echocardiogram (ECHO)
- CA 15-3 (blood test for breast cancer)
- Flexible sigmoidoscopy
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- ThinPrep pap test
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Bone marrow testing

The City of Topeka Health Risk Assessments ("HRAs") qualify for the Health Screening Benefit! Human Resources will submit a claim for any employee who completes the HRA and follow-up while enrolled in the Critical Illness plan.

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# Short Term Disability



This plan provides you with a source of income if you are unable to work due to a covered sickness or non-work-related injury.

## How does it work?

Once you've met the waiting period requirements and submitted your claim, you begin receiving a weekly payment from Colonial Life.

## How long will Colonial Life pay me?

You will receive weekly payments until you've recovered from your disability, or until you've met the full 26 weeks of this benefit.

## What is a pre-existing condition?

Any condition the employee has received medical treatment, consultation, care or services, or took prescribed medications for in the 12 months prior to the effective date of coverage.

**Coverage Type:** Non-occupational (*not work-related*)

**Weekly Benefit Maximum:** \$1,000

**Maximum Period of Payment:** 26 weeks

**Pre-existing Conditions Exclusion:** 12/12

## Plan Highlights

- Maternity leave is covered on this plan! It is not considered a pre-existing condition, unless the pregnancy is confirmed by a health care provider prior to the effective date of coverage.
- Short Term Disability premiums are waived while you receive weekly payments from Colonial Life.

Options	Waiting Period	Benefit
<b>Option 1</b>	14 calendar days	60% of compensation
<b>Option 2</b>	30 calendar days	60% of compensation
<b>Option 3</b>	30 calendar days	40% of compensation

### Rate Table for Option 1 (14 day waiting period)

Age Bands	16-39	40-44	45-49	50-54	55-59	60-64	65+
<b>Rate per \$10 Weekly Benefit</b>	\$0.64	\$0.70	\$0.72	\$0.82	\$1.10	\$1.20	\$1.43

### Rate Table for Options 2 and 3 (30 day waiting period)

Age Bands	16-39	40-44	45-49	50-54	55-59	60-64	65+
<b>Rate per \$10 Weekly Benefit</b>	\$0.28	\$0.40	\$0.52	\$0.67	\$0.86	\$1.00	\$1.06

## Estimate your weekly benefit and semi-monthly premium:

hourly wage x 160 = monthly salary

monthly salary x [60% or 40%] = monthly benefit

[monthly benefit x 12] / 52 = **weekly benefit**

[weekly benefit / \$10] x *Rate listed in table above in corresponding waiting period and age band* = monthly premium

monthly premium / 2 = **semi-monthly premium**

**EXAMPLE:** 35 year old, 14 day waiting period with an hourly wage of \$18.00

\$18.00 x 160 = \$2880 monthly salary

\$2880 x .60 = \$1728 monthly benefit

[\$1728 x 12] / 52 = \$398.76 **weekly benefit**

[\$398.76 / \$10] x .64 = \$25.52

\$25.52 / 2 = \$12.76 **semi-monthly premium**

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# KPERS/KP&F



KPERS provides disability and death benefits to protect employees while they are still working, and guarantees them a lifetime benefit when they retire.

## KPERS Retirement

Membership	Membership Date	Retirement Eligibility
Tier 1	Before July 1, 2009	<ol style="list-style-type: none"> <li>Age 65 with 1 year of service</li> <li>Age 62 with 10 years of service</li> <li>Age + years of service = 85</li> <li>Reduced benefit at age 55 with 10 years of service.</li> </ol>
Tier 2	July 1, 2009 — Dec. 31, 2014	<ol style="list-style-type: none"> <li>Age 65 with 5 years of service</li> <li>Age 60 with 30 years of service</li> <li>Reduced benefit at age 55 with 10 years of service.</li> </ol>
Tier 3	Jan. 1, 2015 to present	

## KP&F Retirement

Membership	Membership Date	Retirement Eligibility
Tier 1	Before July 1, 1989 <i>and did not choose Tier 2 coverage.</i>	<ol style="list-style-type: none"> <li>Age 55 with 20 years of service</li> <li>Any age with 32 years of service</li> <li>Reduced benefit at age 50 with 20 years of service</li> </ol>
Tier 2	After July 1, 1989	<ol style="list-style-type: none"> <li>Age 50 with 25 years of service</li> <li>Age 55 with 20 years of service</li> <li>Age 60 with 15 years of service</li> <li>Reduced benefit at age 50 with 20 years of service</li> </ol>

### 2020 Contribution Rates:

- KPERS
  - Employee: 6.00%
  - City of Topeka: 8.61%
- KP&F
  - Employee: 7.15%
  - City of Topeka: 21.93%

### Interest Rate

Interest rate on your contributions based on your KPERS/KP&F membership date:

- Before July 1, 1993: 7.75% interest
- On or after July 1, 1993: 4.00% interest

### Online Account Access

Create an online account at [kpers.org](https://kpers.org). View your Member Annual Statement, and update your beneficiaries from this account.

### Questions? Contact KPERS.

Email: [kpers@kpers.org](mailto:kpers@kpers.org)  
Phone: 888-275-5737

## Long-Term Disability

Membership	Waiting Period	Benefits
KPERS	180 days (6 months)	<ul style="list-style-type: none"> <li>Must apply for Social Security benefits and complete any appeal process.</li> <li>60% of your current compensation, up to \$5,000 per month.</li> </ul>
KP&F: Tier 1	Service-connected disability — No waiting period	<ul style="list-style-type: none"> <li>Annual benefit, in on-going monthly payments of 50% of final average salary.</li> <li>Eligible children receive annual benefit up to 10% of final average salary.</li> </ul>
	Non-service-connected disability — 180 days (6 months)	<ul style="list-style-type: none"> <li>Annual benefit, in on-going monthly payments of <math>[final\ average\ salary] \times [2.5\%] \times [years\ of\ service]</math>.</li> </ul>
KP&F: Tier 2	No waiting period	<ul style="list-style-type: none"> <li>50% of your final average salary, in on-going monthly payments.</li> </ul>

## Life Insurance and Death Benefits

Membership	On-the-Job vs. Off-the-Job	Spousal Benefits	Child(ren) Benefits	If no spouse/child...
KPERS	On-the-Job	<ul style="list-style-type: none"> <li>\$50,000 lump-sum</li> <li>50% of your final average salary in a monthly benefit</li> <li>KPERS contributions and interest</li> <li>150% of average annual salary</li> </ul>	Eligible for spousal benefits, if no spouse and age 18 or younger.	Dependent parents are eligible, if no spouse or child(ren).
	Off-the-Job	Your beneficiary receives: <ul style="list-style-type: none"> <li>150% of annual salary</li> <li>Contributions and interest</li> </ul>		
KP&F	On-the-Job	<ul style="list-style-type: none"> <li>50% of your final average salary in a monthly benefit</li> </ul>	Annual benefit of 10% of your final average salary, in on-going monthly payments.	If no spouse or child, beneficiary receives lump-sum of 100% of your current annual salary, less any refundable contributions and interest.
	Off-the-Job	<ul style="list-style-type: none"> <li>100% of final average salary in a lump-sum</li> <li>Annual benefit, in on-going monthly benefits (<i>not to exceed 50%</i>) of <math>[final\ average\ salary] \times [2.5\%] \times [years\ of\ service]</math>.</li> </ul>	Eligible for spousal benefits, if no spouse and age 18 or younger.	

City of Topeka

Benefits Effective: January 1, 2020—December 31, 2020

# KPERS 457



Combined with your KPERS/KP&F account, the KPERS 457 provides an important complement to help you save toward your financial goals in retirement.

**\*KPERS 457 is not included in the regular open enrollment process. If you do nothing, your contribution will stay the same into the new year.\***

## What is KPERS 457?

KPERS 457 is the Kansas Public Employees 457(b) Deferred Compensation Plan. It is a retirement savings plan to help Kansas public employees complement their KPERS/KP&F pension for a more sound retirement income strategy.

## How it works:

- Contributions are automatically deducted from your pay
- You can start with as little as \$12 per paycheck
- Start and stop your contributions during any month of the year
- Contribute pre-tax, Roth (*after-tax*) or both
- Investing made easy!

## Questions? Contact Scott Kober.

Phone: 816-853-4210

Email: [scott.kober@empower-retirement.com](mailto:scott.kober@empower-retirement.com)

## Try out the Retirement Planner calculator!

[empower.wealthmsi.com/retirement\\_planner/](http://empower.wealthmsi.com/retirement_planner/)

## How do I enroll?

Go to [kpers457.org](http://kpers457.org), click the green Register button under Participant Login, then choose “I have a plan enrollment code.” Plan enrollment codes expire every three months, so visit the 457 page on the City intranet for the most updated code: [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > 457 Deferred Compensation > Online Enrollment Instructions. Or, call the Empower Retirement local office at 785-414-3583.

## How can I change my contribution?

Go to [kpers457.org](http://kpers457.org), login to your online account, and change your contribution amount. Or, call Empower Retirement customer service at 800-232-0024.

## What's the difference between pre-tax and Roth contributions?

Pre-tax	Roth
<ul style="list-style-type: none"> <li>• You <b>do not</b> pay taxes on the money you contribute</li> <li>• When you retire, you <b>will</b> pay taxes on the money you withdraw from this account.</li> <li>• Generally, this option works best for individuals who <b>do not</b> anticipate a significant increase in pay before they retire (<i>employees who are closer to retirement or mid-career</i>).</li> </ul>	<ul style="list-style-type: none"> <li>• You <b>do</b> pay taxes on the money you contribute</li> <li>• When you retire, you <b>will not</b> pay taxes on the money you withdraw from this account, if you follow the Roth rules.</li> <li>• Generally, this option works best for individuals who <b>do</b> anticipate a significant increase in pay before they retire (<i>employees who are new to the workforce up to mid-career</i>).</li> </ul>

Ask your financial advisor which option is best for you.

## What's the difference between KPERS/KP&F and the KPERS 457?

KPERS/KP&F	KPERS 457
<ul style="list-style-type: none"> <li>• Mandatory enrollment</li> <li>• You contribute pre-tax money to your account</li> <li>• KPERS invests the money for you</li> <li>• When you retire, you receive a monthly benefit for the rest of your life</li> <li>• <b>Purpose:</b> Provide a steady income in retirement.</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary enrollment</li> <li>• You can contribute pre-tax and/or after-tax money</li> <li>• You can choose how to invest your money</li> <li>• When you retire, you can withdraw at your own pace. <i>IRS guidelines may dictate how much you withdraw each year.</i></li> <li>• <b>Purpose:</b> Supplement your KPERS/KP&amp;F retirement and social security (if applicable).</li> </ul>

City of Topeka

Benefits Effective: January 1, 2020—December 31, 2020



# Optional Group Life Insurance



This plan offered through KPERS provides extra coverage to help protect your family's financial security. You decide how much you need and pay your premiums through payroll deduction.

## Enrollment Dates

October 1 — 31 with January 1 effective date.

## Questions? Contact The Standard.

Phone: 844-289-2306

Email: [kpersadmin@standard.com](mailto:kpersadmin@standard.com)

## Decision Support Tool

[www.standard.com/edu/kpers/15851](http://www.standard.com/edu/kpers/15851)

## Full Details

[intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits >

Optional Group Life Insurance

- Benefits at a Glance
- Optional Life Insurance Booklet

## How to Enroll or Change Coverage

Login to your KPERS online account to start new or change current coverage.

Go to [kpers.org](http://kpers.org) > click the blue **Member Login** button > login to your account.

You will see personalized information:

- current coverage
- guaranteed coverage eligibility
- premiums for new coverage

You will get an immediate confirmation after completing the application online.

**Issues logging in?** Call KPERS at 785-296-6166.

**Paper applications** available at [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > Optional Group Life Insurance

You will get confirmation letter in mid-December if you complete the paper form.

**\*Optional Group Life Insurance is not included in the regular open enrollment process. If you do nothing, your coverage will stay the same into the new year.\***

## Guaranteed coverage for open enrollment

Most members can get guaranteed coverage during open enrollment. If you want more than the guaranteed amount, you can apply for coverage and answer a few health questions.

Who's covered	Plan Coverage Options	No Health Questions Guaranteed Coverage at Open Enrollment
<b>Member</b>	In \$5,000 increments, up to plan max \$400,000	Increase up to \$50,000 (\$250,000 guaranteed max)
<b>Spouse</b>	In \$5,000 increments, up to plan max \$100,000	Up to \$25,000 (\$25,000 guaranteed max)
<b>Child</b>	\$10,000 or \$20,000	\$10,000 or \$20,000

## Guaranteed Coverage Disclaimer

*Employees and spouses previously declined for coverage are not eligible for guaranteed coverage.*

## Who is and isn't eligible for coverage?

- KP&F members must have member coverage when adding spouse or child coverage.
- KPERS members don't need member coverage to add spouse or child coverage.
- You can't cover your spouse if he/she is an active member of KPERS, KP&F, Judges or Board of Regents.
- Only a lawful spouse is eligible for spouse coverage.
- With child coverage, one premium will cover all the eligible children in your family. Children are eligible until age 26. *Be sure to notify KPERS when your last child reaches age 26 to cancel your coverage. No age limit with disabled dependents.*
- Only one parent may have child coverage if both parents are KPERS members.
- Retirement System retirees are only eligible for spouse coverage.
- Optional insurance is only available to active members.

**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**

# Optional Group Life Insurance



## Child: Optional Group Life Insurance

One plan provides coverage for all eligible children in your family who are unmarried and under age 26, with no age limit on disabled children. If your spouse works in a KPERS/KP&F-covered position, only one of you may purchase life insurance for your children. You are responsible for cancelling the policy at the end of the month following your child's 26th birthday.

### Child Optional Group Life Coverage Rates

Coverage Amount	Monthly Premium
\$10,000	\$1.20
\$20,000	\$2.20

## Spouse: Optional Group Life Insurance

As a KPERS member, you may purchase spousal coverage without purchasing coverage for yourself. However, KP&F members must have coverage on themselves in order to purchase coverage for a spouse. If your spouse also works in a KPERS/KP&F position, you cannot purchase coverage for your spouse.

### SPOUSE OPTIONAL LIFE INSURANCE RATES

**Questions?** - Please contact The Standard toll-free at 1-844-289-2306.

Monthly Rates Effective January 1, 2017 (Rates include the \$0.20 administration fee)												
	\$0.09	\$0.09	\$0.13	\$0.14	\$0.16	\$0.23	\$0.34	\$0.65	\$0.99	\$1.91	\$3.08	\$3.33
Coverage	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 and over
\$ 5,000	\$0.65	\$0.65	\$0.85	\$0.90	\$1.00	\$1.35	\$1.90	\$3.45	\$5.15	\$9.75	\$15.60	\$16.85
\$ 10,000	\$1.10	\$1.10	\$1.50	\$1.60	\$1.80	\$2.50	\$3.60	\$6.70	\$10.10	\$19.30	\$31.00	\$33.50
\$ 15,000	\$1.55	\$1.55	\$2.15	\$2.30	\$2.60	\$3.65	\$5.30	\$9.95	\$15.05	\$28.85	\$46.40	\$50.15
\$ 20,000	\$2.00	\$2.00	\$2.80	\$3.00	\$3.40	\$4.80	\$7.00	\$13.20	\$20.00	\$38.40	\$61.80	\$66.80
\$ 25,000	\$2.45	\$2.45	\$3.45	\$3.70	\$4.20	\$5.95	\$8.70	\$16.45	\$24.95	\$47.95	\$77.20	\$83.45
\$ 30,000	\$2.90	\$2.90	\$4.10	\$4.40	\$5.00	\$7.10	\$10.40	\$19.70	\$29.90	\$57.50	\$92.60	\$100.10
\$ 35,000	\$3.35	\$3.35	\$4.75	\$5.10	\$5.80	\$8.25	\$12.10	\$22.95	\$34.85	\$67.05	\$108.00	\$116.75
\$ 40,000	\$3.80	\$3.80	\$5.40	\$5.80	\$6.60	\$9.40	\$13.80	\$26.20	\$39.80	\$76.60	\$123.40	\$133.40
\$ 45,000	\$4.25	\$4.25	\$6.05	\$6.50	\$7.40	\$10.55	\$15.50	\$29.45	\$44.75	\$86.15	\$138.80	\$150.05
\$ 50,000	\$4.70	\$4.70	\$6.70	\$7.20	\$8.20	\$11.70	\$17.20	\$32.70	\$49.70	\$95.70	\$154.20	\$166.70
\$ 55,000	\$5.15	\$5.15	\$7.35	\$7.90	\$9.00	\$12.85	\$18.90	\$35.95	\$54.65	\$105.25	\$169.60	\$183.35
\$ 60,000	\$5.60	\$5.60	\$8.00	\$8.60	\$9.80	\$14.00	\$20.60	\$39.20	\$59.60	\$114.80	\$185.00	\$200.00
\$ 65,000	\$6.05	\$6.05	\$8.65	\$9.30	\$10.60	\$15.15	\$22.30	\$42.45	\$64.55	\$124.35	\$200.40	\$216.65
\$ 70,000	\$6.50	\$6.50	\$9.30	\$10.00	\$11.40	\$16.30	\$24.00	\$45.70	\$69.50	\$133.90	\$215.80	\$233.30
\$ 75,000	\$6.95	\$6.95	\$9.95	\$10.70	\$12.20	\$17.45	\$25.70	\$48.95	\$74.45	\$143.45	\$231.20	\$249.95
\$ 80,000	\$7.40	\$7.40	\$10.60	\$11.40	\$13.00	\$18.60	\$27.40	\$52.20	\$79.40	\$153.00	\$246.60	\$266.60
\$ 85,000	\$7.85	\$7.85	\$11.25	\$12.10	\$13.80	\$19.75	\$29.10	\$55.45	\$84.35	\$162.55	\$262.00	\$283.25
\$ 90,000	\$8.30	\$8.30	\$11.90	\$12.80	\$14.60	\$20.90	\$30.80	\$58.70	\$89.30	\$172.10	\$277.40	\$299.90
\$ 95,000	\$8.75	\$8.75	\$12.55	\$13.50	\$15.40	\$22.05	\$32.50	\$61.95	\$94.25	\$181.65	\$292.80	\$316.55
\$ 100,000	\$9.20	\$9.20	\$13.20	\$14.20	\$16.20	\$23.20	\$34.20	\$65.20	\$99.20	\$191.20	\$308.20	\$333.20

All rates subject to change.



# Optional Group Life Insurance



## EMPLOYEE OPTIONAL LIFE INSURANCE RATES

**Questions?** - Please contact The Standard toll-free at 1-844-289-2306.

Monthly Rates Effective January 1, 2017 (Rates include the \$0.20 administration fee)												
Coverage	\$0.04 Under 25	\$0.04 25-29	\$0.06 30-34	\$0.06 35-39	\$0.07 40-44	\$0.11 45-49	\$0.16 50-54	\$0.29 55-59	\$0.47 60-64	\$0.87 65-69	\$1.41 70-74	\$1.53 75 and over
\$ 5,000	\$0.39	\$0.39	\$0.48	\$0.52	\$0.57	\$0.75	\$0.98	\$1.67	\$2.54	\$4.55	\$7.25	\$7.84
\$ 10,000	\$0.57	\$0.57	\$0.75	\$0.84	\$0.93	\$1.30	\$1.76	\$3.13	\$4.87	\$8.89	\$14.29	\$15.48
\$ 15,000	\$0.76	\$0.76	\$1.03	\$1.16	\$1.30	\$1.85	\$2.54	\$4.60	\$7.21	\$13.24	\$21.34	\$23.12
\$ 20,000	\$0.94	\$0.94	\$1.30	\$1.48	\$1.66	\$2.40	\$3.32	\$6.06	\$9.54	\$17.58	\$28.38	\$30.76
\$ 25,000	\$1.13	\$1.13	\$1.58	\$1.80	\$2.03	\$2.95	\$4.10	\$7.53	\$11.88	\$21.93	\$35.43	\$38.40
\$ 30,000	\$1.31	\$1.31	\$1.85	\$2.12	\$2.39	\$3.50	\$4.88	\$8.99	\$14.21	\$26.27	\$42.47	\$46.04
\$ 35,000	\$1.50	\$1.50	\$2.13	\$2.44	\$2.76	\$4.05	\$5.66	\$10.46	\$16.55	\$30.62	\$49.52	\$53.68
\$ 40,000	\$1.68	\$1.68	\$2.40	\$2.76	\$3.12	\$4.60	\$6.44	\$11.92	\$18.88	\$34.96	\$56.56	\$61.32
\$ 45,000	\$1.87	\$1.87	\$2.68	\$3.08	\$3.49	\$5.15	\$7.22	\$13.39	\$21.22	\$39.31	\$63.61	\$68.96
\$ 50,000	\$2.05	\$2.05	\$2.95	\$3.40	\$3.85	\$5.70	\$8.00	\$14.85	\$23.55	\$43.65	\$70.65	\$76.60
\$ 55,000	\$2.24	\$2.24	\$3.23	\$3.72	\$4.22	\$6.25	\$8.78	\$16.32	\$25.89	\$48.00	\$77.70	\$84.24
\$ 60,000	\$2.42	\$2.42	\$3.50	\$4.04	\$4.58	\$6.80	\$9.56	\$17.78	\$28.22	\$52.34	\$84.74	\$91.88
\$ 65,000	\$2.61	\$2.61	\$3.78	\$4.36	\$4.95	\$7.35	\$10.34	\$19.25	\$30.56	\$56.69	\$91.79	\$99.52
\$ 70,000	\$2.79	\$2.79	\$4.05	\$4.68	\$5.31	\$7.90	\$11.12	\$20.71	\$32.89	\$61.03	\$98.83	\$107.16
\$ 75,000	\$2.98	\$2.98	\$4.33	\$5.00	\$5.68	\$8.45	\$11.90	\$22.18	\$35.23	\$65.38	\$105.88	\$114.80
\$ 80,000	\$3.16	\$3.16	\$4.60	\$5.32	\$6.04	\$9.00	\$12.68	\$23.64	\$37.56	\$69.72	\$112.92	\$122.44
\$ 85,000	\$3.35	\$3.35	\$4.88	\$5.64	\$6.41	\$9.55	\$13.46	\$25.11	\$39.90	\$74.07	\$119.97	\$130.08
\$ 90,000	\$3.53	\$3.53	\$5.15	\$5.96	\$6.77	\$10.10	\$14.24	\$26.57	\$42.23	\$78.41	\$127.01	\$137.72
\$ 95,000	\$3.72	\$3.72	\$5.43	\$6.28	\$7.14	\$10.65	\$15.02	\$28.04	\$44.57	\$82.76	\$134.06	\$145.36
\$ 100,000	\$3.90	\$3.90	\$5.70	\$6.60	\$7.50	\$11.20	\$15.80	\$29.50	\$46.90	\$87.10	\$141.10	\$153.00
\$ 105,000	\$4.09	\$4.09	\$5.98	\$6.92	\$7.87	\$11.75	\$16.58	\$30.97	\$49.24	\$91.45	\$148.15	\$160.64
\$ 110,000	\$4.27	\$4.27	\$6.25	\$7.24	\$8.23	\$12.30	\$17.36	\$32.43	\$51.57	\$95.79	\$155.19	\$168.28
\$ 115,000	\$4.46	\$4.46	\$6.53	\$7.56	\$8.60	\$12.85	\$18.14	\$33.90	\$53.91	\$100.14	\$162.24	\$175.92
\$ 120,000	\$4.64	\$4.64	\$6.80	\$7.88	\$8.96	\$13.40	\$18.92	\$35.36	\$56.24	\$104.48	\$169.28	\$183.56
\$ 125,000	\$4.83	\$4.83	\$7.08	\$8.20	\$9.33	\$13.95	\$19.70	\$36.83	\$58.58	\$108.83	\$176.33	\$191.20
\$ 130,000	\$5.01	\$5.01	\$7.35	\$8.52	\$9.69	\$14.50	\$20.48	\$38.29	\$60.91	\$113.17	\$183.37	\$198.84
\$ 135,000	\$5.20	\$5.20	\$7.63	\$8.84	\$10.06	\$15.05	\$21.26	\$39.76	\$63.25	\$117.52	\$190.42	\$206.48
\$ 140,000	\$5.38	\$5.38	\$7.90	\$9.16	\$10.42	\$15.60	\$22.04	\$41.22	\$65.58	\$121.86	\$197.46	\$214.12
\$ 145,000	\$5.57	\$5.57	\$8.18	\$9.48	\$10.79	\$16.15	\$22.82	\$42.69	\$67.92	\$126.21	\$204.51	\$221.76
\$ 150,000	\$5.75	\$5.75	\$8.45	\$9.80	\$11.15	\$16.70	\$23.60	\$44.15	\$70.25	\$130.55	\$211.55	\$229.40
\$ 155,000	\$5.94	\$5.94	\$8.73	\$10.12	\$11.52	\$17.25	\$24.38	\$45.62	\$72.59	\$134.90	\$218.60	\$237.04
\$ 160,000	\$6.12	\$6.12	\$9.00	\$10.44	\$11.88	\$17.80	\$25.16	\$47.08	\$74.92	\$139.24	\$225.64	\$244.68
\$ 165,000	\$6.31	\$6.31	\$9.28	\$10.76	\$12.25	\$18.35	\$25.94	\$48.55	\$77.26	\$143.59	\$232.69	\$252.32
\$ 170,000	\$6.49	\$6.49	\$9.55	\$11.08	\$12.61	\$18.90	\$26.72	\$50.01	\$79.59	\$147.93	\$239.73	\$259.96
\$ 175,000	\$6.68	\$6.68	\$9.83	\$11.40	\$12.98	\$19.45	\$27.50	\$51.48	\$81.93	\$152.28	\$246.78	\$267.60
\$ 180,000	\$6.86	\$6.86	\$10.10	\$11.72	\$13.34	\$20.00	\$28.28	\$52.94	\$84.26	\$156.62	\$253.82	\$275.24
\$ 185,000	\$7.05	\$7.05	\$10.38	\$12.04	\$13.71	\$20.55	\$29.06	\$54.41	\$86.60	\$160.97	\$260.87	\$282.88
\$ 190,000	\$7.23	\$7.23	\$10.65	\$12.36	\$14.07	\$21.10	\$29.84	\$55.87	\$88.93	\$165.31	\$267.91	\$290.52
\$ 195,000	\$7.42	\$7.42	\$10.93	\$12.68	\$14.44	\$21.65	\$30.62	\$57.34	\$91.27	\$169.66	\$274.96	\$298.16
\$ 200,000	\$7.60	\$7.60	\$11.20	\$13.00	\$14.80	\$22.20	\$31.40	\$58.80	\$93.60	\$174.00	\$282.00	\$305.80

**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**



# Optional Group Life Insurance



## EMPLOYEE OPTIONAL LIFE INSURANCE RATES

**Questions?** - Please contact The Standard toll-free at 1-844-289-2306.

Monthly Rates Effective January 1, 2017 (Rates include the \$0.20 administration fee)												
	\$0.04	\$0.04	\$0.06	\$0.06	\$0.07	\$0.11	\$0.16	\$0.29	\$0.47	\$0.87	\$1.41	\$1.53
Coverage	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 and over
\$ 205,000	\$7.79	\$7.79	\$11.48	\$13.32	\$15.17	\$22.75	\$32.18	\$60.27	\$95.94	\$178.35	\$289.05	\$313.44
\$ 210,000	\$7.97	\$7.97	\$11.75	\$13.64	\$15.53	\$23.30	\$32.96	\$61.73	\$98.27	\$182.69	\$296.09	\$321.08
\$ 215,000	\$8.16	\$8.16	\$12.03	\$13.96	\$15.90	\$23.85	\$33.74	\$63.20	\$100.61	\$187.04	\$303.14	\$328.72
\$ 220,000	\$8.34	\$8.34	\$12.30	\$14.28	\$16.26	\$24.40	\$34.52	\$64.66	\$102.94	\$191.38	\$310.18	\$336.36
\$ 225,000	\$8.53	\$8.53	\$12.58	\$14.60	\$16.63	\$24.95	\$35.30	\$66.13	\$105.28	\$195.73	\$317.23	\$344.00
\$ 230,000	\$8.71	\$8.71	\$12.85	\$14.92	\$16.99	\$25.50	\$36.08	\$67.59	\$107.61	\$200.07	\$324.27	\$351.64
\$ 235,000	\$8.90	\$8.90	\$13.13	\$15.24	\$17.36	\$26.05	\$36.86	\$69.06	\$109.95	\$204.42	\$331.32	\$359.28
\$ 240,000	\$9.08	\$9.08	\$13.40	\$15.56	\$17.72	\$26.60	\$37.64	\$70.52	\$112.28	\$208.76	\$338.36	\$366.92
\$ 245,000	\$9.27	\$9.27	\$13.68	\$15.88	\$18.09	\$27.15	\$38.42	\$71.99	\$114.62	\$213.11	\$345.41	\$374.56
\$ 250,000	\$9.45	\$9.45	\$13.95	\$16.20	\$18.45	\$27.70	\$39.20	\$73.45	\$116.95	\$217.45	\$352.45	\$382.20
\$ 255,000	\$9.64	\$9.64	\$14.23	\$16.52	\$18.82	\$28.25	\$39.98	\$74.92	\$119.29	\$221.80	\$359.50	\$389.84
\$ 260,000	\$9.82	\$9.82	\$14.50	\$16.84	\$19.18	\$28.80	\$40.76	\$76.38	\$121.62	\$226.14	\$366.54	\$397.48
\$ 265,000	\$10.01	\$10.01	\$14.78	\$17.16	\$19.55	\$29.35	\$41.54	\$77.85	\$123.96	\$230.49	\$373.59	\$405.12
\$ 270,000	\$10.19	\$10.19	\$15.05	\$17.48	\$19.91	\$29.90	\$42.32	\$79.31	\$126.29	\$234.83	\$380.63	\$412.76
\$ 275,000	\$10.38	\$10.38	\$15.33	\$17.80	\$20.28	\$30.45	\$43.10	\$80.78	\$128.63	\$239.18	\$387.68	\$420.40
\$ 280,000	\$10.56	\$10.56	\$15.60	\$18.12	\$20.64	\$31.00	\$43.88	\$82.24	\$130.96	\$243.52	\$394.72	\$428.04
\$ 285,000	\$10.75	\$10.75	\$15.88	\$18.44	\$21.01	\$31.55	\$44.66	\$83.71	\$133.30	\$247.87	\$401.77	\$435.68
\$ 290,000	\$10.93	\$10.93	\$16.15	\$18.76	\$21.37	\$32.10	\$45.44	\$85.17	\$135.63	\$252.21	\$408.81	\$443.32
\$ 295,000	\$11.12	\$11.12	\$16.43	\$19.08	\$21.74	\$32.65	\$46.22	\$86.64	\$137.97	\$256.56	\$415.86	\$450.96
\$ 300,000	\$11.30	\$11.30	\$16.70	\$19.40	\$22.10	\$33.20	\$47.00	\$88.10	\$140.30	\$260.90	\$422.90	\$458.60
\$ 305,000	\$11.49	\$11.49	\$16.98	\$19.72	\$22.47	\$33.75	\$47.78	\$89.57	\$142.64	\$265.25	\$429.95	\$466.24
\$ 310,000	\$11.67	\$11.67	\$17.25	\$20.04	\$22.83	\$34.30	\$48.56	\$91.03	\$144.97	\$269.59	\$436.99	\$473.88
\$ 315,000	\$11.86	\$11.86	\$17.53	\$20.36	\$23.20	\$34.85	\$49.34	\$92.50	\$147.31	\$273.94	\$444.04	\$481.52
\$ 320,000	\$12.04	\$12.04	\$17.80	\$20.68	\$23.56	\$35.40	\$50.12	\$93.96	\$149.64	\$278.28	\$451.08	\$489.16
\$ 325,000	\$12.23	\$12.23	\$18.08	\$21.00	\$23.93	\$35.95	\$50.90	\$95.43	\$151.98	\$282.63	\$458.13	\$496.80
\$ 330,000	\$12.41	\$12.41	\$18.35	\$21.32	\$24.29	\$36.50	\$51.68	\$96.89	\$154.31	\$286.97	\$465.17	\$504.44
\$ 335,000	\$12.60	\$12.60	\$18.63	\$21.64	\$24.66	\$37.05	\$52.46	\$98.36	\$156.65	\$291.32	\$472.22	\$512.08
\$ 340,000	\$12.78	\$12.78	\$18.90	\$21.96	\$25.02	\$37.60	\$53.24	\$99.82	\$158.98	\$295.66	\$479.26	\$519.72
\$ 345,000	\$12.97	\$12.97	\$19.18	\$22.28	\$25.39	\$38.15	\$54.02	\$101.29	\$161.32	\$300.01	\$486.31	\$527.36
\$ 350,000	\$13.15	\$13.15	\$19.45	\$22.60	\$25.75	\$38.70	\$54.80	\$102.75	\$163.65	\$304.35	\$493.35	\$535.00
\$ 355,000	\$13.34	\$13.34	\$19.73	\$22.92	\$26.12	\$39.25	\$55.58	\$104.22	\$165.99	\$308.70	\$500.40	\$542.64
\$ 360,000	\$13.52	\$13.52	\$20.00	\$23.24	\$26.48	\$39.80	\$56.36	\$105.68	\$168.32	\$313.04	\$507.44	\$550.28
\$ 365,000	\$13.71	\$13.71	\$20.28	\$23.56	\$26.85	\$40.35	\$57.14	\$107.15	\$170.66	\$317.39	\$514.49	\$557.92
\$ 370,000	\$13.89	\$13.89	\$20.55	\$23.88	\$27.21	\$40.90	\$57.92	\$108.61	\$172.99	\$321.73	\$521.53	\$565.56
\$ 375,000	\$14.08	\$14.08	\$20.83	\$24.20	\$27.58	\$41.45	\$58.70	\$110.08	\$175.33	\$326.08	\$528.58	\$573.20
\$ 380,000	\$14.26	\$14.26	\$21.10	\$24.52	\$27.94	\$42.00	\$59.48	\$111.54	\$177.66	\$330.42	\$535.62	\$580.84
\$ 385,000	\$14.45	\$14.45	\$21.38	\$24.84	\$28.31	\$42.55	\$60.26	\$113.01	\$180.00	\$334.77	\$542.67	\$588.48
\$ 390,000	\$14.63	\$14.63	\$21.65	\$25.16	\$28.67	\$43.10	\$61.04	\$114.47	\$182.33	\$339.11	\$549.71	\$596.12
\$ 395,000	\$14.82	\$14.82	\$21.93	\$25.48	\$29.04	\$43.65	\$61.82	\$115.94	\$184.67	\$343.46	\$556.76	\$603.76
\$ 400,000	\$15.00	\$15.00	\$22.20	\$25.80	\$29.40	\$44.20	\$62.60	\$117.40	\$187.00	\$347.80	\$563.80	\$611.40

City of Topeka  
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# Employee Assistance Program

The programs and services that Alternatives offers are targeted towards helping you and your loved ones find a healthy, happy and balanced life.

## Contact Alternatives EAP

Phone: 800-466-8282

Website: [alternativeseap.com](http://alternativeseap.com)

Organization: City of Topeka

Access Code: 8282

**Download the app!** “AlternativesEAP” > Enter “TOPE” as the login.

- Reach the 24/7 HelpLine, access the website and self-help tools, learn about their services, and more!

## Confidential Personal Counseling

Short-term counseling through licensed counselors in the area. Counseling can include issues related to:

- Family, parenting and relationship concerns
- Improving communication and self-esteem
- Stress, anxiety and depression
- Work-related concerns
- Alcohol and substance abuse
- Grief and loss

## Personal Money Management Advice

Access to financial specialists with a broad range of experience in personal financial services. Consultation can be provided on topics such as:

- Home budgeting
- Retirement and estate planning
- Debt consolidation
- Tax issues
- ID theft assistance

## Dependent Care Assistance & Other Family Resources

Experienced childcare and geriatric specialists offer direct, hands-on assistance, information and resources:

- Finding licensed, affordable day care
- Assisting aging loved ones
- Helping dependents with special needs

## Life and Health Coaching

The coaching program offers personal coaching in these areas:

- Improving job performance
- Managing stress and building resiliency
- Building stronger relationships
- Smoking cessation
- Weight management
- Management coaching
- Executive coaching
- Chronic illness coaching
- General life coaching

## Talkspace

Alternatives EAP is now partnering with Talkspace, an online therapy service that makes mental healthcare more convenient and accessible through text, audio and video messaging. Visit [talkspace.com/alternatives](http://talkspace.com/alternatives) for full details. Also visit [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Additional Benefits > Employee Assistance Program.

## Fraud Resolution & Identity Theft Assistance

A Fraud Resolution Specialist provides assistance through a free consultation at the inception of a fraud related emergency.

## Legal Advice and Discounts

Confidential legal consults provided at no charge. Legal representation can be provided with a 25% discount. Topics include:

- Divorce and family law
- Consumer and bankruptcy issues
- Landlord and tenant disputes
- Wills and estate planning

## Grab-a-Ride (employees only)

Alternatives will reimburse for the cost of a cab, Uber or Lyft if a City employee has had too much to drink and chooses to take a cab home. With a legitimate receipt, Alternatives will pay up to \$40.00 per one way use of a cab up to twice a year.

## Interactive Website

Access informative videos and Harvard Medical School reviewed mental health articles. Members can also use problem-solving tools and interactive personal development programs, and take self-assessment tests and quizzes.

## 24/7 Help Line

Master's level, licensed counselors are available 24 hours a day to provide employees and their dependents with immediate help.

## Monthly Wellness Webinars

Alternatives offers a wide array of web-based employee wellness education opportunities every month.

- View the schedule at [alternativeseap.com](http://alternativeseap.com) > Monthly Webinar
- Register: [alternativeseap.com](http://alternativeseap.com) > Monthly Webinar > LOG-IN to Register > Sign In.  
No account? Click “REGISTER” and enter “City of Topeka” as the Company Name.

**City of Topeka**

**Benefits Effective: January 1, 2020—December 31, 2020**



# Friends of the Topeka Zoo



City of Topeka employees receive about 20% off the yearly memberships available with Friends of the Topeka Zoo ("FOTZ").



## Steps to Enroll

1. Enroll during Benefits Open Enrollment.
2. **Submit form to FOTZ—Your membership is not valid until this form is submitted.**
  - Email: [melissah@fotz.org](mailto:melissah@fotz.org)
  - Fax: 785-368-9163
  - Forms available at: [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > Benefits > Benefits > Friends of the Topeka Zoo

## Basic Membership Levels

Zoo for Two (*one named adult + one guest*)

Family Basic (*two named adults + maximum four named children*)

## Benefits

- Free admission to the Topeka Zoo for one year
- Discounted admission to participating AZA Zoos
- Express entry to Boo at the Zoo
- Invitations to member-only events
- \$25 Discount on birthday parties and camps
- 10% Discount at the Leopard Spot Gift Shop and Tozo Taqueria & Grill

## Premium Membership Levels

(*two named adults + maximum four named children + one guest*)

Family Premium

Director's Circle

## Benefits

- Free admission to the Topeka Zoo for one year
- Discounted admission to participating AZA Zoos
- Express entry to Boo at the Zoo
- Invitations to member-only events
- \$25 Discount on birthday parties and camps
- 15% Discount at the Leopard Spot Gift Shop and Tozo Taqueria & Grill
- 12 Animal feeding tickets
- Free popcorn at each visit
- Souvenir cup (\$1.00 Refills)
- Invitation to the Director's Breakfast (*Director's Circle Only*)

Membership Level	Membership Type	Annual Cost	COT Employee Annual Cost	COT Employee Semi-monthly Cost
Zoo for Two	Basic	\$55.00	\$44.16	\$1.84
Family Basic	Basic	\$70.00	\$56.16	\$2.34
Family Premium	Premium	\$99.00	\$79.20	\$3.30
Director's Circle	Premium	\$250.00	\$200.16	\$8.34



# Topeka Metro



This program provides City employees with free access to the Topeka Metro bus and bike system.

You have two (2) hours of FREE access per day to use the Topeka Metro bikes! Time spent on the bikes does not need to be used consecutively.

Family members cannot ride the buses for free, and only one bike can be checked out at a time for free. Multiple bikes may be checked out at one time under your account, but you will be charged for the additional bikes.



## Topeka Metro Bikes

### Register first

1. Sign up online at [biketopeka.com/topekacity](http://biketopeka.com/topekacity)
2. Look for an email confirmation in your inbox. You MUST confirm your registration before you can check out a bike.

### Unlock & ride

3. Find a bike, enter your account number and PIN, and unlock. Good to go! Put it on "Hold" if you need to stop somewhere temporarily.

### Park almost anywhere

4. Lock up at a TMB station or any approved bike rack. Flag the bike for repair if you had any issues.

More info: <https://topekametrobikes.org/>

## Topeka Metro Bus

### Finding a Route

1. All bus lines have a unique color and number identifier. There are 12 fixed routes and two specials, numbered for ease of identification.
2. The sign on the front of each bus shares route and destination information.

### Locating a Bus Stop

1. Buses will stop at bus benches, bus shelters, and bus stop signs along the route.

*Go to [www.topekametro.org](http://www.topekametro.org) for a complete list of routes, stops and closures. For safety reasons, buses will not stop in active construction or road work areas to pick up or drop off passengers.*

### Getting on the Bus

1. Stand back from the curb when the bus is approaching.
2. Always board the bus through the front door.
3. Alert the operator if you need the ramp to board, or if you need the bus lowered.
4. Wave your City of Topeka ID badge over the fare box.
5. Quickly take a seat and remain seated at all times.
6. If you use a wheelchair or scooter, the operator is required to secure it prior to moving the bus.

### Getting off the Bus

1. Pull the bell cord above the windows or push the yellow call strip about half a block prior to your destination stop.
2. Remain seated and wait until the bus comes to a complete stop before exiting.
3. Whenever possible, exit through the rear door, allowing passengers to board through the front door.
4. After you exit, stand on the sidewalk until the bus has pulled away.
5. NEVER cross the street in front of the bus.

### Riding Guidelines

1. Please arrive at the bus stop five (5) minutes early.
2. Have your City of Topeka ID badge ready.
3. Smoking, eating, drinks without a twist top or hard lid, and pets (except guide or service animals) are prohibited on buses and inside Quincy Street Station.

**City of Topeka**

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# Friendship Fund



This program provides financial assistance to employees and retirees who apply and are approved.

## How funds are allocated

1. Employee/Retiree submits an application
2. Application is reviewed and voted on by the Board of Directors
3. If approved, a check is provided to the creditor.

## How funds are generated

Employees are fully credited with providing assistance to fellow coworkers. Employee donations are critical to ensuring success and continuation of the program.

The Friendship Fund has provided assistance to over 185 people since its' inception in 1995, and is governed by a Board of Directors.

The Board of Directors is made up of employees from various departments in the City, as well as Retiree representatives.

## Sign-up to Donate!

During Benefits Open Enrollment, you can choose to make contributions each paycheck to the Friendship Fund. As little as \$1.00 per paycheck makes a difference.

You can also start making contributions outside of open enrollment by completing the form on the City Intranet: [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > *Benefits > Additional Benefits > Friendship Fund*

## Submit an Application

An applicant, if approved, may receive up to \$1,000 of assistance in a 12-month timeframe. Applications available at [intranet.topeka.org/HR](http://intranet.topeka.org/HR) > *Benefits > Additional Benefits > Friendship Fund*

# City of Topeka Fitness Center

The City of Topeka Fitness Center features a full complement of fitness equipment and services to encourage healthy lifestyles for employees, eligible family members and retirees.



## Access for Family Members

Spouses and children 18 years or older may use the Fitness Center for \$15 per quarter, or \$30 per quarter for 2 or more family members. A picture ID will be required to verify age.

Children age 14+ may be given access to the Fitness Center, but an additional waiver will be required. Children 14—15 must have adult supervision. Children age 16+ can use the fitness center without adult supervision.

## Payroll Deduction Option

Employees can setup a payroll deduction to pay for family member passes.

## Location

Lower level of City Hall. Access cards are required for entry.

## Hours of Operation

Monday through Friday: 6:00am—10:00pm

Saturday and Sunday: 7:00am—7:00pm

## Questions? Contact Emily Pham.

Phone: 785-368-3602

Email: [epham@topeka.org](mailto:epham@topeka.org)

## Membership and Usage

- Available for free to City of Topeka employees and retirees.
- Eligible family members can access for a small fee.
- Members must sign in/out each time they use the Fitness Center.
- Access the Fitness Center through the ramp service door on the Monroe Street entrance. Access card will provide entry into the building and Fitness Center.
- Participation must be authorized through HR. Please contact Emily Pham for more information 368-3602.
- The City reserves the right to deny or refuse access to users based upon a failure to comply with the guidelines, users who are abusive to staff or other members of the Fitness Center, for safety reasons, or for other reasonable and legal cause.



**City of Topeka**

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# Dependent Verification

If you add family members to your health and/or dental plan(s), you are required to provide verification of eligibility.

Verification of your family members is not optional. It is our responsibility to ensure that only eligible family members are enrolled in our plans.

If you do not have a required certificate or document copy, it is your responsibility to request a duplicate copy from the issuing agency. The City of Topeka will not reimburse for any cost associated with obtaining duplicate copies.

## Birth and Marriage Certificates

For Kansas records, contact the Office of Vital Statistics:

- Phone: 877-305-8315
- Website: [http://www.kdheks.gov/vital/birth\\_howto.html](http://www.kdheks.gov/vital/birth_howto.html)  
(Information applies to ALL records requests)
- Address: Curtis State Office Bldg.  
1000 SW Jackson, Suite 120  
Topeka, KS 66612

## Social Security Cards

Contact the Social Security Administration:

- Phone: 888-327-1271
- Website: <https://www.ssa.gov/ssnumber/>
- Address: 600 SW Commerce Pl  
Topeka, KS 66615

## Eligible family members include

- Legal Spouse
- Domestic Partner
- Natural or adopted child
- Stepchild
- Child in which you are the court ordered or legal guardian
- Child over age 26 who is unmarried and is incapable of self-support due to a severe handicap

## Acceptable Required Documents for Verification of Relationship

Legal Spouse/ Domestic Partner	Natural Child	Adopted Child	Step Child	Legal Guardianship status
A photocopy of marriage <u>certificate</u> or domestic partnership. A marriage license may only be used if a certification stamp is included either on the front or back of the document.	Legible photocopy of a birth certificate that shows your name as the parent of the child and is signed by a hospital administrator or physician on staff.	A signed court document that shows the child's name and identifies the court, county or state, date of the action and the filing record.	Legible photocopy of a birth certificate that shows your name or the name of your enrolled spouse or partner as the parent of the child and is signed by a hospital administrator or physician on staff.	Copy of the court assignment of guardianship that is signed and/or stamped by a member of the court.
A photocopy of Federal Tax Return	Hospital Birth record that shows your name or the name of your enrolled spouse or partner as the parent of the child and is signed by a hospital administrator or physician on staff.		<b>AND</b> you must also provide a document listed under "Legal Spouse/ Domestic Partner" to verify your relationship to the child's parent.	

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# Qualifying Events

Significant life events may effect your benefits, creating a need for change during the year. Examples of qualifying events include: marriage, divorce, birth, adoption, loss or gain of health coverage due to employment status.

It is your responsibility to notify Human Resources of any life changing qualifying events.

IF:	THEN:	EFFECTIVE DATE:	REQUIRED SUPPORTING DOCUMENTATION:	OTHER POSSIBLE CHANGES:
You or your spouse gave birth or adopted a child	You can add the child within 30 days of the birth or adoption	The birth or adoption date	Birth Certification or Adoption Court Papers AND Social Security Card	<ul style="list-style-type: none"> <li>Colonial Life Plans</li> <li>Flexible Spending Accounts</li> <li>KPERS &amp; KPERS 457 Beneficiary Changes</li> <li>KPERS/KP&amp;F Optional Group Life</li> <li>Medical/Rx/Dental/Vision</li> </ul>
Your spouse loses health coverage due to employment change	You can add your spouse/dependent(s) within 30 days of lost coverage	The first of the month following loss of coverage	Document on company letterhead stating termination date of health coverage or copy of COBRA notice	<ul style="list-style-type: none"> <li>Colonial Life Plans</li> <li>Flexible Spending Accounts</li> <li>Medical/Rx/Dental/Vision</li> </ul>
Your spouse gains health coverage due to employment change	You can remove your spouse/dependent(s) within 30 days of new coverage	Coverage would end on the last day of the month prior to new coverage effective date	Document on company letterhead stating new coverage effective date or photocopy of new cards	<ul style="list-style-type: none"> <li>Colonial Life Plans</li> <li>Flexible Spending Accounts</li> <li>Medical/Rx/Dental/Vision</li> </ul>
You get married	You can add your spouse/dependent(s) within 30 days of marriage date	The first of the month following marriage date	Copy of marriage certificate <b><u>Marriage licenses cannot be accepted unless marked with an official state seal.</u></b>	<ul style="list-style-type: none"> <li>Colonial Life Plans</li> <li>Flexible Spending Accounts</li> <li>KPERS &amp; KPERS 457 Beneficiary Changes</li> <li>KPERS/KP&amp;F Optional Group Life</li> <li>Medical/Rx/Dental/Vision</li> <li>Payroll Direct Deposit</li> <li>Payroll Name &amp; Address</li> <li>Tax Changes - Federal (W-4) &amp; State (K-4)</li> </ul>
You get divorced or legal separation	You must drop your spouse within 30 days of divorce or legal separation. Dependents can also be removed at this time.	The first of the month following divorce or legal separation	Copy of divorce decree or legal separation court order	<ul style="list-style-type: none"> <li>Colonial Life Plans</li> <li>Flexible Spending Accounts</li> <li>KPERS &amp; KPERS 457 Beneficiary Changes</li> <li>KPERS/KP&amp;F Optional Group Life</li> <li>Medical/Rx/Dental/Vision</li> <li>Payroll Direct Deposit</li> <li>Payroll Name &amp; Address</li> <li>Tax Changes - Federal (W-4) &amp; State (K-4)</li> </ul>
You or your spouse/dependent enroll in Health coverage through the Federal Market Place	You can remove spouse/dependent(s) within 30 days of your enrollment	Coverage would end on the last day of the month prior to new coverage effective date	Final approval letter stating the plan is through the Federal Market Place and the effective date	<ul style="list-style-type: none"> <li>Colonial Life Plans</li> <li>Flexible Spending Accounts</li> <li>Medical/Rx/Dental/Vision</li> <li>Payroll Direct Deposit</li> <li>Payroll Name &amp; Address</li> <li>Tax Changes - Federal (W-4) &amp; State (K-4)</li> </ul>

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# Glossary

Understand the medical terms that are used in your plan.

**Brand Name Drugs:** Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

**Coinsurance:** The percentage of a covered charge paid by the plan.

**Copayment (Copay):** A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

**Deductible:** The annual amount you and your family must pay each year before the plan pays benefits.

**Generic Drugs:** Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

**In-Network:** Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

**Out-of-Network:** Use of a health care provider that does not participate in a plan's network.

**Inpatient:** Services provided to an individual during an overnight hospital stay.

**Outpatient:** Services provided to an individual at a hospital facility without an overnight hospital stay.

**Out-of-Pocket Maximum:** The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year, except for prescriptions under all medical plans except the HSA Plan.

**Primary Care Physician (PCP):** Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

**Specialist:** A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

Benefit	Who Pays	Tax Treatment
Medical Coverage	The City & You	Pretax
Dental Coverage	The City & You	Pretax
Vision Coverage	You	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	The City	Pretax
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Long Term Disability	The City	Pretax
Short Term Disability	You	After-tax
Flexible Spending Accounts	You	Pretax
KPERS	The City & You	Pretax
Employee Assistance Program	The City	After-tax
457 Deferred Compensation	You	Pretax or After-tax
Critical Illness	You	After-tax
Accident	You	Pretax
Cancer	You	Pretax

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# Required Notices

## For 2020 Open Enrollment Index to Notices



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Special Enrollment Rights Notice	Page 37
Women's Health and Cancer Rights Act Annual Notice	Page 38
Notice of Availability of Privacy Practices	Page 38
Children's Health Insurance Program Information	Page 38-40

### **Important Notice from the City of Topeka About Your Prescription Drug Coverage and Medicare**

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

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

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

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

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

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

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

If you decide to join a Medicare drug plan, your current City of Topeka coverage will not be affected. You can retain your existing coverage under the City of Topeka Group Health plan and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, the other coverage.

If your existing prescription drug coverage is under a Medigap policy, you cannot have both your existing prescription drug coverage and Part D Coverage. If you enroll in Part D coverage, you should inform your Medigap insurer of that fact, and the Medigap insurer must remove the prescription drug coverage from the Medigap policy and adjust the premium as of the date the Part D coverage starts.

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

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

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

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

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

Contact the person listed below for further information or call MedTrakRx Services at 800-771-4648. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Topeka changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

Date: October 1, 2019  
 Name of Sender: City of Topeka  
 Contact--Position: Shelby Harvel, Human Resources Manager  
 Address: 215 SE 7th Street, Suite 353, Topeka, KS 66603  
 Phone Number: 785-368-2580

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

### **Special Enrollment Rights Notice**

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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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 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.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

As stated earlier in this notice, a special enrollment opportunity may be available in the future if you or your dependents lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage may eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you may not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraphs above, however, regarding enrollment in the event of marriage, birth, adoption, placement for adoption, loss of eligibility for Medicaid or a state CHIP, and gaining eligibility for a state premium assistance subsidy through Medicaid or a state CHIP.)

To request special enrollment or obtain more information, contact Shelby Harvel at 785-368-2580 or by email at [sharvel@topeka.org](mailto:sharvel@topeka.org).

## Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator, Blue Cross Blue Shield of Kansas at the telephone number on your health plan ID card for more information.

## Notice of Availability City of Topeka Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.**

**The City of Topeka** (the "Plan") provides health benefits to eligible employees of City of Topeka (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact Shelby Harvel, Human Resources Manager, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at: 785-368-2580.

Reviewed: June 2019

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –**



ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075

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

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

# Benefit Contacts



Quickly access benefit contacts by saving the City of Topeka's Mobile Wallet to your smart phone, tablet or computer! To open the link, scan the QR code above or go to [tinyurl.com/CityWallet](https://tinyurl.com/CityWallet).

Further instructions are saved here: [intranet.topeka.org/HR](https://intranet.topeka.org/HR) > Benefits



BENEFIT	VENDOR	CONTACT INFORMATION
Benefits Information	City of Topeka	Website: <a href="https://intranet.topeka.org/HR">https://intranet.topeka.org/HR</a> > Benefits Phone: (785) 368-3774
Medical	Blue Cross Blue Shield of Kansas Group Number: 39039	Website: <a href="http://www.bcbsks.com">http://www.bcbsks.com</a> Phone: (800) 432-3990
Prescription Drug	MedTrakRx Group Number: 10000391	Website: <a href="https://www.medtrakrx.com">https://www.medtrakrx.com</a> Phone: (800) 771-4648
Health & Wellness Center and Tobacco Cessation Program	Healthstat	Appointment Scheduling Line: (866) 959-9355 MyHS Portal: <a href="https://myhs.yourhealthstat.com">https://myhs.yourhealthstat.com</a> Patient Portal: <a href="https://tinyurl.com/HSPatientPortal">https://tinyurl.com/HSPatientPortal</a>
Pharmacy Advocate Program	Tria Health	Website: <a href="http://www.triahealth.com">http://www.triahealth.com</a> Phone: (888) 799-8742
Fitness Center	City of Topeka	Website: <a href="https://intranet.topeka.org/HR">https://intranet.topeka.org/HR</a> > Wellness / Fitness Phone: (785) 368-3602
Dental	Delta Dental of Kansas Group Number: 50920	Website: <a href="http://www.deltadentalks.com">http://www.deltadentalks.com</a> Phone: (800) 234-3375
Vision	Surency Group Number: 50920	Website: <a href="https://www.surency.com">https://www.surency.com</a> Phone: (866) 818-8805
Medical Flex Dependent Care Flex	ASI Flex	Website: <a href="http://www.asiflex.com">http://www.asiflex.com</a> Phone: (800) 659-3035
<ul style="list-style-type: none"> <li>• Short Term Disability</li> <li>• Critical Care</li> <li>• Accident</li> <li>• Cancer</li> </ul> Members age 65+ Insurance	Colonial Life	Website: <a href="http://www.coloniallife.com">http://www.coloniallife.com</a> Phone: (800) 325-4368  Members 65+ Contact: Jeri Gloe, Account Executive Direct Phone: 913-706-8614 Email: <a href="mailto:jeri.gloe@pwskc.com">jeri.gloe@pwskc.com</a>
Kansas Public Employees Retirement & Kansas Police and Firemen's Retirement programs	KPERS/KP&F	Website: <a href="http://www.kpers.org">http://www.kpers.org</a> Phone: (888) 275-5737
Optional Group Life Insurance Sponsored by KPERS	The Standard	Website: <a href="https://www.kpers.org/optionallife/">https://www.kpers.org/optionallife/</a> Phone: (844) 289-2306
457 Deferred Compensation Sponsored by KPERS	Empower Retirement Group Number: 130201-01	Website: <a href="http://www.kpers457.org">www.kpers457.org</a> Customer Service Phone: (800) 232-0024 Scott Kober, Retirement Plan Counselor Scott Kober Direct Phone: (816) 853-4210
Employee Assistance Program	Alternatives EAP	Website: <a href="http://www.alternativeseap.com">http://www.alternativeseap.com</a> Phone: (800) 466-8282
Continued health coverage after employment	ASI COBRA	Website: <a href="http://www.asicobra.com">http://www.asicobra.com</a> Phone: (877) 388-8331



# Important Dates to Remember

## Open Enrollment Period

October 1—31, 2019

*After Oct 31, employees will only be able to change benefit elections with a qualifying event.*

## Benefits and Wellness Fair for Employees

October 3, 2019 9:00am—2:00pm

Big Gage Shelter House

*Near the Topeka Zoo entrance.*

The Benefits Fair is a great place to learn about your new benefits and wellness opportunities as well as complete your 2020 benefits enrollment!

## October 31 Deadline

October 31, 2019 is the deadline to complete all tasks below:

2020 Wellness Incentive

2020 Tobacco Surcharge

2020 Benefits Enrollment

Submit Documentation for Family Members

## New Coverage Effective Dates

January 1—December 31, 2020

New payroll deductions begin January 3, 2020

## Benefit Questions? Contact Maggie Graham.

Phone: (785) 368-3774

Email: [mgraham@topeka.org](mailto:mgraham@topeka.org)

HR Office Phone: (785) 368-3867

HR Fax: (785) 368-3605

*City of Topeka*

*2020 Open Enrollment Benefits Guide*

*Updated 2019-09-27*