



City of Topeka

2024

Retiree Open Enrollment

# BENEFITS GUIDE

Benefit Period: Jan. 1, 2024—Dec. 31, 2024



IMPORTANT:

Open Enrollment 10/1/23—10/31/23

# 2024 Open Enrollment Details

City of Topeka, Human Resources

215 SE 7th Street, Room 170 Topeka, KS 66603

Phone: 785-368-3867 Fax: 785-368-3605

## IMPORTANT OPEN ENROLLMENT INFORMATION

**Open Enrollment Period: October 1—31, 2023**

**New Coverage Effective Dates: January 1, 2024—December 31, 2024**

**Required Notices are included in this Benefits Guide.**

### How to complete enrollment as a Retiree:

ASI COBRA will mail 2024 Open Enrollment letters to retirees in October. The letters include instructions for completing the online enrollment process, which must be done by Oct 31, 2023. If you're unable to complete enrollment online, you can mail, email or fax your 2024 benefit elections to ASI COBRA.

**Retiree elections will remain the same if you do nothing.**

### 2024 Open Enrollment Options

Online	Mail	Email	Fax
<a href="https://login.asicobra.com">https://login.asicobra.com</a>	PO Box 657 Columbia, MO 65205-0657	<a href="mailto:cobra@asicobra.com">cobra@asicobra.com</a>	573-499-1840

## Table of Contents

Open Enrollment Details .....	2
New for 2023 .....	2
Benefit Summary .....	3
Benefit Contacts .....	4
Medical/Prescription Drug Plan.....	5
Health & Wellness Center.....	7
Pharmacy Advocate Program .....	8
Dental Plan .....	9
Required Notices .....	11
Mobile Wallet Card .....	19

## New for 2024

- The City continues offering a High Deductible Health Plan (HDHP).
- *The deductible for the HDHP increased due to an IRS mandated change to deductible levels to keep them embedded. The new deductibles are \$3,200/\$6,400*
- Medical rates have increased according to recommendations from the City's benefit consultants.
- Dental rates have remained the same.

### DISCLAIMER

This benefit summary provides selected highlights of the City of Topeka benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. City of Topeka reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



# 2024 Benefit Summary

<b>MEDICAL/RX COVERAGE</b>  See pages 8-11 for details.      See pages 12-13 for details.	<b>Medical Carrier:</b> Blue Cross Blue Shield of Kansas—Three options are available for medical plans.		
	<b>OPTION 1: <u>High Deductible Plan</u></b> <ul style="list-style-type: none"><li>• Deductible \$3,200 / 6,400</li><li>• Coinsurance \$3,000 / 6,000</li><li>• OOP Max \$6,000 / 12,000</li></ul> Rx coverage is included with medical enrollment. Rx Carrier: Prime Therapeutics. Copay tiers: 30-day Retail 1) Generic \$10 2) Preferred Brand: \$40 3) Non-Pref Brand \$80 copay * Specialty: 20% of cost	<b>OPTION 2: <u>Base PPO Plan</u></b> <ul style="list-style-type: none"><li>• Deductible \$1,600 / 3,200</li><li>• Coinsurance \$2,000 / 4,000</li><li>• OOP Max \$5,000 / 10,000</li></ul> Rx coverage is included with medical enrollment. Prescription Drug Carrier: Elixir You will have 2 ID Cards Four copay tiers: 30-day Retail Copays (with Pharmacy Advocate program discounted copay) 1) Generic <=\$100: \$10 (FREE) 2) Generic > \$100: \$35 (\$10) * Specialty: 20% of cost	<b>OPTION 3: <u>Buy-Up PPO Plan</u></b> <ul style="list-style-type: none"><li>• Deductible \$1,000 / 2,000</li><li>• Coinsurance \$2,000 / 4,000</li><li>• OOP Max \$3,500 / 7,000</li></ul> 3) Preferred Brand: \$40 (\$20) 4) Non-Pref. Brand: \$80 (\$40)
	Medical/Rx Enrollment includes access to the Everside onsite health & wellness center, and Tria Health's Pharmacy Advocate program.		
<b>DENTAL COVERAGE</b>  See pages 14-15 for details.	<b>Dental Carrier:</b> Delta Dental of Kansas—Two options are available for dental plans.		
	<b>OPTION 1: <u>Base</u></b> (orthodontics NOT included) <ul style="list-style-type: none"><li>• Deductible—\$50 per person</li><li>• Maximum Calendar Year Benefit \$2,000 per person</li></ul>	<b>OPTION 2: <u>Buy Up</u></b> (orthodontics included) <ul style="list-style-type: none"><li>• Deductible—\$50 per person</li><li>• Maximum Calendar Year Benefit \$2,500 per person</li></ul>	
<b>KPERS DEATH BENEFIT</b>	KPERS pays a \$4,000 lump-sum death benefit to your beneficiary, when you pass away. You can name a person, estate, trust or a funeral establishment to receive your benefit. More information is available at <a href="https://kpers.org/retiree/benefitdetails.html">kpers.org/retiree/benefitdetails.html</a> .		
<b>FITNESS CENTER</b>	Retirees have access to the City of Topeka Fitness Center for free. If you would like to begin using the fitness center, contact Emily Pham, Wellness Coordinator, at 785-368-3602. The Fitness Center is located in the basement of City Hall and is accessible through the Monroe Street ramp service door.		

# Benefit Contacts

Coverage	Carrier	Phone
Benefits Information	City of Topeka, Human Resources	<b>Website:</b> <a href="https://www.topeka.org/hr/employee-benefits/open-enrollment/#gsc.tab=0">https://www.topeka.org/hr/employee-benefits/open-enrollment/#gsc.tab=0</a> <b>Phone:</b> (785) 368-3774
Medical	Blue Cross Blue Shield of Kansas <b>Group Number: 96039</b>	<b>Website:</b> <a href="http://www.bcbsks.com">http://www.bcbsks.com</a> <b>Phone:</b> (800) 432-3990
Pharmacy (Base & Buy Up PPO plans)	Elixir <b>Group Number: 10000391</b>	<b>Website:</b> <a href="https://www.medtrakrx.com/">https://www.medtrakrx.com/</a> <b>Phone:</b> (800) 771-4648
Pharmacy (HDHP)	Prime Therapeutics with Blue Cross Blue Shield of Kansas <b>Group Number: 96039</b>	<b>Website:</b> <a href="http://www.bcbsks.com">http://www.bcbsks.com</a> <b>Phone:</b> (800) 432-3990
Health & Wellness Center	Everside Health	<b>Wellness Portal:</b> <a href="https://cotwellness.wellright.com/">https://cotwellness.wellright.com/</a> <b>Patient Portal:</b> <a href="https://tinyurl.com/EHPatientPortal">https://tinyurl.com/EHPatientPortal</a> <b>Appointment Scheduling Line:</b> (866) 959-9355 <b>Telephonic Appointment Line:</b> (785) 368-2437
Pharmacy Advocate Program	Tria Health	<b>Website:</b> <a href="http://www.triahealth.com">http://www.triahealth.com</a> <b>Phone:</b> (888) 799-8742
Fitness Center	City of Topeka	<b>Website:</b> <a href="https://intranet.topeka.org/HR">https://intranet.topeka.org/HR</a> > Wellness / Fitness <b>Phone:</b> (785) 368-3602
Dental	Delta Dental of Kansas <b>Group Number: 50920</b>	<b>Website:</b> <a href="http://www.deltadentalks.com">http://www.deltadentalks.com</a> <b>Phone:</b> (800) 234-3375
Members age 65+ Insurance info	Premier Worksite Solutions	<b>Members 65+ Contact:</b> 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 and Kansas Police & Firemen's Retirement	KPERS/KP&F	<b>Website:</b> <a href="http://www.kpers.org">http://www.kpers.org</a> <b>Phone:</b> (888) 275-5737
457 Deferred Compensation Sponsored by KPERS	Empower Retirement <b>Group Number: 130201-01</b>	<b>Website:</b> <a href="http://www.kpers457.org">www.kpers457.org</a> <b>Customer Service Phone:</b> (800) 232-0024 Scott Kober, Retirement Plan Counselor Direct Phone: (816) 853-4210
Retiree and Cobra health coverage payments	ASI COBRA	<b>Website:</b> <a href="http://www.asicobra.com">http://www.asicobra.com</a> <b>Phone:</b> (877) 388-8331

# Medical/Rx Plans



## Medical (Blue Cross Blue Shield of Kansas)

Plan Provision	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
<b>Annual deductible</b> (Individual/family)	\$3,200/\$6,400	\$1,600/\$3,200	\$1,000/\$2,000
<b>Coinsurance</b> (after deductible, 80% plan, 20% employee)	Member pays 20% to \$3,000 per person, \$6,000 max	Member pays 20% to \$2,000 per person, \$4,000 max	Member pays 20% to \$2,000 per person, \$4,000 max
<b>Out-of-pocket maximum</b> (Includes deductible, coinsurance and copays)	\$6,000/\$12,000	\$5,000/\$10,000	\$3,500/\$7,000
<b>Lifetime maximum</b>	Unlimited	Unlimited	Unlimited
<b>ACA Preventive care</b>	Paid at 100%	Paid at 100%	Paid at 100%
<b>Primary physician office visit</b>	Subject to Deductible and Co-Insurance  (Member pays 100% of cost until deductible is reached, then pays 20% coinsurance until out-of-pocket max is reached, then the plan pays all remaining eligible expenses for the plan year.)	\$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

**Dependent Children** *Dependent children\* can be covered up to age 26, even if they have their own employer-sponsored coverage. \*Dependent maternity is excluded.*

<b>Prescription Drug</b>	<i>(Prime Therapeutics, will use BCBS i.d. card)</i>	<i>(Elixir Rx, will use separate i.d. card from BCBS medical)</i>	<i>(Elixir Rx, will use separate i.d. card from BCBS medical)</i>
Plan Provision	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
<b>Prescription drug deductible &amp; out-of-pocket maximum</b>	Included as a part of the Medical Deductible and Out-of-pocket max.	\$2,350 / \$4,700	\$2,350 / \$4,700
<b>Retail prescription drugs</b> (30-day supply)	<b>After Medical Deductible</b>		
• Generic ≤ \$100	\$10 copay	\$10 copay	\$10 copay
• Generic > \$100	\$10 copay	\$35 copay	\$35 copay
• Preferred Brand	\$40 copay	\$40 copay	\$40 copay
• Non-Preferred Brand	\$80 copay	\$80 copay	\$80 copay
<b>Retail prescription drugs</b> (90-day supply)	<b>After Medical Deductible</b>		
• Generic ≤ \$300	\$30 copay	\$30 copay	\$30 copay
• Generic > \$300	\$30 copay	\$105 copay	\$105 copay
• Preferred Brand	\$120 copay	\$120 copay	\$120 copay
• Non-Preferred Brand	\$240 copay	\$240 copay	\$240 copay
<b>Specialty Drugs</b>	20% of cost	20% of cost	20% of cost

Certain ACA preventive drugs will be covered at 100% (no deductibles or copays) under the HDHP.

# 2024 Medical/Rx Rates

## Retiree's Monthly Premium

*This is the amount you pay each month.*

MEDICAL	HDHP	BASE	BUY UP
Employee Single	\$ 887.50	\$1,028.38	\$1,112.05
Employee + Spouse	\$1,888.63	\$2,188.43	\$2,368.25
Employee + Child(ren)	\$1,713.50	\$1,985.53	\$2,148.43
Employee + Family	\$2,695.70	\$3,123.65	\$3,380.20



# Health & Wellness Clinic

The Health & Wellness Clinic is a part of the City of Topeka medical plan. Employees, retirees, and their dependents who are enrolled in the medical plan have access to the clinic.



- ACA preventive visits, and City wellness visits, are free with any City health plan enrollment.
- Members on the Base and Buy Up PPO plans will have no charge for clinic visits.
- Members enrolled in the HDHP will be charged \$35 per visit for medical care and lab services.



Retirees on the medical plan can call the scheduling line for a free flu shot.

**1-866-959-9355**

## 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              |

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

**Telephonic Appointment Line: 785-368-2437**

*If your appointment will be completed over the phone, call this number at the start of your appointment.*

## Patient Portal:

[tinyurl.com/EHPatientPortal](https://tinyurl.com/EHPatientPortal)

## 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

# 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.

### Who can enroll?

Any employee or family member enrolled in a 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.

### Targeted Conditions:

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

## 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.

Plan Provision	Base & Buy Up PPO Copay without Discount	Base & Buy Up PPO Copay with Pharmacy Advocate Discount
<b>Retail prescription drugs</b> (30-day supply)		
• Generic <= \$100	\$10 copay	<b>FREE</b>
• Generic > \$100	\$35 copay	<b>\$10 copay</b>
• Preferred Brand	\$40 copay	<b>\$20 copay</b>
• Non-Preferred Brand	\$80 copay	<b>\$40 copay</b>
<b>Retail prescription drugs</b> (90-day supply)		
• Generic <= \$300	\$30 copay	<b>FREE</b>
• Generic > \$300	\$105 copay	<b>\$30 copay</b>
• Preferred Brand	\$120 copay	<b>\$60 copay</b>
• Non-Preferred Brand	\$240 copay	<b>\$120 copay</b>

HDHP members receive a discount equal to the PPO. For example, they receive a \$10 discount on generics, so a \$12 generic would cost them \$2.



# Dental Plans

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	Base Plan	Buy Up Plan
<b>Annual deductible</b> (Individual/family) <i>Children ages 12 and under</i>	\$50/\$150 <i>No Deductible</i>	\$50/\$150 <i>No Deductible</i>
<b>Annual maximum per person</b>	\$2,000	\$2,500
<b>Diagnostic and Preventive Services</b>	Covered at 100%	Covered at 100%
<b>Basic services</b>  <i>Children ages 12 and under</i>	Employee pays 40% <b>Incentive Rate*</b> : Employee pays 20%  <i>Covered at 100%</i>	Employee pays 40% <b>Incentive Rate*</b> : Employee pays 20%  <i>Covered at 100%</i>
<b>Major services</b>  <i>Children ages 12 and under</i>	Employee pays 60% <b>Incentive Rate*</b> : Employee pays 50%  <i>Covered at 100%</i>	Employee pays 60% <b>Incentive Rate*</b> : Employee pays 50%  <i>Covered at 100%</i>
<b>Orthodontics</b>	Not Covered	Plan 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	Basic Services	Major Services
<b>Oral Examinations:</b> Twice per calendar year	<b>Emergency exam:</b> One per calendar year by dentist to relieve pain	<b>Special restorative:</b> When teeth cannot be restored with a filling material
<b>Diagnostic X-rays:</b> Bitewings two times per calendar year for dependents under age 18 and once each 12 months for adults age 18 and over	<b>Oral surgery:</b> Extractions or oral surgery including pre and post operative care	<b>Prosthodontics:</b> Includes bridges, partial and complete dentures, including repairs and adjustments
<b>Full mouth or panoramic x-rays:</b> Once every five years	<b>Fillings-Amalgam:</b> (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.	<b>Periodontics:</b> Surgical periodontal procedures
<b>Prophylaxis (cleanings):</b> Unlimited	<b>Endodontics:</b> Includes procedures for root canal treatments and root canal fillings	<b>Implants:</b> Covered on a limited basis. <i>A predetermination of benefits prior to treatment is recommended.</i>
<b>Topical Fluoride:</b> Two per calendar year for dependent children through the end of the month in which child reaches age 21.	<b>Periodontics:</b> Treatment of gum diseases of the tissues supporting the teeth	
<b>Space Maintainers &amp; Sealants:</b> Covered with frequency limitations		

# 2024 Dental Rates

## Retiree's Monthly Premium

*This is the amount you pay each month.*

DENTAL	BASE	BUY UP
Employee Single	\$ 41.18	\$ 50.63
Employee + Spouse	\$82.65	\$101.65
Employee + Child(ren)	\$ 88.58	\$108.98
Employee + Family	\$147.85	\$181.85



# Required Notices – 2024 Open Enrollment

## Index to Notices

1. HIPAA Special Enrollment Rights Notice	Page 11
2. Women's Health and Cancer Rights Act Annual Notice	Page 11
3. GINA Warning	Page 11
4. Medicare Part D Creditable Coverage Notice	Page 12-13
5. EEOC Wellness Notice	Page 12
6. Annual notice of COBRA Rights (pursuant to the Public Health Service Act (PHSA))	Page 14-15
7. HIPAA Privacy Notice	Page 16
8. Children's Health Insurance Program Information	Page 16-18

### 1. HIPAA 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.

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

### 2. Women's Health and Cancer Rights Act Annual 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.

### 3. GINA Warning against Providing Genetic Information

The Genetic Information Nondiscrimination Act (GINA) prohibits collection of genetic information by both employers and health plans, and defines genetic information very broadly. Asking an individual to provide family medical history is considered collection of genetic information, even if there is no reward for responding (or penalty for failure to respond). In addition, a question about an individual's current health status is considered to be a request for genetic information if it is made in a way likely to result in obtaining genetic information (e.g., family medical history). Wellness programs that require completion of health risk assessments or other forms that request health information may violate the collection prohibition unless they fit within an exception to the prohibition for inadvertent acquisition of such information. This exception applies if the request does not violate any laws, does not ask for genetic information and includes a warning against providing genetic information in any responses. An employer administering a wellness program might include on the relevant forms a warning such as the one set out below.

#### 4. Medicare Part D Creditable Coverage Notice

##### **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. 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.

##### **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 to December 7.

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 [Insert Name of Entity] 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 Elixir Solutions at 800-361-4542. 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, 2021  
 Name of Sender: City of Topeka  
 Contact--Position: Shelby Harvel, Human Resources Manager  
 Address: 215 SE 7th Street, Suite 170, 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).

## 5. EEOC Notice Regarding Wellness Program

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

However, employees who choose to participate in the wellness program will receive an incentive of lower premiums. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the premium discount. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation by contacting Shelby Harvel at (785) 368-2580 or email at [sharvel@topeka.org](mailto:sharvel@topeka.org).

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

### Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Shelby Harvel at (785) 368-2580 or [sharvel@topeka.org](mailto:sharvel@topeka.org).

## 6. Annual General Notice of Continuation of Coverage Rights Under COBRA

Introduction: You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the City of Topeka Health Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: *Shelby Harvel*, 785-368-2580, or [sharvel@topeka.org](mailto:sharvel@topeka.org). *Documentation of the qualifying event will be required.***



### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. **You must provide this notice within 30 days to: Shelby Harvel, 785-368-2580, or [sharvel@topeka.org](mailto:sharvel@topeka.org) Documentation of the qualifying event will be required.**

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

#### ***Are there other coverage options besides COBRA Continuation Coverage?***

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### ***Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?***

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### If you have questions

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

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information: Shelby Harvel, 785-368-2580, or [sharvel@topeka.org](mailto:sharvel@topeka.org)

## 7. Notice of Availability of City of Topeka Health Plan 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 .

## 8. Children’s Health Insurance Program Information

### 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, 2023. Contact your State for more information on eligibility –**

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

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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	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
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	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
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
<a href="http://www.dol.gov/agencies/ebsa">www.dol.gov/agencies/ebsa</a>	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>
1-866-444-EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

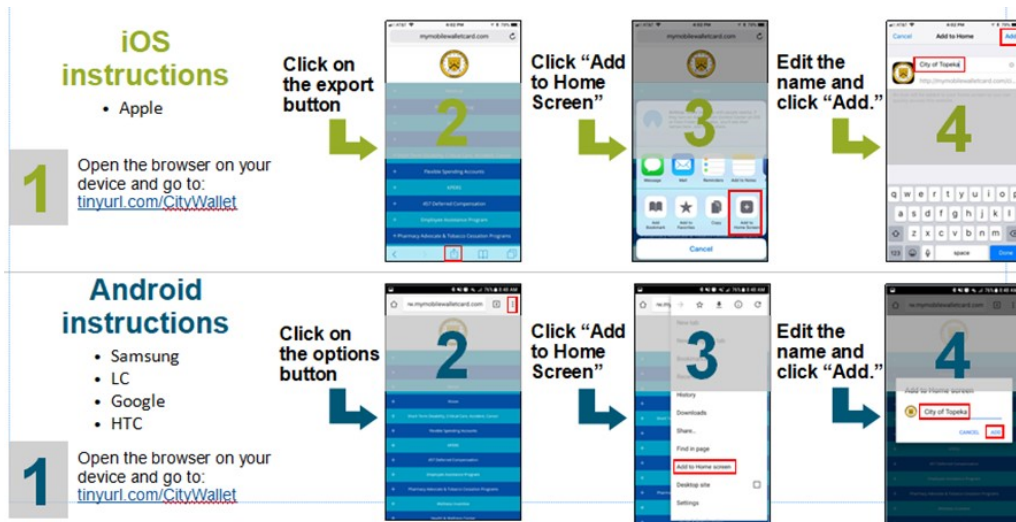
# Open Enrollment Dates to Remember

- **10/1—31, 2023 Open Enrollment process**  
*After Oct 31, changes are only allowed with a qualifying event.*
- **10/31/23 Submit documentation for new family members on the plan**
- **1/1/24 New benefit elections begin**

## Mobile Wallet Card

Quickly access benefit contacts and plan numbers by saving Mobile Wallet to your smart phone, tablet or computer! To open the link, scan the QR code to the right or go to [tinyurl.com/CityWallet](https://tinyurl.com/CityWallet).

Or, use the instructions below to save Mobile Wallet to your smart phone home screen.



**Benefit Questions? Contact Tim Carson.**  
 Phone: (785) 368-3774  
 Email: [tecarson@topeka.org](mailto:tecarson@topeka.org)  
 HR Office Phone: (785) 368-3867



City of Topeka  
 2024 Retiree Benefits Guide  
 Updated 2023-10-10