



City of Topeka

2024

Open Enrollment

BENEFITS GUIDE

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



IMPORTANT:

Open Enrollment 10/1/23—10/31/23

Use the checklist on page 3
so you don't miss anything.

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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.

New for 2024

- The City continues offering a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), in addition to the more traditional Base and Buy Up plans. The City will make a contribution to the HSA for anyone enrolled in the HDHP.
See page 8 for more details.
- *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.

IMPORTANT ENROLLMENT DETAILS

Open Enrollment Period
October 1—31, 2023

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

New Payroll Deductions Begin
January 12, 2024

Enrollment Details

This is an active open enrollment, so each employee must complete enrollment to elect or decline 2024 benefits. Watch your email for further details on how to enroll in-person, by phone, or online during October. After October 31, employees will not be able to change their elections, except with a qualifying event. Failure to complete the enrollment process will result in the loss of benefits.

Required Notices

Required notices are included in this Benefit Guide and also posted on the City of Topeka Intranet: intranet.topeka.org/HR > Benefits

Open Enrollment Checklist

2024

*All benefit-eligible employees must complete open enrollment, even if declining 2024 benefits, or keeping the same.

Open Enrollment Dates: October 1—October 31, 2023

1.

Self-Enroll Online:

Self-enrollment instructions will be emailed to all employees & posted online 10/1/2023

2.

Enroll In-Person with a Benefits Counselor:

Schedule your appt. now.
(Link available 10/1/23)

<https://outlook.office365.com/owa/calendar/CityofTopeka@pwsal.com/bookings/>

3.

Enroll by Phone:

Phone appointments must be scheduled at least 24 hours in advance.
(Link available 10/1/23)

<https://outlook.office365.com/owa/calendar/CityofTopeka@pwsal.com/bookings/>

☐ Complete 1 of the 3 options above to enroll or decline the following benefits:

- Medical/Rx • Dental • Vision • FSA & HSA • Friendship Fund
- Cancer • Accident • Critical Illness • Short Term Disability • Friends of the Topeka Zoo

☐ **Friends of the Topeka Zoo:** Also submit survey for membership card. <https://arcg.is/1SuqSP1>

☐ **After enrollment, be sure to review your Benefits Confirmation Form:**
Make sure the confirmation form matches the benefits you want.

☐ **Dependent Documentation:** If adding family members to medical or dental for the first time, submit verification documents **AND** social security cards **to HR by Nov. 1.**



☐ **Pet Insurance:** Contact Nationwide to enroll/change coverage (Phone: 877-738-7874;
Website: benefits.petinsurance.com/topeka). Your current coverage will remain the same if you do nothing.

☐ **KPERS Optional Group Life Insurance:** To enroll/change coverage, login to your KPERS account online (kpers.org) or submit paper form to HR by Oct 31. Forms available at: topeka.org/hr/employee-benefits/open-enrollment/
OGLI coverage will remain the same if you do nothing.

☐ **KPERS 457:** Instructions for enrollment/changing contributions available at: topeka.org/hr/employee-benefits/open-enrollment/
Your 457 contribution will remain the same if you do nothing.

☐ **Review 2024 Paychecks:** Review your paystub when new benefit deductions begin Jan. 12, 2024. Contact HR as soon as possible with any errors.



If you have questions, contact Tim Carson in Human Resources at tecarson@topeka.org or 785-368-3774

2024 Wellness Incentive: The activities needed in order to earn the 2024 wellness incentive were to be completed by 8/31/23. Please log in to the wellness portal to see if you earned the incentive.

2025 Wellness Incentive: Activities for the 2025 wellness incentive need to be completed 9/1/23—8/31/24 and can be entered in the wellness portal when it opens again in Oct. 2023.

Wellness portal link: COTwellness.wellright.com



CITY OF TOPEKA
HEALTH & WELLNESS



2024 Rates Summary

Employee Semi-Monthly Rates



MEDICAL	High Deductible Health Plan	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	63.90	17.75	N/A
	Employee + Spouse	188.86	90.65	83.10
	Employee + Child(ren)	171.35	82.25	N/A
	Employee + Family	269.57	129.39	118.61
	Base PPO Plan	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	80.80	34.65	N/A
	Employee + Spouse	224.83	126.63	119.07
	Employee + Child(ren)	203.99	114.89	N/A
	Employee + Family	320.92	180.74	169.96
	Buy Up Plan	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	153.72	107.57	N/A
	Employee + Spouse	380.71	282.5	274.95

DENTAL	Dental Base	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	3.21	1.07	N/A
	Employee + Spouse	8.47	4.17	3.84
	Employee + Child(ren)	9.08	4.47	N/A
	Employee + Family	15.15	7.46	6.87
	Dental Buy Up	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	6.99	4.85	N/A
	Employee + Spouse	16.07	11.77	11.44
	Employee + Child(ren)	17.24	12.63	N/A
	Employee + Family	28.75	21.06	20.47

TOBACCO SURCHARGE (applies to medical and dental)		Tobacco Surcharge Semi-monthly (in addition to medical & dental rates)	Medical	Dental	Medical Plus Dental
		ONE tobacco user	\$45.00	\$5.00	\$50.00
		Two tobacco users	\$90.00	\$10.00	\$100.00

VISION	Vision	Insight Network
	Employee Single	\$3.98
	Employee + Spouse	\$8.64
	Employee + Child(ren)	\$7.41
	Employee + Family	\$14.40

ACCIDENT	Accident	Low Plan	High Plan
	Employee Single	\$4.84	\$7.47
	Employee + Spouse	\$7.95	\$12.32
	Employee + Child(ren)	\$9.01	\$14.28
	Employee + Family	\$12.13	\$19.14

ZOO	Friends of the Zoo	Level
	Zoo for Two	\$2.50
	Family Basic	\$3.17
	Family Premium	\$4.50
	Director's Circle	\$10.00

STD	Short Term Disability
	Premiums are based on amount of coverage, employee age, and salary. See page 17 for details.

CRITICAL CARE	Critical Care
	Premiums are based on amount of coverage, employee age, and tobacco use. See page 22 for details.

CANCER	Cancer	Low Plan	High Plan
	Employee Single	\$11.83	\$15.13
	Employee + Family	\$19.70	\$25.18

LIFE	Optional Group Life Insurance
	Employee & spouse premiums are based on amount of coverage and age. Child monthly premiums are \$1.20 for \$10,000 coverage; and

PET	Pet Insurance
	Pet insurance is available with a variety of coverage levels. See page 23 for more details.

2024 Benefit Summary



MEDICAL/RX COVERAGE See pages 8-11 for details. See pages 12-13 for details.	Medical Carrier: Blue Cross Blue Shield of Kansas—Three options are available for medical plans. <table><tr><td>OPTION 1: <u>High Deductible Plan</u><ul style="list-style-type: none">• Deductible \$3,200 / 6,400• Coinsurance \$3,000 / 6,000• OOP Max \$6,000 / 12,000</td><td>OPTION 2: <u>Base PPO Plan</u><ul style="list-style-type: none">• Deductible \$1,600 / 3,200• Coinsurance \$2,000 / 4,000• OOP Max \$5,000 / 10,000</td><td>OPTION 3: <u>Buy-Up PPO Plan</u><ul style="list-style-type: none">• Deductible \$1,000 / 2,000• Coinsurance \$2,000 / 4,000• OOP Max \$3,500 / 7,000</td></tr></table> <table><tr><td>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</td><td>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 3) Preferred Brand: \$40 (\$20) 4) Non-Pref. Brand: \$80 (\$40)</td></tr></table> Medical/Rx Enrollment includes access to the Everside onsite health & wellness center, and PPO plans also include Tria Health’s Pharmacy Advocate program.			OPTION 1: <u>High Deductible Plan</u> <ul style="list-style-type: none">• Deductible \$3,200 / 6,400• Coinsurance \$3,000 / 6,000• OOP Max \$6,000 / 12,000	OPTION 2: <u>Base PPO Plan</u> <ul style="list-style-type: none">• Deductible \$1,600 / 3,200• Coinsurance \$2,000 / 4,000• OOP Max \$5,000 / 10,000	OPTION 3: <u>Buy-Up PPO Plan</u> <ul style="list-style-type: none">• Deductible \$1,000 / 2,000• Coinsurance \$2,000 / 4,000• OOP Max \$3,500 / 7,000	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	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 3) Preferred Brand: \$40 (\$20) 4) Non-Pref. Brand: \$80 (\$40)
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DENTAL COVERAGE See pages 14-15 for details.	Dental Carrier: Delta Dental of Kansas—Two options are available for dental plans. <table><tr><td>OPTION 1: <u>Base</u> (orthodontics NOT included)<ul style="list-style-type: none">• Deductible—\$50 per person• Maximum Calendar Year Benefit \$2,000 per person</td><td>OPTION 2: <u>Buy Up</u> (orthodontics included)<ul style="list-style-type: none">• Deductible—\$50 per person• Maximum Calendar Year Benefit \$2,500 per person</td></tr></table>			OPTION 1: <u>Base</u> (orthodontics NOT included) <ul style="list-style-type: none">• Deductible—\$50 per person• Maximum Calendar Year Benefit \$2,000 per person	OPTION 2: <u>Buy Up</u> (orthodontics included) <ul style="list-style-type: none">• Deductible—\$50 per person• Maximum Calendar Year Benefit \$2,500 per person			
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SUPPLE-MENTAL BENEFITS See pages 16-23 for details.	<ul style="list-style-type: none">• Vision Insurance: Surency Vision• Health Savings Account and Medical Flexible Spending Account : ASI Flex• Dependent Care Flexible Spending Account : ASI Flex• Cancer Insurance: Colonial Life• Accident Insurance: Colonial Life• Critical Care Insurance: Colonial Life• Short Term Disability Insurance : Colonial Life• Pet Insurance : Nationwide							
LIFE INSURANCE See pages 26-29 for details.	<ul style="list-style-type: none">• KPERS Basic Life: 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.• KP&F Death Benefit (Non Service Connected): 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.• Optional Group Life: Members can purchase additional life insurance through KPERS for self, spouse and child(ren).							
RETIREMENT See pages 24-25 for details.	<ul style="list-style-type: none">• KPERS 457: KPERS/KP&F members can voluntarily contribute to a 457 account to increase retirement savings.• KPERS/KP&F: 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.							
ADDITIONAL BENEFITS See pages 30-33 for details.	<ul style="list-style-type: none">• Telemedicine & Virtual Counseling: First Stop Health Free telemedicine & virtual counseling for all City employees and family members.• Employee Assistance Program: Alternatives EAP Receive up to six counseling session for FREE (annually) for each employee and family member. Other programs, referrals and service discounts are also available.• Friendship Fund: City of Topeka Confidential financial assistance available to both employees and retirees.• Zoo Membership Discount: Friends of the Topeka Zoo Receive a discount on an annual Friends of the Topeka Zoo membership.							
	In accordance with Internal Revenue Service (“IRS”) Section 125 regulations, City of Topeka employees may elect to have eligi-ble benefits payroll deducted on a pre-tax or after-tax basis.							

Benefit Contacts

Coverage	Carrier	Phone
Benefits Information	City of Topeka, Human Resources	Website: https://intranet.topeka.org/HR > Benefits Phone: (785) 368-3774
Medical	Blue Cross Blue Shield of Kansas Group Number: 96039	Website: http://www.bcbsks.com Phone: (800) 432-3990
Pharmacy (Base & Buy Up PPO plans)	Elixir Group Number: 10000391	Website: https://www.medtrakrx.com/ Phone: (800) 771-4648
Pharmacy (HDHP)	Prime Therapeutics with Blue Cross Blue Shield of Kansas Group Number: 96039	Website: http://www.bcbsks.com Phone: (800) 432-3990
Health & Wellness Center And Tobacco Cessation Program	Everside Health	Wellness Portal: https://cotwellness.wellright.com/ Patient Portal: https://tinyurl.com/EHPatientPortal Appointment Scheduling Line: (866) 959-9355 Telephonic Appointment Line: (785) 368-2437
Pharmacy Advocate Program	Tria Health	Website: http://www.triahealth.com Phone: (888) 799-8742
Fitness Center	City of Topeka	Website: https://intranet.topeka.org/HR > Wellness / Fitness Phone: (785) 368-3602
Dental	Delta Dental of Kansas Group Number: 50920	Website: http://www.deltadentalks.com Phone: (800) 234-3375
Vision	Surency Group Number: 50920	Website: https://www.surency.com Phone: (866) 818-8805
Flexible Spending Accounts	ASI Flex	Website: http://www.asiflex.com Phone: (800) 659-3035
Supplemental Insurance • Short Term Disability • Critical Care • Accident • Cancer	Colonial Life	Website: http://www.coloniallife.com Phone: (800) 325-4368
Members age 65+ Insurance info	Premier Worksite Solutions	Members 65+ Contact: Jeri Gloe, Account Executive Direct Phone: 913-706-8614 Email: jeri.gloe@pwskc.com
Pet Insurance	Nationwide	Website: https://benefits.petinsurance.com/topeka Phone: (877) 738-7874
Kansas Public Employees Retirement and Kansas Police & Firemen's Retirement	KPERS/KP&F	Website: http://www.kpers.org Phone: (888) 275-5737
Optional Group Life Insurance Sponsored by KPERS	The Standard	Website: https://www.kpers.org/optionallife/ Phone: (844) 289-2306
457 Deferred Compensation Sponsored by KPERS	Empower Retirement Group Number: 130201-01	Website: www.kpers457.org Customer Service Phone: (800) 232-0024 Scott Kober, Retirement Plan Counselor Direct Phone: (816) 853-4210
Telemedicine and Virtual Counseling	First Stop Health	Website: https://www.fshealth.com/ Phone: (888) 691-7867
Employee Assistance Program	Alternatives EAP	Website: http://www.alternativeseap.com Phone: (800) 466-8282
Continued health coverage after employment	ASI COBRA	Website: http://www.asicobra.com Phone: (877) 388-8331

Dependent Verification & Qualifying Events

DEPENDENT VERIFICATION: If you add family members to your health and/or dental plan(s), verification of eligibility must be submitted to Human Resources. **Verification can be completed by submitting the appropriate documents listed in the table below.**

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

Birth and Marriage Certificates

Office of Vital Statistics (Kansas records only)

Phone: 877-305-8315

Website: <https://www.kdheks.gov/vital/>

Social Security Cards

Social Security Administration

Phone: 888-327-1271

Website: <https://www.ssa.gov/ssnumber/>

Legal Spouse/ Domestic Partner	Natural Child	Adopted Child	Step Child	Legal Guardianship Status
Social Security Card AND Marriage Certificate OR Marriage License <i>Certification seal must be included on document</i> OR Domestic Partnership agreement OR Federal Tax Form 1040 <i>Only if filing jointly</i>	Social Security Card AND Birth Certificate OR Hospital Birth Confirmation Letter <i>Birth Certificate and Birth Confirmation must show your name as the parent of the child, and be signed by a hospital administrator or physician on staff.</i>	Social Security Card AND Signed court document <i>Court document must show child's name and identify the court, county or state, date of the action and filing record.</i>	Social Security Card AND Birth Certificate AND Document under "Legal Spouse/ Domestic Partner" to verify your relationship to the child's parent. <i>Birth Certificate must show your name or your enrolled spouse or domestic partner as the parent of the child, and be signed by a hospital administrator or physician on staff.</i>	Social Security Card AND Court assignment of guardianship <i>Guardianship assignment must be signed and/or stamped by a member of the court.</i>

QUALIFYING EVENTS: Significant life events may create a need to change your benefits during the year. It is your responsibility to notify Human Resources **within 30 days** of any life changing qualifying events.

QUALIFYING EVENT:	QUALIFYING CHANGE:	REQUIRED SUPPORTING DOCUMENTATION:	POSSIBLE CHANGES:
Birth or Adoption of Child	Add child on date of birth or adoption date	Birth Certification or Adoption Court Papers	<ul style="list-style-type: none"> Medical/Rx, Dental, Vision, Colonial, Flex Spending Beneficiary (KPERs, 457 & Colonial) Optional Group Life Insurance Coverage
Spouse job change (loss of coverage)	Add spouse/children 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"> Medical/Rx, Dental, Vision, Colonial, Flex Spending
Spouse job change (enrollment in new coverage)	Remove spouse/children end of the month prior to start of new coverage	Document on company letterhead stating new coverage effective date or photo-copy of new cards	<ul style="list-style-type: none"> Medical/Rx, Dental, Vision, Colonial, Flex Spending
Marriage	Add spouse/children first of the month following date of marriage	Marriage Certificate <u>Marriage licenses cannot be accepted unless marked with an official state seal.</u>	<ul style="list-style-type: none"> Medical/Rx, Dental, Vision, Colonial, Flex Spending Beneficiary (KPERs, 457 & Colonial) Optional Group Life Insurance Coverage Payroll Direct Deposit & Tax Changes Name & Address
Divorce or Legal Separation	Required to remove spouse end of the month following divorce / legal separation. Children may also be removed.	Divorce Decree or legal separation court order	<ul style="list-style-type: none"> Medical/Rx, Dental, Vision, Colonial, Flex Spending Beneficiary (KPERs, 457 & Colonial) Optional Group Life Insurance Coverage Payroll Direct Deposit & Tax Changes Name & Address
Spouse/Child enroll through Federal Marketplace	Remove spouse/children end of the month prior to start of new coverage	Final approval letter stating the plan is through the Federal Marketplace and the effective date	<ul style="list-style-type: none"> Medical/Rx, Dental, Vision, Colonial, Flex Spending

Medical/Rx Plans



The City offers a High Deductible Health Plan (HDHP) with Health Savings Account (HSA), and Base PPO and Buy Up PPO plans. All medical plans will be managed by Blue Cross Blue Shield of Kansas. The City will make a contribution to the HSA account and you will have an opportunity to contribute as well. Employees should review the information on each plan to consider which option might be best for them.

Generally, an HDHP has lower monthly premiums, but you will pay more out-of-pocket for medical expenses before insurance begins to pay. The HSA lets you save for medical care, and carry that money into the next year if it is not needed in the current year. A preferred provider organization (PPO) generally has copays and lower deductibles but higher monthly premiums.

HDHP — High Deductible Health Plan

There are very few first dollar benefits allowed under a HDHP. You will pay all medical expenses until you meet your deductible, then you will pay 20%, and the plan will pay 80% of qualified medical expenses, until the out-of-pocket max is met, and then the plan will pay 100% of remaining covered expenses.

If you are enrolled in the HDHP, you can also enroll in a HSA. See page 9 for more details on the HSA.

Here are a few things to note about a HDHP:

- Lower monthly premiums than the PPO plans.
- Higher deductible and out-of-pocket max than the PPO plans.
- Allows you to open an HSA.
- No copays or benefits payable (except ACA preventive care) until deductible is met. This means you will pay the full cost of medical and prescriptions until you meet your deductible. ACA preventive health care will still be covered 100%; for example annual physicals and vaccinations. But additional treatments at the same time as the annual physical are not included.
- Visits to the City of Topeka Health & Wellness Clinic will cost \$35 for those on the HDHP, (except ACA preventive care and HRA & Follow ups for wellness incentive.)



- Employees on the HDHP will use Prime Therapeutics for Rx drugs, and will use their BCBS medical card for Rx also. The prescription deductible and out-of-pocket max will be combined with the medical deductible and out-of-pocket max. This means members on the HDHP will pay all medical and Rx expenses until they meet their deductible of \$3,200/\$6,400 before the plan pays anything, except for ACA preventive medical and Rx. The Preventive Rx list will be posted on the intranet Open Enrollment page at <https://intranet.topeka.org>. (Select HR, then Benefits, then Open Enrollment.) Once the deductible is met, members will pay a copay or coinsurance for their Rx, and coinsurance for their medical. Once the out-of-pocket max of \$6,000/\$12,000 is met, the plan will pay all remaining eligible expenses for the plan year. See page 10 for coverage details.

Base PPO & Buy Up PPO — Preferred Provider Organization Plans

The Base and Buy Up plans are PPO plans. You will have some coverage before you meet your deductible, such as office visit copays, and annual lab coverage. You will pay 100% of additional expenses until you meet your deductible, then you will pay 20% until you meet your coinsurance max. Once you meet your out-of-pocket max the plan will pay 100% of remaining covered expenses.

If you are enrolled in the Base or Buy Up PPO plan, you can also enroll in a Flex medical plan. See page 9 for more details on the FSA.



- Employees on the Base or Buy up PPO plans will use Elixir for Rx drugs, and will have a separate Rx card from the BCBS medical card. See page 10 for coverage details.

FSA—Medical Flex Spending Account, HSA—Health Savings Account, and Flex Dependent Care Account



This page describes the details of the FSA, HSA, and Flex Dependent Care plans, and which ones can be used with each medical plan. These programs let you pay for health care and/or dependent care expenses using tax free dollars.

		BASE or BUY UP PPO	HDHP	NO MEDICAL
FSA - FLEX MEDICAL	<p>The FSA-medical is the same plan that the City has had for several years. Employees can contribute money pre-tax, and spend the money on qualified medical expenses. The FSA-medical is available if you enroll in the Base or Buy Up PPO plans, or if you don't enroll in a medical plan. It is not available if you enroll in the HDHP.</p> <ul style="list-style-type: none"> Only employees make contributions to the FSA-medical account; there are no employer contributions. Changes are only allowed mid-year with a qualifying event. Claims for reimbursement must be incurred by March 15 of the following year, and submitted to ASI Flex by June 15. Any unused money after June 15 is forfeited. This is the IRS 'use it or lose it' rule. The annual max contribution for 2023 is \$3,050. If the max increases when the IRS announces the 2024 max, you will be able to increase your contribution to the max. 	YES, Available with a PPO plan	No	YES, Available with no medical plan
HSA.	<p>The HSA was new in 2024. Employees can contribute money pre-tax, and spend the money on qualified medical expenses. The HSA is only available if you enroll in the HDHP.</p> <ul style="list-style-type: none"> You will not be eligible to open an HSA account if you are covered under another health plan that does not qualify as a High Deductible Health Plan (HDHP), including a Flexible Spending Account (FSA). Note— You will need to spend any FSA dollars, and have a \$0 account, by 12/31/23 in order to be eligible to open an HSA on 1/1/2024. The City will make a contribution to the employee's HSA account as well. The City will contribute \$500 for single plans/\$1,000 for dependent plans annually, or \$850 for single plans/\$1,750 for dependent plans annually if the employee contributes a minimum of \$6.25 per pay period for a single plan, or \$12.50 per pay period for any dependent plan. City contributions will be made quarterly (January/April/July/October) and you must be employed and enrolled in the plan at the time of the contribution. The first quarterly contribution will be based on the amount the employee enrolled to contribute. Subsequent City contributions will be based on the actual amount the employee contributed in the previous quarter. Employees can change their HSA contributions mid-year without a qualifying event. A Health Savings Account is set up in your name. You own the account and can take it with you if you move or retire. You can invest your funds on a pre-tax basis and it can possibly grow over time tax-free. There's no annual "Use it or Lose it" rule, so if you have money left over at the end of the plan year, you can keep it in your account and let it grow over many years. The money in your account can be used to pay for Qualified Medical Expenses until you reach age 65 on a tax-free basis. After age 65, you can use it for non-medical expenses as well. While no penalty would apply, the non-medical expenses would be subject to regular income tax (much like any other retirement account.) HSA 2024 annual max contributions (employee + employer) are \$4,150/\$8,300. Employees over age 55 can contribute an additional \$1,000. 	No	YES, Available with a HDHP plan	No
FLEX DEPEND- ENT CARE	<p>The Flex-dependent care is the same plan that the City has had for several years. You can enroll in Flex dependent care regardless of which medical plan you choose.</p> <ul style="list-style-type: none"> The annual max contribution is \$5,000. (\$2,500 if married and filing separate tax returns.) 	YES, Available with a PPO plan	YES, Available with a HDHP plan	YES, Available with no medical plan

Medical/Rx Plans



Medical (Blue Cross Blue Shield of Kansas)

Plan Provision	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
Annual deductible (Individual/family)	\$3,200/\$6,400	\$1,600/\$3,200	\$1,000/\$2,000
Coinsurance (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
Out-of-pocket maximum (Includes deductible, coinsurance and copays)	\$6,000/\$12,000	\$5,000/\$10,000	\$3,500/\$7,000
Lifetime maximum	Unlimited	Unlimited	Unlimited
ACA Preventive care	Paid at 100%	Paid at 100%	Paid at 100%
Primary physician office visit	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
Specialist office visit		\$25 copay	\$25 copay
Chiropractic visit (Includes spinal manipulations and modalities)		\$25 copay	\$25 copay
Urgent care		\$45 copay	\$45 copay
Emergency room care		\$100 copay, deductible then 20%	\$100 copay, deductible then 20%
X-ray and lab		Paid 100% up to \$500, then deductible and coinsurance	Paid 100% up to \$500, then deductible and coinsurance
Inpatient hospital services		Deductible and coinsurance	Deductible and coinsurance
Outpatient hospital services		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.

Prescription Drug	(Prime Therapeutics, will use BCBS i.d. card)	(Elixir Rx, will use separate i.d. card from BCBS medical)	(Elixir Rx, will use separate i.d. card from BCBS medical)
Plan Provision	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
Prescription drug deductible & out-of-pocket maximum	Included as a part of the Medical Deductible and Out-of-pocket max.	\$2,350 / \$4,700	\$2,350 / \$4,700
Retail prescription drugs (30-day supply)	After Medical Deductible		
• 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
Retail prescription drugs (90-day supply)	After Medical Deductible		
• 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
Specialty Drugs	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

Employee's Semi-monthly Premium *This is the employee's twice per month share of the premium.*

Employee Semi- monthly Cost	High Deductible Health Plan	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	63.90	17.75	N/A
	Employee + Spouse	188.86	90.65	83.10
	Employee + Child(ren)	171.35	82.25	N/A
	Employee + Family	269.57	129.39	118.61
	Medical Base	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	80.80	34.65	N/A
	Employee + Spouse	224.83	126.63	119.07
	Employee + Child(ren)	203.99	114.89	N/A
	Employee + Family	320.92	180.74	169.96
	Medical Buy Up	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	153.72	107.57	N/A
	Employee + Spouse	380.71	282.50	274.95
	Employee + Child(ren)	345.32	256.22	N/A
	Employee + Family	543.37	403.19	392.41

Medical Plan Tobacco Surcharge

Employees and spouses who use tobacco or who do not take and pass a nicotine test for the 2024 Wellness Program, will each be charged \$45.00 per pay period, in addition to the rates listed above. If employee & / or spouse, are enrolled in both medical and dental, then both tobacco surcharges will apply.

Reasonable Alternative: Tobacco Cessation

Tobacco users who completed the tobacco cessation program in 2023 will NOT be assessed the tobacco surcharge for 2024. There is no charge to the employee or spouse to participate in the Everside Tobacco Cessation program.

2024 Tobacco Surcharge

Benefit	One Person Cost Per Pay Period	Two Persons Cost Per Pay Period
Medical/Rx	\$45	\$90
Dental	\$5	\$10
Medical/Rx AND Dental	\$50	\$100

City of Topeka's Semi-monthly Premium

This is the City's twice per month share of the premium.

City of Topeka Semi- monthly Cost	Medical HDHP or Buy Up	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	291.10	337.25	N/A
	Employee + Spouse	566.59	664.80	672.35
	Employee + Child(ren)	514.05	603.15	N/A
	Employee + Family	808.71	948.89	959.67
	Medical Base	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
	Employee Single	330.55	376.70	N/A
	Employee + Spouse	650.54	748.74	756.30
	Employee + Child(ren)	590.22	679.32	N/A
	Employee + Family	928.54	1068.72	1079.50

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.



Onsite mental health counselor available:

You can visit with an Alternatives EAP counselor in-person at the Health & Wellness Center. Appointments will be scheduled through Alternatives, not Everside Health. Call 800-466-8282 to schedule your appointment!
See page 31 for additional details regarding the EAP program.

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

Hours of Operation:

Monday	7am— 4:30pm
Tuesday	CLOSED
Wednesday	7am— 4:30pm
Thursday	7am— 4:30pm
Friday	7am— 12:30pm

Address:

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

CLINIC ACCESS ONLY PASS:

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.

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

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
Retail prescription drugs (30-day supply)		
• Generic <= \$100	\$10 copay	FREE
• Generic > \$100	\$35 copay	\$10 copay
• Preferred Brand	\$40 copay	\$20 copay
• Non-Preferred Brand	\$80 copay	\$40 copay
Retail prescription drugs (90-day supply)		
• Generic <= \$300	\$30 copay	FREE
• Generic > \$300	\$105 copay	\$30 copay
• Preferred Brand	\$120 copay	\$60 copay
• Non-Preferred Brand	\$240 copay	\$120 copay

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

2024 Dental Rates

Employee's Semi-monthly Premium

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

Dental Base <i>Employee Share</i>	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
Employee Single	3.21	1.07	N/A
Employee + Spouse	8.47	4.17	3.84
Employee + Child(ren)	9.08	4.47	N/A
Employee + Family	15.15	7.46	6.87

Dental Buy Up <i>Employee Share</i>	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
Employee Single	6.99	4.85	N/A
Employee + Spouse	16.07	11.77	11.44
Employee + Child(ren)	17.24	12.63	N/A
Employee + Family	28.75	21.06	20.47

Dental Plan Tobacco Surcharge

Employees and spouses who use tobacco or who do not take and pass a nicotine test for the 2024 Wellness Program, will each be charged \$5.00 per pay period, in addition to the rates listed above. If employee & / or spouse, are enrolled in both medical and dental, then both tobacco surcharges will apply.

Reasonable Alternative: Tobacco Cessation

Tobacco users who completed the tobacco cessation program in 2023 will NOT be assessed the tobacco surcharge for 2024. There is no charge to the employee or spouse to participate in the Everside Tobacco Cessation program.

2024 Tobacco Surcharge

Benefit	One Person Cost Per Pay Period	Two Persons Cost Per Pay Period
Medical/Rx	\$45	\$90
Dental	\$5	\$10
Medical/Rx AND Dental	\$50	\$100

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.

Dental Base or Buy Up <i>Employer Share</i>	Silver (Non-Wellness)	Platinum (Employee Wellness)	Platinum Plus (Employee & Spouse Wellness)
Employee Single	13.26	15.40	N/A
Employee + Spouse	24.59	28.89	29.22
Employee + Child(ren)	26.35	30.96	N/A
Employee + Family	43.99	51.68	52.27

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

Coverage Level	Semi-monthly Cost
Employee Only	\$3.98
Employee + Spouse	\$8.64
Employee + Child(ren)	\$7.41
Family	\$14.40

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

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
Option 1	14 calendar days	60% of compensation
Option 2	30 calendar days	60% of compensation
Option 3	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+
Rate per \$10 Weekly Benefit	\$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+
Rate per \$10 Weekly Benefit	\$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**

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
Cancer Screening/Wellness Benefit	\$75	\$100
Mammography	\$70	\$70
Pap Smear	\$70	\$70
Initial Diagnosis <i>Paid for first diagnosis of internal cancer. Pays 1.5 times for children on family coverage.</i>	\$5,000	\$5,000
Hospital Confinement/Hospital Intensive Care Unit Confinement <ul style="list-style-type: none"> • Per day for first 30 days of hospital confinement in a calendar year • Per day after first 30 days of hospital confinement in a calendar year • Per day for hospital intensive care unit confinement <i>Maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined</i>	\$200 \$400 \$400	\$300 \$600 \$600
Hospital Confinement/Hospital Intensive Care Unit Confinement in US Government Hospital <ul style="list-style-type: none"> • Per day for first 30 days of hospital confinement in a calendar year • Per day after first 30 days of hospital confinement in a calendar year • Per day for hospital intensive care unit confinement <i>Maximum of 180 days per calendar year for hospital and hospital intensive care unit confinement combined</i>	\$200 \$400 \$400	\$300 \$600 \$600

Cancer Insurance

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

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
Accident Emergency Treatment —4 visits per person, per calendar year (Doctor's office, urgent care facility or emergency room)	\$75 per visit	\$125 per visit
Accident Follow-Up Doctor Visit (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
Accidental Death	\$20,000 EE/SP; \$4,000 Child	\$25,000 EE/SP; \$20,000 Child
Accidental Death: Common Carrier	\$80,000 EE/SP; \$16,000 Child	\$100,000 EE/SP; \$20,000 Child
Accidental Dismemberment: Loss of Finger/Toe Loss of Hand/Foot/Sight	(1)\$450; (2+)\$900 (1)\$4,500; (2+)\$9,000	(1)\$750; (2+)\$1,500 (1)\$7,500; (2+)\$15,000
Ambulance — Air	\$1,000	\$1,500
Ambulance — Ground	\$100	\$200
Appliances (Such as wheelchair, crutches)	\$50	\$100
Blood/Plasma/Platelets	\$300	\$300
Burns (Based on size and degree) 2nd Degree, 36% of Body 3rd Degree, 9 to 18 square inches 3rd Degree, greater than 18 to 35 square inches 3rd Degree, greater than 35 square inches	\$750 \$1,500 \$3,000 \$9,000	\$1,000 \$2,000 \$4,000 \$12,000
Burns — Skin Graft	50% of burn benefit	50% of burn benefit
Catastrophic Accident —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

Accident Insurance

Provision	Low Plan	High Plan
Coma —duration of at least 14 consecutive days	\$5,000	\$10,000
Concussion	\$100	\$150
Dislocation —based on joint and if repaired by open or closed reduction	\$90 — \$3,600	\$150 — \$6,000
Emergency Dental Work		
Crown, Implant or Denture	\$150	\$300
Extraction	\$50	\$100
Eye Injury	\$200	\$300
Fracture —based on bone and if repaired by open or closed reduction	\$90—\$4,500	\$150 — \$7,500
Hospital Admission	\$500	\$1,000
Hospital Confinement, per day —up to 365 days	\$100	\$200
Hospital ICU Admission	\$750	\$1,500
Hospital ICU Confinement, per day —up to 15 days	\$200	\$400
Rehabilitation Unit Confinement, per day Up to 15 days per covered accident, and up to 30 days per calendar year.	\$50	\$100
Knee Cartilage—Torn	\$500	\$500
Laceration —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
Lodging (Companion) —per day, up to 30 days	\$100	\$150
Medical Imaging Study —limit one per covered person per calendar year	\$100	\$150
Pain Management (Epidural Anesthesia)	\$50	\$100
Prosthetic Device/Artificial Limb		
One	\$500	\$500
Two or more	\$1,000	\$1,000
Ruptured Disc with Surgical Repair	\$500	\$500
Surgery—Cranial, Open Abdominal, Thoracic	\$1,000	\$1,500
Surgery—Hernia	\$100	\$200
Surgery—Exploratory and Arthroscopic	\$100	\$150
Tendon/Ligament/Rotator Cuff		
One	\$500	\$500
Two or more	\$750	\$750
Therapy—Occupational & Physical Therapy —per day, up to 10 days	\$15	\$25
Transportation —per trip, up to 3 trips per accident	\$400	\$500
X-Ray Benefit	\$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 > Benefits > Benefits > Critical Illness

Provision	Percentage of Face Amount
Health Screening Benefit — <i>per covered person, per calendar year.</i> <i>See table below for additional information.</i>	\$50
Heart Attack (<i>Myocardial Infarction</i>)	100%
Stroke	100%
End Stage Renal (<i>Kidney</i>) Failure	100%
Major Organ Failure	100%
Permanent Paralysis <i>due to a Covered Accident</i>	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.

Pet Insurance

This plan provides a deductible and claims reimbursement for veterinary bills.



My Pet Protection plan highlights for dogs and cats

- Cash back on eligible vet bills after deductible is met
- Choice of reimbursement: 50% or 70% options
- Preferred pricing. Discounts for multiple pets.
- Use any vet, anywhere. No networks, no pre-approvals.

How does it work?

1. Visit the vet and pay for treatment.
2. Submit a claim and invoice from the vet.
3. Get reimbursed after meeting the deductible.

Contact Nationwide to get a quote, enroll or change coverage.

Phone: 877-738-7874

Website: benefits.petinsurance.com/topeka

You can enroll any time, plans are issued as individual policies.

My Pet Protection

Premiums are based upon the age and breed of your pet. Contact Nationwide to get a quote.

Provision	My Pet Protection
Accidents, including allergic reactions and poisonings	✓
Injuries, including cuts, sprains and broken bones	✓
Common illnesses, including ear infections, vomiting & diarrhea	✓
Serious/chronic illnesses, including cancer and diabetes	✓
Hereditary and congenital conditions	✓
Surgeries and hospitalization	✓
X-Rays, MRIs and CT scans	✓
Prescription medications and therapeutic diets	✓

\$250 annual deductible and maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.

Resources available to all pet insurance members

- Unlimited 24/7 access to a veterinary professional
- Easy, online account management
- Claims can be submitted online at: <https://my.petinsurance.com/login>
- Fast, convenient electronic claims payment
- Multiple-pet discounts applied when enrolling more than one pet
- Plans also available for birds, rabbits, reptiles and other exotic pets

Additional benefits included with every policy:

- Up to \$500 for kennel fees if the employee is hospitalized
- Up to \$500 for advertising or reward for lost or stolen pets
- Up to \$500 if a lost or stolen pet is not found within 60 days
- Up to \$1,000 if a pet passes due to an injury or illness

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"> Age 65 with 1 year of service Age 62 with 10 years of service Age + years of service = 85 Reduced benefit at age 55 with 10 years of service.
Tier 2	July 1, 2009 — Dec. 31, 2014	<ol style="list-style-type: none"> Age 65 with 5 years of service Age 60 with 30 years of service Reduced benefit at age 55 with 10 years of service.
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"> Age 55 with 20 years of service Any age with 32 years of service Reduced benefit at age 50 with 20 years of service
Tier 2	After July 1, 1989	<ol style="list-style-type: none"> Age 50 with 25 years of service Age 55 with 20 years of service Age 60 with 15 years of service Reduced benefit at age 50 with 20 years of service

2024 Contribution Rates:

- KPERS
 - Employee: 6.00%
 - City of Topeka: 9.26%
- KP&F
 - Employee: 7.15%
 - City of Topeka: 23.10%

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. View your Member Annual Statement, and update your beneficiaries from this account.

Questions? Contact KPERS.

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

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"> • \$50,000 lump-sum • 50% of your final average salary in a monthly benefit • KPERS contributions and interest • 150% of average annual salary 	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"> • 150% of annual salary • Contributions and interest 		
KP&F	On-the-Job	<ul style="list-style-type: none"> • 50% of your final average salary in a monthly benefit 	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"> • 100% of final average salary in a lump-sum • Annual benefit, in on-going monthly benefits (<i>not to exceed 50%</i>) of $[final\ average\ salary] \times [2.5\%] \times [years\ of\ service]$. 	Eligible for spousal benefits, if no spouse and age 18 or younger.	

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.

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.

***KPERS 457 is not included in the regular enrollment process.**

How it works:

- Your elected contributions are deducted from your pay
- You can start with as little as \$12 per paycheck, and as much as the annual IRS max allows.
- 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

Try out the Retirement Planner calculator!

empower.wealthmsi.com/retirement_planner/

How do I enroll?

Go to 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. Visit the 457 page on the City intranet for the most updated code:* 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, 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"> • You do not pay taxes on the money you contribute • When you retire, you will pay taxes on the money you withdraw from this account. • Generally, this option works best for individuals who do not anticipate a significant increase in pay before they retire (<i>employees who are closer to retirement or mid-career</i>). 	<ul style="list-style-type: none"> • You do pay taxes on the money you contribute • When you retire, you will not pay taxes on the money you withdraw from this account, if you follow the Roth rules. • Generally, this option works best for individuals who do anticipate a significant increase in pay before they retire (<i>employees who are new to the workforce up to mid-career</i>).

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

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.

***Optional Group Life Insurance is not included in the regular enrollment process.**

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
Member	In \$5,000 increments, up to plan max \$400,000	Increase up to \$50,000 (\$250,000 guaranteed max)
Spouse	In \$5,000 increments, up to plan max \$100,000	Up to \$25,000 (\$25,000 guaranteed max)
Child	\$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.

Enrollment Dates

October 1 — 31 with January 1 effective date.

Questions? Contact The Standard.

Phone: 844-289-2306

Email: kpersadmin@standard.com

Decision Support Tool

www.standard.com/edu/kpers/15851

Full Details

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 > 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 > Benefits > Benefits > Optional Group Life Insurance

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

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)												
Coverage	\$0.09 Under 25	\$0.09 25-29	\$0.13 30-34	\$0.14 35-39	\$0.16 40-44	\$0.23 45-49	\$0.34 50-54	\$0.65 55-59	\$0.99 60-64	\$1.91 65-69	\$3.08 70-74	\$3.33 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

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

Friends of the Topeka Zoo

City of Topeka employees receive a discount off the annual cost of a membership to the Friends of the Topeka Zoo ("FOTZ").



Complete 2 Steps to Enroll

1. Enroll during Benefits Open Enrollment.
2. **Complete survey with your family names.**
—Your membership card cannot be mailed to you until this survey is submitted.

- SURVEY LINK:
<https://arcg.is/X80LOO>
- Questions? Call
Tim Carson at 368-3774
or tecarson@topeka.org



BASIC Membership Levels

Zoo for Two (one named adult + one guest)

Family Basic (two named adults + four named children)

Benefits

- Free admission to the Topeka Zoo
- Discounted ticket to special events, including Zoo lights
- Invitation to members-only events
- \$25 off one camp and birthday party
- 10% Discount at the Gift Shop and Grill
- AZA Zoo Reciprocal Discounts ([see aza.org for list](https://www.aza.org))

PREMIUM Membership Levels

Family Premium

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

Director's Circle

(two named adults + four named children + one guest
+ quarterly invitation to Director's Breakfast)

Benefits

- Same benefits as BASIC membership (listed at left), PLUS:
- Zoovenir cup
- One guest
- Quarterly Invitation to the Director's Breakfast (Director's Circle Only)

Membership Level	Membership Type	Regular Annual Cost	COT Employee Annual Cost	COT Employee Semi-monthly pay deduction
Zoo for Two	Basic	\$75.00	\$60	\$2.50
Family Basic	Basic	\$95.00	\$76	\$3.17
Family Premium	Premium	\$135.00	\$108	\$4.50
Director's Circle	Premium	\$300.00	\$240	\$10.00

Employee Assistance Program

The programs and services that Alternatives EAP 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

Organization: City of Topeka

Download the app! "AlternativesEAP" > Mobile App Company Code: **TOPE**

Programs listed on this page are either free or discounted for you and your immediate family members.

NEW! Visit with an Alternatives EAP counselor in-person at the Health & Wellness Center!

Appointments will be scheduled through Alternatives, not Everside Health. Call 800-466-8282 to schedule your appointment!

Health & Wellness Center: 602 SE Madison Ste A

Confidential Personal Counseling

Short-term counseling through licensed counselors in the area. 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 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

24/7 Help Line

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

Talkspace

Alternatives EAP partners with Talkspace, an online therapy service that makes mental healthcare more convenient and accessible through text, audio and video messaging.

- Visit talkspace.com/alternatives for full details.
 - Company Code: City of Topeka
- Also visit 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.

Bi-Monthly Wellness Webinars

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

- View the schedule at alternativeseap.com > Monthly Webinar
- Register: alternativeseap.com > Monthly Webinar > LOG-IN to Register > Sign In.
No account? Click "REGISTER" and enter "City of Topeka" as the Company Name.

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.

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

First Stop Health

First Stop Health offers virtual care services to address physical and mental health issues.



Care At Your Fingertips, 24/7

Telemedicine and Virtual Counseling from City of Topeka

You now have 24/7 access to doctors and counselors via phone with telemedicine and virtual counseling. Both services are provided to all employees and their immediate family members for FREE!

Get the app ↓



Use your employee ID to log in.

Website: <https://www.fshealth.com/>

Phone: (888) 691-7867

Talk to a doctor 24/7

Get treatment within minutes for minor injuries, illnesses, and prescriptions.

- Cough & Sore Throat
- Infection (Sinus, Ear, UTI, etc.)
- Skin Rash
- Muscle/Joint Pain
- Medication Refill*

Talk to a counselor

Sometimes, you just need someone to talk to. Talk to a licensed counselor to work through:

- Anxiety
- Depression
- Marital/Relationship
- Substance Misuse
- Workplace Issues

*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

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 to Human Resources.
2. Blind application is reviewed and voted on by the Board of Directors. (Employee's name is kept confidential.)
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 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 > *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 > *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.



Membership and Usage

- Available for free to City of Topeka employees and retirees.
- Members sign in/out each time they use the Fitness Center.
- Participation must be authorized through HR. Contact Emily Pham for more information 368-3602 or epham@topeka.org
- The City reserves the right to deny or refuse access to users based upon a failure to comply with guidelines, users who are abusive to staff or other members, for safety reasons, or for other reasonable and legal cause.

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

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.

Employees will need to setup a payroll deduction to pay for family member access.



Required Notices – 2024 Open Enrollment

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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.

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

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

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.

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.

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. *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** **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.

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. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep 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

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.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

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

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

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since 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
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444-EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

Open Enrollment Dates to Remember

- **10/1/23 Benefits Guide** will be emailed to employees & available online by 10/1/23
Employees should watch their work email for a copy. It will also be posted on the employee intranet and topeka.org (www.topeka.org/hr/employee-benefits/open-enrollment).
- **10/1—31, 2023 All employees complete Open Enrollment process**
After Oct 31, employees will only be able to change benefit elections with a qualifying event.
- **10/31/23 Submit documentation for new family members on the plan**
- **Nov. 2023—HRA's for 2025 Wellness Incentive** *Watch email for more details.*
- **1/1/24 New benefit elections begin**
- **1/12/24 First pay date with new benefit deductions**

Spouses can sign up to receive Benefit Newsletters

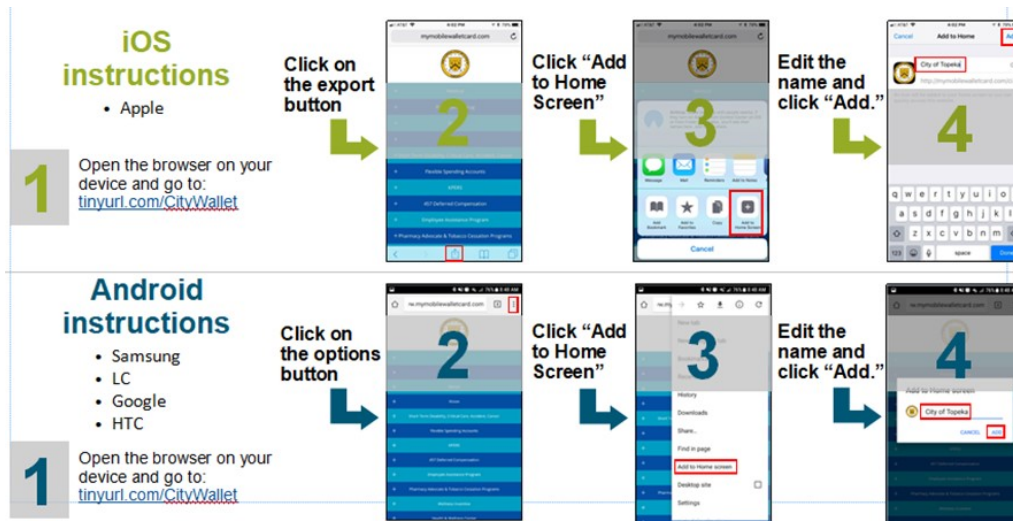
Click on the link or scan the QR code to register for your spouse to receive the monthly newsletters: <https://arcg.is/1KK15W1>



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.

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
HR Office Phone: (785) 368-3867



City of Topeka
2024 Benefits Guide
Updated 2023-09-29