



the family conservancy



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*Benefit Brochure 2023*

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## 2023 Benefit Information

At The Family Conservancy, we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

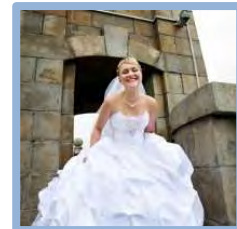
Our benefit plan year begins on January 1 of each year and ends on December 31. All full-time employees are eligible for coverage. **If you are a new hire your benefits begin the first of the month following date of hire.**

### Benefit elections can only be made when:

1. First eligible (at time of hire)
2. During annual open enrollment
3. Or if you have a qualifying event

**Qualifying Events:** If you experience a qualifying event, please contact a member of Human Resources for instructions on how to enroll. Per the IRS regulations, you only have 31 days to enroll, otherwise you will have to wait until the next annual enrollment to make changes.

- **Change in marital status** -marriage, divorce, legal separation, death of spouse.
- **Change in number of dependents**- birth, adoption or placement for adoption and death of a dependent.
- **Gain or loss of group coverage**- If you, your spouse or your dependents gain access to another group health plan or lose existing group coverage.
- **Change in employment status**- Loss of employment that may affect employee, spouse and dependents, changes from full-time to part-time, leave of absence (military duty, LTD).
- **Change in status affecting a dependent:** child attains age 26, change in custody, court judgement, court order, decree requiring medical support orders.



### Stay Healthy

Medical/Rx, Dental, and Vision Insurance  
Flexible Spending Accounts  
Health Savings Account

### Financial Security

Disability Insurance  
Life and Accidental Death & Dismemberment Insurance  
Voluntary Colonial Benefits

### Work / Life Balance

LifeWise Employee Assistance Program through Saint Lukes  
Legal Shield  
Worldwide Emergency Travel Assistance

# Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

## Human Resources

Contact: Evelian Cornish  
Title: People & Culture Manager (HR)  
Phone: 913-342-1110 x 1993  
Email: [ecornish@thefamilyconservancy.org](mailto:ecornish@thefamilyconservancy.org)

## Insurance Consultant: Holmes Murphy & Associates

Contact: Candise Clark  
Phone: 816-857-7825  
Email: [cclark@holmesmurphy.com](mailto:cclark@holmesmurphy.com)

## Medical ICRHA Insurance

Page 5

Website: [App.takecommandhealth.com/member-portal](http://App.takecommandhealth.com/member-portal)  
Phone: Phone: 214-866-7757  
Email: [Success@takecommandhealth.com](mailto:Success@takecommandhealth.com)

## Navigator Enrollment

Page 7

Website: <https://FamilyConservancy.employeenavigator.com>  
Contact: Candise Clark  
Phone: 816-857-7825  
Email: [cclark@holmesmurphy.com](mailto:cclark@holmesmurphy.com)

## Dental Insurance

Page 8

Carrier: The Standard  
Customer Service: 800-547-9515  
Group Number: 166955

## Vision Insurance

Page 9

Carrier: VSP  
Customer Service: 1-800-877-7195  
Website: [www.VSP.com](http://www.VSP.com)  
Group Number: 8113936

## Health Savings (HSA) & Flexible (FSA) Spending Accounts

Page 10

Administrator: Health Equity  
Customer Service: 866-495-9038  
Webstie: [www.My.healthequity.com](http://www.My.healthequity.com)

**Group Life/ADD & LTD Benefits****Page 12**

Carrier: The Standard  
Customer Service: Life 800-628-8600  
LTD 800-368-1135  
Website: www.Standard.com

**Worksite Benefits****Page 13**

Carrier: Colonial  
Customer Service: 800-325-4368  
Benefits Offers: Short Term Disability, Accident, Critical Care & Hospital

**Employee Assistance Program****Page 14**

Carrier: The Standard Employee Assistance Program  
Web: healthadvocate.com/standard6  
Phone: 888-293-6948

**Travel Assistance Program****Page 15**

Carrier: The Standard  
Phone: 800-872-1414  
Email: medservices@assistamerica.com

**Legal Shield****Page 16**

Carrier: Legal Shield  
Contact: Lori Payne  
Phone: 785-383-3234  
Email: Sunflowerppl@gmail.com

**Mutual of America 403B****Page 17**

Carrier: Mutual of America  
Phone: 800-468-3785

**2023 Holiday Schedule****Page 18****Annual Notices****Page 19**

The following important government-mandated notices can be found on page 15.

- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage
- Cobra



# Individual Health Insurance Coverage

The Family Conservancy is partnering with Take Command to offer you and your family health insurance.

## What is ICHRA?

Individual Coverage Health Reimbursement Account is a federal ruling that allows The Family Conservancy to offer employees a monthly allowance to buy health insurance that fits your budget.



You get to pick your health plan; the deductible and you decide how much you want to spend on your health insurance. Plus, The Family Conservancy is offering you a monthly contribution to help pay for your coverage.

**Enrollment site:** [App.takecommandhealth.com/member-portal](https://app.takecommandhealth.com/member-portal)

1. Log in and view your options.
2. Choose the plan that best suits you and your family.
3. Select the plan you want to purchase.

## What are my Network options?

There are 4 major network types. Understanding the network type and making sure your doctor is "In-Network" are important for saving money.

	Most Flexible		Most Affordable	
Types of Networks Tip: Find the most affordable network with your doctors.	PPO Preferred Provider Organization	EPO Exclusive Provider Organization	POS Point-of-Service	HMO Health Maintenance Organization
Primary Care Physician (PCP) required	NO	SOMETIMES	YES	YES
Referral required to see a specialist	NO	NO	SOMETIMES	YES
"In-network" benefits	YES	YES	YES	YES
Non-emergency "out-of-network" benefits	YES	NO	YES	NO
Emergency coverage	YES	YES	YES	YES

## You can narrow your search by selecting the following:

**Your Prescription** Allows you to add your prescriptions

**Insurance Companies** Depending on where you live, you may have access to a variety of Health Insurance Carriers: BCBS, Medica, Cigna, Oscar, and AmBetter

**Please note that some carriers are not supported by Take Command, for example BCBS of Kansas.**

**Plan Type** Networks, PPO, EPO, POS, and HMO

**Plan Level** **Bronze Plan:** has higher deductibles but offers a more affordable price

**Silver Plan:** Average deductible and copays

**Gold Plans:** Rich plans that have a lower deductible and copays

**Enrollment** Allows you to add your family members to the plan

**More** Allows you to search for HDHP (HSA compatible plans) and pay later options

**Need additional help?** You can schedule a call, email or chat with a dedicated representative:

Email: [Success@takecommandhealth.com](mailto:Success@takecommandhealth.com)

Phone: 214-866-7757 Or chat online

Maximum Benefits per Month				
Age	Self-Only	Employee + Spouse	Employee + Children	Employee + Family
21 & under	\$425	\$425	\$425	\$425
22	\$425	\$425	\$425	\$425
23	\$425	\$425	\$425	\$425
24	\$425	\$425	\$425	\$425
25	\$427	\$427	\$427	\$427
26	\$435	\$435	\$435	\$435
27	\$445	\$445	\$445	\$445
28	\$462	\$462	\$462	\$462
29	\$475	\$475	\$475	\$475
30	\$482	\$482	\$482	\$482
31	\$492	\$492	\$492	\$492
32	\$503	\$503	\$503	\$503
33	\$509	\$509	\$509	\$509
34	\$516	\$516	\$516	\$516
35	\$519	\$519	\$519	\$519
36	\$523	\$523	\$523	\$523
37	\$526	\$526	\$526	\$526
38	\$529	\$529	\$529	\$529
39	\$536	\$536	\$536	\$536
40	\$543	\$543	\$543	\$543
41	\$553	\$553	\$553	\$553
42	\$563	\$563	\$563	\$563
43	\$576	\$576	\$576	\$576
44	\$593	\$593	\$593	\$593
45	\$613	\$613	\$613	\$613
46	\$637	\$637	\$637	\$637
47	\$664	\$664	\$664	\$664
48	\$695	\$695	\$695	\$695
49	\$725	\$725	\$725	\$725
50	\$759	\$759	\$759	\$759
51	\$792	\$792	\$792	\$792
52	\$829	\$829	\$829	\$829
53	\$867	\$867	\$867	\$867
54	\$907	\$907	\$907	\$907
55	\$947	\$947	\$947	\$947
56	\$991	\$991	\$991	\$991
57	\$1035	\$1035	\$1035	\$1035
58	\$1082	\$1082	\$1082	\$1082
59	\$1106	\$1106	\$1106	\$1106
60	\$1153	\$1153	\$1153	\$1153
61	\$1194	\$1194	\$1194	\$1194
62	\$1220	\$1220	\$1220	\$1220
63	\$1254	\$1254	\$1254	\$1254
64 & over	\$1274	\$1274	\$1274	\$1274

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The chart provides your  
monthly allowance according  
to your age

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# How to enroll in Navigator

**2023 Enrollment for Dental, Vision, HSA, FSA, Group paid life/LTD & Colonial benefits.**

- Go to: <https://FamilyConservancy.employeenavigator.com>
- Login using your username and password
- If you cannot remember your password, simply click "Reset a Forgotten Password"
- If this is your first-time using employee Navigator, click "Register as a new user" and follow the below steps:
  - Name
  - Company Identifier: **FamilyConservancy**
  - Pin: Last 4 of SSN
  - Birthdate

The image displays three sequential screenshots of the Employee Navigator registration process. The first screenshot shows the login page with fields for Username and Password, a Login button, and links for password reset and new user registration. The second screenshot shows the 'Create Your Account' page where users enter their First Name, Last Name, Company Identifier, PIN, and Birth Date, followed by a Next button. The third screenshot shows the final 'Create Your Account' step where users enter a Username and Password, agree to terms, and click a Next button.

**Start Enrollment**

- Click "Start Enrollment"
- Once complete, sign and submit to save your elections

# Dental



Dental Plan	Amount You Pay
<b>Deductible per Calendar Year</b>	\$50 Single, \$150 Family
<b>Preventive Services</b> - Oral Exams, X-rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100% covered In and Out-of-Network, not subject to deductible
<b>Basic Services</b> – fillings, simple and complex extractions	Deductible Applies In Network: Plan pays 80% You pay 20% You pay 20% after deductible
<b>Major Services</b> – Crowns, Dentures, Bridges, Onlays & Special Restorative	Deductible Applies In Network: Plan pays 50% You pay 50%
<b>Orthodontia</b> - For adults & dependents under age nineteen (19)	Plan pays 50% to the lifetime maximum benefit of \$1,000
<b>Plan Maximum</b>	\$1,000 per calendar year per member
<b>Rollover Benefit</b>	If you use less than \$500, you qualify for a benefit rollover. The annual carryover would be \$250, not to exceed \$1000. You must have one covered service per year to be eligible for the roll over.
<b>Dependent Ages</b>	Covered to age 26

**eCARD:** Once you are enrolled in the plan, your participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account- it's fast, easy and secure. Go to Standard.com, click on log in (top right). Enrolled members may receive care without the card just by giving the provider your name, date of birth & social.

Dental Cost	
Coverage Level	Per Pay Period
Employee Only	\$13.68
Employee & Spouse	\$25.74
Employee & Children	\$35.16
Employee & Family	\$47.26



# Vision



VSP Benefits	Participating Provider
<b>Frequency Limits</b> <b>Eye Exam Lenses</b> <b>Frames</b> <b>Contacts (in lieu of glasses)</b>	1 every 12 months 1 every 12 months 1 every 12 months
<b>Eye Exam</b>  <b>Frame Allowance</b>  <b>Featured Frame Brands</b>  <b>Eyewear Lenses</b>	\$20 Copay  \$130 allowance, then 20% off balance over \$130  \$150 allowance, then 20% off balance over \$150  \$20 copay for Single vision, lined bifocal, lined trifocal lenses, polycarbonate lenses for children are included in the prescription glasses
<b>Contact Lenses (in lieu of glasses)</b>	\$135 allowance, copay does not apply Contact lens fitting and evaluation is covered up to \$60
<b>Dependent Ages</b>	Covered to age 26

VSP Vision Cost		
Coverage Level	Monthly Spend	Per Pay Period
Employee Only	\$6.54	\$3.27
Employee Plus One or More	\$21.55	\$10.78

Like shopping online? Use your benefits on [eyeconic.com](https://www.eyeconic.com) – the VSP preferred online retailer that gives you access to more than 60 brands of contacts, eyeglasses, and sunglasses, and connects you directly with your eye doctor.

The best part? You'll save an additional 20% on eyewear just for being a VSP member.

1. **Find your product:** Over 50 brands to choose from. Select from Nike, Calvin Klein, Cole Haan and more.
2. **Customize your order:** Choose your lenses, upload your prescription, and see your savings in real time.
3. **We do the rest:** Eyeconic is the only site where you can buy eyewear with your VSP insurance – in-network
4. **Free shipping and returns!**

# Health Savings Account



The Family Conservancy has an arrangement with Health Equity to administer your Health Savings Account (HSA).

An HSA is an account that accumulates funds to cover you and your family's qualified health care expenses.

## HSA's offer you the following advantages:

- **Tax Savings.** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are withdrawn tax-free for qualified health care expenses. You can use the money in your HSA to pay for eligible health, dental and vision expenses.
- **Invest the funds and take them with you.** Unused account dollars are yours to keep even if you stop working for The Family Conservancy. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time. The money can be used for future eligible out-of-pocket health care expenses.

**HSA funds can be used for any family member's health care expenses** - even if they are not enrolled in your medical plan. Dependent children claims are payable to age 24, per the IRS guidelines.

## To be eligible for an HSA:

- You must be covered by a QHDHP and not covered under any other health insurance that is not a QHDHP. (You cannot be covered by your spouse's HMO, PPO or Medical FSA plan).
- You cannot be enrolled in Medicare, Medicaid, TriCare or any other "first dollar" health coverage like a Medical FSA plan.
- A traditional Medical FSA is not allowed in conjunction with an HSA. If your spouse works & participates in that employer's Medical FSA – it disqualifies you from opening and contributing to an HSA.
- You cannot be claimed as a dependent on someone else's tax return.

IRS Maximum Contribution for 2023	
Individual Enrollment	\$3,850
Employee + Dependent(s) Enrollment	\$7,750

If you are **age 55 and older** you can contribute an **additional \$1,000** to the above amounts.

# Health Savings Account



## Nonqualified Expenses and Penalties

- Withdrawals prior to age 65 are taxable and a 20% penalty applies
- Withdrawals after age 65 are taxable only (no penalties apply)

## Additional Details

- **Once you turn age 65 and enroll in Medicare, you can no longer contribute to your HSA.** You may continue to spend and/or save the balance in your HSA. IRS rules state you can no longer contribute new money into the HSA once enrolled in Medicare. You will need to be sure to **stop all contributions to your HSA up to six months before you collect Social Security.** This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (if you were eligible for Medicare during those six months). If you do not stop contributing, you may have a tax penalty.

**Monthly Account Fees:** When you sign up for an HSA with Health Equity, there are no monthly fees. Other fees may apply such as closing fees, stop payments and overdraft charges.

# Flexible Spending Account



The Family Conservancy has an arrangement with Health Equity to administer the Flex Accounts.

As part of our Flexible Benefits Program administered by Health Equity each eligible employee may voluntarily redirect a portion of his or her gross pay to a Flexible Spending Account (FSA). These dollars can then be used during the plan year to pay for the unreimbursed medical, dental, vision and dependent care expenses you incur.

- The Flex account does have a rollover benefit of \$610. Any funds over \$610 will not roll over to the next plan year and will be forfeited.
- Last day to incur any expenses is 12/31.
- You have until 3/1/2024 to file all claims for reimbursement.

## **The Full Medical FSA Maximum Contribution Amount: \$3,050**

The FSA is available to those enrolled in a traditional PPO plan (non HDHP).

The FSA allows you to pay with pre-tax dollars for healthcare, dental and vision expenses that are not covered by insurance. Some examples are:

- |                            |   |
|----------------------------|---|
| • Lab & Radiology Services | • Hearing Exams                           |
| • Vision Services          | • Medical / Physician / Hospital Services |
| • Dental Services          | • Prescription Drugs and Insulin          |
| • Ambulance                | • DME Supplies, Walkers, Wheelchairs      |

## **Dependent Care: \$5,000 Max if single or married filing jointly.**

Allows working parents to pay for daycare, before & after school services with pre-tax dollars. Child dependents must be under age 13 or if the child or spouse is incapable of self-support due to physically or mental illness.



# Life & Disability Benefits



Life Insurance	
Life Insurance	The Family conservancy provides eligible employees with 2 times their annual earnings to a maximum of \$200,000 of life and AD&D coverage
Additional Death or Dismemberment (AD&D)	For a covered accidental loss of life, your AD&D coverage amount is equal to the life amount. In case of dismemberment a percentage of the benefit would be payable.
Age Reductions	The Life and AD&D insurance coverage reduces to 65% at age 65 and then to 50% at age 70.

Long Term Disability Benefits																	
Monthly Benefit	60% of Earnings to a maximum of \$5,000 per month																
Benefits Begin	91st day of disability																
Maximum Benefit Duration	<p>Duration of benefits is based upon your age when disability occurs. If disability occurs before age 62, benefits are payable until age 65. Any time after 62 the benefit would be payable for the following duration.</p> <table><tr><td>62</td><td>3 years 6 months</td><td>66</td><td>1 year 9 months</td></tr><tr><td>63</td><td>3 years</td><td>67</td><td>1 year 6 months</td></tr><tr><td>64</td><td>2 years 6 months</td><td>67</td><td>1 year 3 months</td></tr><tr><td>65</td><td>2 years</td><td>69+</td><td>1 year</td></tr></table>	62	3 years 6 months	66	1 year 9 months	63	3 years	67	1 year 6 months	64	2 years 6 months	67	1 year 3 months	65	2 years	69+	1 year
62	3 years 6 months	66	1 year 9 months														
63	3 years	67	1 year 6 months														
64	2 years 6 months	67	1 year 3 months														
65	2 years	69+	1 year														
Other Income	Benefits are reduced by income received from any, salary continuance or accumulated sick leave plan, Social Security disability or retirement benefits, Worker’s Compensation, any state cash sickness plan and any employer-sponsored group disability plan.																

# Work Site Benefits



## Colonial Worksite Benefits

**While many working families have health insurance, few, if any are likely to budget for unexpected out of pocket medical cost.**

The Colonial worksite insurance plans can help manage the cost of accidental injuries and critical illnesses.

### How these policies can help

- These benefits are designed to help employees pay for copays, deductibles and coinsurance, as the policy with Colonial provides you a cash reimbursement.
- Receive reimbursements for annual wellness care, such as annual physicals and mammograms. The wellness reimbursement of \$50 up to \$100 is available in the Critical Illness & Accident Plans.
- The plan is fully portable. In the event you leave The Family Conservancy, you can keep your Colonial coverage.

### You may purchase the following Colonial worksite coverages

- **Short Term Disability:** Short term disability insurance covers 60% of your income while you recover from either an illness or off-the-job injury. This benefit can last up to 3 months.
- **Critical Care with Cancer Protection:** Helps with serious illnesses such as; heart attacks, strokes, coronary artery bypass surgery and a variety of cancer. This policy also includes a wellness reimbursement when you have your annual physical each year.
- **Accident:** Cash benefits for burns, dislocations, eye injuries, fractures and lacerations. This policy also includes a wellness reimbursement when you have your annual physical each year.
- **Hospital Admission:** This benefit reimburses you if you are admitted to a hospital, and if you are in the ICU for treatment.

# Employee Assistance Program (EAP)



## The Standard EAP

The Family Conservancy provides an Employee Assistance Program (EAP) to all employees through The Standard. The EAP gives you and your loved ones completely free, entirely confidential access to counseling, programs, tools, and services you need to live a balanced and happy life.

### EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents

**EMPLOYEE ASSISTANCE PROGRAM (EAP):** The Standard EAP can be accessed anytime and provides 24/7 support in many ways that are convenient and comfortable for you. Connect with an EAP coach that fits you best.

- In-person support (6 visits).
- Telephonic support (unlimited).
- On-line support: Reach out through the mobile EAP app or by phone, online, live chat, and email. Explore articles, webinars resources and self- assessments and calculators
- Get help with referrals and important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Contact The Standard EAP:  
888-293-6948

With EAP, personal assistance is immediate, confidential and available when you need it.



# Standard- Worldwide Emergency Travel Assistance



## Contact Travel Assistance

**800.872.1414**

United States, Canada, Puerto Rico,  
U.S. Virgin Islands and Bermuda

Everywhere else  
**+1.609.986.1234**

Text:  
**+1.609.334.0807**

Email:  
**medservices@assistamerica.com**

## Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains<sup>3</sup>



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

## Get the App

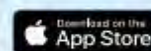
### Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



**Reference Number:**  
**01-AA-STD-5201**







LegalShield can help you with a variety of life events. Whether you need guidance on a new home purchase, or have concerns about identity theft, LegalShield has you covered.

Through The Family Conservancy, you can purchase LegalShield and IDShield memberships.

#### The LegalShield Membership Includes:

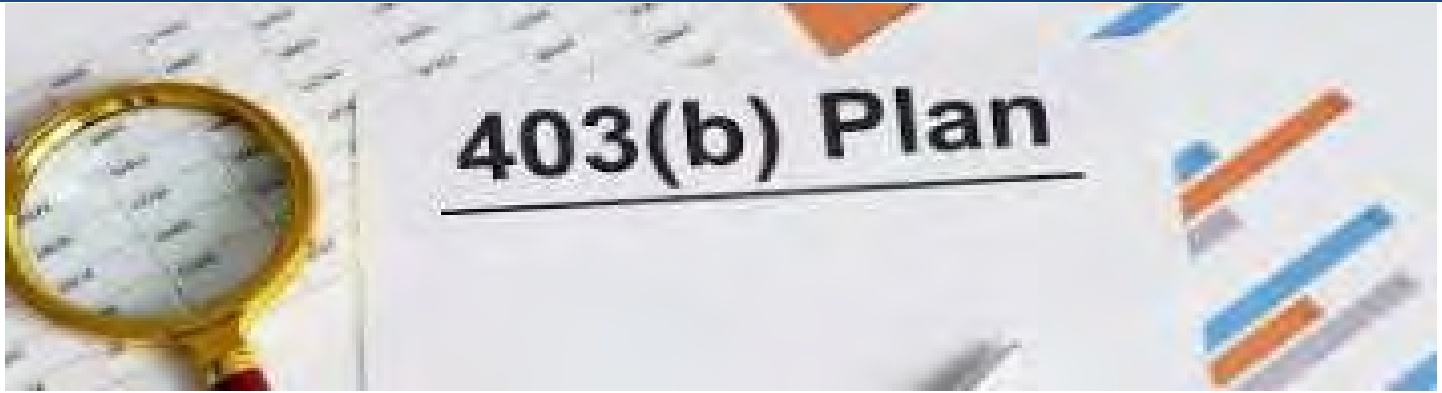
- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal or business issues
- **Letters/Calls** made on your behalf (initial letter or call on an unlimited basis)
- **Contracts/Documents** Reviewed Up to 10 pages per document
- **Will Preparation** - Last Will and Testament (for the named member)
- **Moving Traffic Violations** - (must be on the road legally) 15 day waiting period
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, and other matters outside of normal coverage)
- **24/7 Emergency Access** for covered situations

#### The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **High Risk Application and Transaction Monitoring** We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- **Dark Web Monitoring** Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- **Username/Password (Credential) Monitoring** This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- **Identity Threat & Credit Threat Alerts** You'll receive a threat alert if your PII is found.
- **\$1 Million Protection Policy** Offers coverage for lost wages, legal defense fees, stolen funds and more.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.

Legal Shield:	\$7.98 per pay period
ID Shield:	\$6.98 per pay period
Combined:	\$13.45 per pay period

# Mutual of America 403B



**Employer Contribution:** Basic match of 100% of salary deferral contributions up to 2% of pay. The maximum company match is 2%.

**Eligibility:** All employees who are at least 21 years of age. If you start on the first day of the month, your effective date is 1<sup>st</sup> of the month following your date of hire.

**Vesting:** You are always 100% vested in the contributions you choose to defer. The Employer match is vested upon years of service as shown below.

<b>Years</b>	<b>&lt; 2</b>	<b>3</b>
<b>Vesting %</b>	<b>0%</b>	<b>100%</b>

**Salary Deferral Contributions:** You can set up an automatic contribution arrangement by filling out a 403B. Your total salary deferral may not be more than **\$22,500**, due to IRS limits. If you are 50 years old or older during the plan year and have met the annual IRS Deferral Limit or specified plan limit for deferrals, you may contribute a catch-up deferral of up to **\$7,500**.

**Roth Salary Deferral Contributions:** Deferral contributions are made on an after-tax basis. You may designate any amounts of the available deferrals for a plan year as Roth salary deferral contributions. Roth salary deferral contributions plus your pre-tax salary deferral contributions are counted toward the maximum salary deferral contribution amount and salary deferral contribution percentage mentioned above. Distributions from your Roth salary deferral contribution account will be tax-free if the distribution meets the qualified distribution requirements of being at least 59 1/2 years old, death or disability and have maintained the Roth salary deferral account for at least 5 taxable years.

**Salary Deferral Changes:** You may stop making salary deferral contributions or change your salary deferral amount at any time. Please visit [www.mutualofamerica.com](http://www.mutualofamerica.com) to make changes.

**Account Information:** For more information, log into [www.mutualofamerica.com](http://www.mutualofamerica.com) or contact participant services at 1-800-468-3785

# Holiday Schedule for 2023

***The agency will close in observance of the following holidays:***

New Year's Day  
Martin Luther King, Jr. Day  
Memorial Day  
Juneteenth  
Independence Day  
Labor Day  
Thanksgiving  
Day following Thanksgiving  
Christmas

## 2023 Annual Notices

- ❖ Medicaid and Children's Health Insurance
- ❖ Health Insurance Marketplace Coverage
- ❖ Cobra Continuation



## **Premium Assistance Under Medicare 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 Market- place. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your**

State	Website/E-mail	Phone
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884
Missouri (Medicaid)	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005

**State for more information on eligibility –**

To see if any other states have added a premium assistance program since July 31, 2022 or for more information on special enrollment rights, contact either:

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

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

## **Notice of Marketplace Coverage Options**

### **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

#### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact: Evelian Cornish

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. Employer name</b> The Family Conservancy	<b>4. Employer Identification Number (EIN)</b> 44-0454899	
<b>5. Employer address</b> 444 Minnesota Ave # 200	<b>6. Employer phone number</b> 913-342-1110	
<b>7. City</b> Kansas City	<b>8. State</b> KS	<b>9. ZIP code</b> 66101
<b>10. Who can we contact about employee health coverage at this job?</b> Evelian Cornish		
<b>11. Phone number (if different from above)</b>	<b>12. Email address</b> ecornish@thefamilyconservancy.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

- ☐ All employees.
- ☒ Some employees. Eligible employees are:  
EMPLOYEES REGULARLY SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK.
- ☒ We do offer coverage. Eligible dependents are:  
EMPLOYEE'S SPOUSE, & DEPENDENT CHILDREN TO AGE 26, AND DISABLED CHILDREN OVER 26 (REGARDLESS OF STUDENT STATUS)
- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer's information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

## Cobra Coverage Continuation

If you enrolled in the group dental and or vision plan and wish to continue those benefits, you will receive information from HEALTH EQUITY (The Family Conservancy Cobra Vendor). You will have 60 days to elect Cobra. Cobra will be reinstated once you have made payment and have elected to continue the coverages.

If you want to keep and continue your medical plan, you are required to call your medical carrier and inform them that you want to update your banking account information. Call the customer service number located on the back of your ID card and provide the account you wish to pay with.

If you have any questions regarding the Cobra and your benefits, please contact, The Family Conservancy for assistance.



## **COBRA Rights**

You are receiving this notice because you have recently become or may become covered under The Family Conservancy dental and vision Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive 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 or aren't required to 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 are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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."

### **When is COBRA 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 Evelian Cornish at 913-342-1110

### **How is COBRA 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 continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to Evelian Cornish 913-342-1110.

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

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

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

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> 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>.

<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

**If you have questions:**

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

**Keep Your Plan Informed of Address Changes**

To protect your family's rights, you should keep the Plan Administrator informed of 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. To obtain more information please contact a member of Human Resources.



***DISCLAIMER: The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources***