

the *family* conservancy

Benefit Guide **2024**



2024 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). The waiting period is 1st of the month following date of hire.
2. During annual open enrollment, coverage will be effective 1/1
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

Employee Assistance Program through The Standard
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: Nilisha Rathour
Title: Compensation Specialist
Phone: 913-342-1110
Email: nrathour@thefamilyconservancy.org

Insurance Consultant: Holmes Murphy & Associates

Contact: Candise Clark
Phone: 816-857-7825
Email: cclark@holmesmurphy.com

Navigator Enrollment

Page 4

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

Medical WellFit Insurance

Page 5

Carrier: Wellfit
Customer Service: 816-366-8822
Group Number: WF005
Website: Portal.wellfit.health
Email: info@wellfit.health

Dental Insurance

Page 10

Carrier: The Standard
Customer Service: 800-547-9515
Group Number: 166955
Website: www.Standard.com

Vision Insurance

Page 11

Carrier: VSP
Customer Service: 1-800-877-7195
Website: www.VSP.com
Group Number: 8113936

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

Page 12

Administrator: Health Equity
Customer Service: 866-495-9038
Website: www.My.healthequity.com

Group Life/ADD & LTD Benefits**Page 14**

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

Worksite Benefits**Page 15**

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

Employee Assistance Program**Page 16**

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

Travel Assistance Program**Page 17**

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

Legal Shield**Page 18**

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

Mutual of America 403B**Page 19**

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

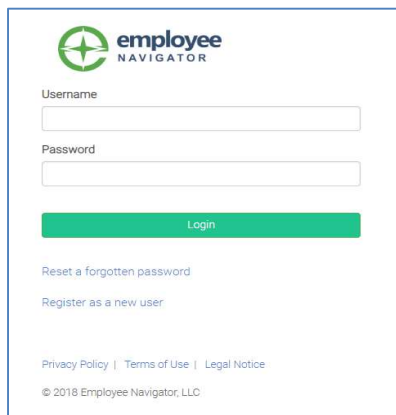
Medicare 101**Page 20****2024 Holiday Schedule****Page 21****Annual Notices****Page 22**

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

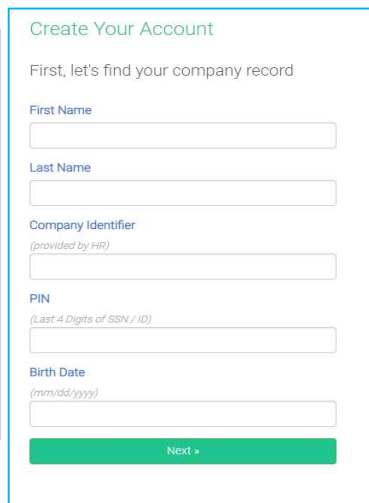
How to enroll in Navigator

2024 Enrollment for Medical, Dental, Vision, HSA, FSA, Group paid life/LTD & Colonial benefits.

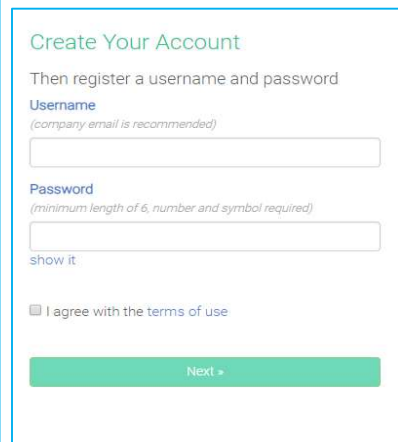
- Go to: <https://FamilyConservancy.employeenavigator.com>
- Login using your username and password
- If you cannot remember your password, simply click "Reset a Forgotten Password"
- If this is your first-time using employee Navigator, click "Register as a new user" and follow the below steps:
 - Name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



The login form features the Employee Navigator logo at the top. Below it are input fields for 'Username' and 'Password', followed by a green 'Login' button. At the bottom, there are links for 'Reset a forgotten password' and 'Register as a new user', along with a footer containing 'Privacy Policy | Terms of Use | Legal Notice' and '© 2018 Employee Navigator, LLC'.



This step is titled 'Create Your Account' and 'First, let's find your company record'. It includes input fields for 'First Name', 'Last Name', 'Company Identifier (provided by HR)', 'PIN (Last 4 Digits of SSN / ID)', and 'Birth Date (mm/dd/yyyy)', each followed by a green 'Next »' button.



This step is also titled 'Create Your Account' and 'Then register a username and password'. It includes input fields for 'Username (company email is recommended)' and 'Password (minimum length of 6, number and symbol required)', with a 'show it' link for the password. Below these is a checkbox for 'I agree with the terms of use' and a green 'Next »' button.

Start Enrollment

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

Wellfit Overview

The Family Conservancy offers 4 medical plans through WELLFIT. There are 3 PPO options and 1 HDHP (compatible with an HSA). Below is a brief summary of how each plan works.

WELLFIT					
Plan Name:	Centrus & Freedom Select		Centrus \$0 Deductible	Centrus \$1,500 Deductible	Centrus HDHP \$3,200 Deductible
Network:	Centrus	Freedom Select	Centrus	Centrus	Centrus
	In-Network	In-Network	In-Network ONLY	In-Network ONLY	In-Network ONLY
Calendar Year Deductible					
Single	\$1,500	\$3,000	\$0	\$1,500	\$3,200
Family	\$3,000	\$6,000	\$0	\$3,000	\$6,400
Coinsurance Limits:	20% after deductible	30% after deductible	0%	20% after deductible	20% after deductible
Out of Pocket Maximum Includes: Deductible, coinsurance, office visit and prescription drug copays					
Single	\$5,000	\$10,000	\$4,500	\$5,000	\$6,000
Family	\$10,000	\$20,000	\$9,000	\$10,000	\$12,000
Office Visits and Preventive Care – Employee Pays					
Primary Care Provider (PCP) & Specialist	\$25 PCP \$50 SPC	\$55 PCP \$90 SPC	No cost	\$25 PCP \$50 SPC	Deductible + 20%
Preventive care	100% covered		100% covered	100% covered	100% covered
Hospital Services – Employee Pays					
Inpatient facility/surgical	Deductible + 20%	Deductible + 30%	Pay towards out of pocket maximum	Deductible + 20%	Deductible + 20%
Outpatient facility/surgical					
Urgent care	\$75 copay	\$150 copay	\$50 copay	\$75 copay	Deductible + 20%
Emergency room	Deductible + 20%	Deductible + 20%	50% coinsurance	Deductible + 20%	Deductible + 20%
Prescription Drugs – Employee Pays					
Retail	\$0 / \$50 / \$100 Specialty Medications: 1 st month \$250/30% 2 nd month \$0				Deductible + 20% coinsurance

Medical Cost

The Family Conservancy will continue to share in the cost of insurance coverage whether you are insuring yourself or your entire family. The Family Conservancy contributes 90% per month towards your medical coverage. Below is the new cost for 2024 for each plan. If you wish to enroll and cover your spouse and or children, you are responsible for the difference. Please refer to the rate table below.

WellFit Plan Option	Coverage Tier	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Centrus & Freedom Select	Employee Only	\$874.21	\$786.79	\$87.42	\$43.71
	Employee + Spouse	\$1800.84	\$825.43	\$975.41	\$487.71
	Employee + Child(ren)	\$1444.43	\$698.68	\$745.75	\$372.88
	Family	\$2870.03	\$834.89	\$2035.14	\$1017.57
Centrus \$0 Deductible	Employee Only	\$861.13	\$775.02	\$86.11	\$43.06
	Employee + Spouse	\$1791.56	\$825.43	\$966.13	\$483.07
	Employee + Child(ren)	\$1433.69	\$698.68	\$735.01	\$367.51
	Family	\$2865.13	\$834.89	\$2030.24	\$1015.12
Centrus \$1500 Deductible	Employee Only	\$765.78	\$689.20	\$76.58	\$38.29
	Employee + Spouse	\$1572.72	\$825.43	\$747.29	\$373.65
	Employee + Child(ren)	\$1262.07	\$698.68	\$563.39	\$281.70
	Family	\$2505.83	\$834.89	\$1670.94	\$835.47
Centrus HDHP \$3200 Deductible	Employee Only	\$700.95	\$630.86	\$70.10	\$35.05
	Employee + Spouse	\$1423.15	\$825.43	\$597.72	\$298.86
	Employee + Child(ren)	\$1145.37	\$698.68	\$446.69	\$223.35
	Family	\$2256.46	\$834.89	\$1421.57	\$710.79

Wellfit Network

METROPOLITAN HOSPITALS	CITY	STATE	ZIP CODE	WELLFIT TIER 1 BENEFITS	WELLFIT TIER 2 BENEFITS
				CENTRUS NETWORK PROVIDERS	FREEDOM SELECT PROVIDERS
UNIVERSITY OF KANSAS HOSPITAL	KANSAS CITY	KS	66160	YES	YES
NORTH KANSAS CITY HOSPITAL	NORTH KANSAS CITY	MO	64116	YES	YES
ADVENT HEALTH (SHAWNEE MISSION MEDICAL)	MERRIAM	KS	66204	YES	YES
CHILDREN'S MERCY HOSPITAL (ALL LOCATIONS)	KANSAS CITY	MO	64108	YES	YES
LAWRENCE MEMORIAL HOSPITAL	LAWRENCE	KS	66044	YES as of 6/1	NO
LIBERTY HOSPITAL	LIBERTY	MO	64068	YES as of 7/1	YES
OLATHE MEDICAL CENTER (UNIV of KANSAS)	OLATHE	KS	66061	YES	YES
OVERLAND PARK REGIONAL MEDICAL CENTER	OVERLAND PARK	KS	66209	NO	YES
CENTERPOINT REGIONAL MEDICAL CENTER	INDEPENDENCE	MO	64057	NO	YES
SAINT LUKE'S HOSPITAL (ALL LOCATIONS)	KANSAS CITY	MO	64111	NO	YES
UNIVERSITY HEALTH / TRUMAN (ALL LOCATIONS)	KANSAS CITY	KS	66112	YES as of 8/1	YES
MENORAH MEDICAL CENTER	OVERLAND PARK	KS	66209	NO	YES
RESEARCH MEDICAL CENTER	KANSAS CITY	MO	64132	NO	YES

Need assistance finding a provider?

Centrus network: <https://www.centrushealth.com/find-a-provider/#page-content>

Freedom Select Network – large Kansas City network: <https://phpkc.com/provider-search/>

Choose 2nd network option on left side of screen – Freedom Select Network

ID cards will be mailed to your home address. If you want additional cards or need to print one, you can login to the Wellfit portal at: portal.wellfit.health. Sample ID card shown below:



Designates the network of doctors and facilities ONLY.

Contact information for providers to verify benefits and eligibility.

Information based on plan selection.



Wellfit Free Programs

On-Demand Physical Therapy Pain Relief: With Live Therapist Support

Receive personalized, convenient and lasting relief with the PTX therapy benefit. Instead of waiting weeks for an appointment, start getting well at home with the advanced therapy science of PTX.

If you have any of the following common symptoms this On-Demand therapy is available to you at no cost.



Create your free account at: <https://ptxtherapy.com/employees-start>

TeleHealth Online Doctor Visits:

This service is quick, convenient and can be accessed from your home, work or while you travel. The cost of using the Galileo Telehealth services are completely free.

- ✓ Unlimited doctor consults
- ✓ Quick prescriptions, & labs
- ✓ Annual preventive care
- ✓ Adult & pediatric urgent care
- ✓ Adult complex care and chronic condition management
- ✓ Acne
- ✓ Anxiety
- ✓ Hypertension,
- ✓ Colds, Cough, Flu & more

Access the telemed service by calling 855-542-9848 or visit galileo.health/wellfit, access code wellfit2023

Betr Health Program: As a valued member, this is an exclusive program for only Wellfit members. Naturally improve your sleep, weight, pain, and digestion, without the hassle of diets, fads, or workouts. This program is easy to follow and provides quick results.

Scan QR code to get started:



- ✓ Receive one-on-one coaching, recipes and meal planning. Plus receive a free scale.
- ✓ Join the healthiest community to help you reach your goals.
- ✓ Put your energy to work in the comfort of your own home with Betr Movement. Physical rehab, workouts, yoga and meditation.



Plus, order delicious meals for \$5.00 per serving. View more meal options online at: store.betrhealth.com

Intercept Specialty Medications

INTERCEPT^{rx}

Enroll online at
intercept.health/enroll
or call 888-960-0668
to get your medication
with a \$0 copay!

Intercept: \$0 Copay Prescription Medications For Eligible Specialty Medications:

Easy employee online enrollment - Convenient free delivery

Abilify Maintena	Eliquis	Lotemax	Soliqua Solostar
Abiraterone Acetate	Elmiron	Lupron Depot	Spiriva
Adcirca	Enbrel Sureclick	Menopur	Sprycel
Advair	Enstilar Foam	Mepron	Steglatro
Afinitor	Epclusa	Mirvaso	Stiolto
Alrex	Epiduo Forte (Acne)	Motegrity	Stribild
Amitiza	Epipen	Movantik	Symbicort
Ampyra (Ld)	Esbriet	Multaq	Synjardy (Jardiance/Metformin)
Anoro Ellipta	Estradiol Patches	Myrbetriq	Synvisc One
Apidra	Exemestane	Neulasta	Tagrisso
Aptiom	Exjade (Deferasirox)	Neupro	Taltz
Aranesp	Eylea	Nexavar	Tarceva
Arnuity Ellipta	Fampyra	Nexletol	Tasigna
Asacol Hd (Mesalamine)	Farxiga	Nexlizet	Tecfidera (Ld)
Asmanex Hfa	Fasenra	Norditropin Flexpro	Temozolomide
Atripia	Ferriprox	Novolin	Tivicay
Atrovent	Fiasp	Novolog	Toujeo
Auvi-Q	Flovent Hfa	Nplate	Toviaz
Baqsimi	Forteo	Nuvaring	Tradjenta
Basaglar Kwikpens	Genvoya	Odefsey	Travatan
Benlysta	Gilenya	Omnaris	Trelegy Ellipta
Bepreve	Gleevec (Imatinib)	Omnitrope	Tremfya
Betaseron (Ld)	Glucagon	Onglyza	Tresiba
Bexsero	Glyxambi	Oracea	Trintellix
Biktarvy	Gonal-F	Orencia	Triumeq
Breo Ellipta	Herceptin (Iv)	Orilissa	Trulance
Breztri	Herceptin Hylecta (Sc)	Otezla	Trulicity
Brilinta	Humalog	Ozempic	Truvada
Briviact	Humira	Pazeo	Uceris (Budesonide Er)
Byetta	Humulin	Pennsaid	Uloric (Febuxostat)
Bystolic	Incruse Ellipta	Pentasa	Vagifem
Cambia	Intelence	Pradaxa	Valcyte
Chantix	Intrarosa	Prempro	Vascepa
Cimzia	Intuniv XR	Prezcobix	Velphoro
Climara Patch	Invega	Prograf (Tacrolimus)	Veltassa
Combigan	Invokamet (Invokana/Metformin)	Prolia (Medical Check)	Veregen
Combipatch	Invokana	Pulmicort Flexhaler	Verzenio
Combivent	Isentress	Pulmozyme	Victoza
Complera	Jakafi	Qtern	Viibryd
Copaxone	Janumet	Qvar	Vumerity
Corlanor	Janumet Xr	Rapamune (Sirolimus)	Vyzulta
Cosentyx	Januvia	Rebif	Wakix
Creon	Jardiance	Remicade	Welchol (Colesevelam)
Cyklokapron (Tranexamic Acid)	Jentaduo	Renvela (Sevelamer)	Xarelto
Daliresp	Jublia	Retin-A	Xeljanz (Medical)
Denavir	Juluca	Rexulti	Xeloda (Capecitabine)
Descovy	Kombiglyze XR	Rinvoq	Xifaxan
Desferal	Lamictal (Lamotrigine)	Rituxan	Xigduo
Dexilant	Lantus	Rybelsus	Xigduo Xr (Farxiga/Metformin)
Dificid	Latuda	Sabril	Xiidra
Dilantin (Phenytoin)	Levemir	Samsca	Xolair (Ld)
Divigel	Levitra	Saphris	Xultophy
Dovato	Lialda (Mesalamine)	Saxenda	Zeposia
Dulera	Linzess	Simponi	Zytiga (Abiraterone)
Effient	Livalo	Skyrizi	

Standard Dental

The Family Conservancy offers the dental plans through The Standard. Below is a brief summary of how the dental plan works and the amount(s) you are responsible for when you receive services.



Dental Plan	Amount You Pay
Deductible per Calendar Year	\$50 Single, \$150 Family
Preventive Services - Oral Exams, X-rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100% covered In and Out-of-Network, not subject to deductible
Basic Services - fillings, simple and complex extractions	Deductible Applies In Network: Plan pays 80% You pay 20% You pay 20% after deductible
Major Services - Crowns, Dentures, Bridges, Onlays & Special Restorative	Deductible Applies In Network: Plan pays 50% You pay 50%
Orthodontia - For adults & dependents under age nineteen (19)	Plan pays 50% to the lifetime maximum benefit of \$1,000
Plan Maximum	\$1,000 per calendar year per member
Rollover Benefit	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.
Dependent Ages	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.

Coverage Level	Dental Cost	
	Monthly Cost	Per Pay Period
Employee Only	\$28.76	\$14.38
Employee & Spouse	\$54.12	\$27.06
Employee & Children	\$73.88	\$36.94
Employee & Family	\$99.28	\$49.64

VSP Vision



The Vision insurance is available through VSP. The following chart provides an overview of the coverage,
When visiting your vision providers, you do not need an ID card. Your provider can use your social to file a claim with VSP.

VSP Benefits	Participating Provider
Frequency Limits Eye Exam Lenses Frames Contacts (in lieu of glasses)	1 every 12 months 1 every 12 months 1 every 12 months
Eye Exam Frame Allowance Featured Frame Brands Eyewear Lenses	\$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
Contact Lenses (in lieu of glasses)	\$135 allowance, copay does not apply Contact lens fitting and evaluation is covered up to \$60
Dependent Ages	Covered to age 26

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



Member Log In

Create an account and log in to get personalized information about your vision coverage, access your Member ID Card, and more.

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.
- **Never lose your money:** All contributions made to your HSA, belongs to you, even if you stop working for The Family Conservancy. All funds remain in the account until you use it.
- **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.



	WITH HSA	WITHOUT HSA
Income set aside for annual health care expenses	\$4,000	\$4,000
27% state and federal income taxes	0	-\$1,080
Money that can be used for health expenses	\$4,000	\$2,920

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 2024	
Individual Enrollment	\$4,150
Employee + Dependent(s) Enrollment	\$8,300

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

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 Savings 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.

Current participant reminders

- 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.

2024 Maximum FSA Contribution: \$3,200

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
- Vision Services
- Dental Services
- Ambulance
- Hearing Exams
- Medical / Physician / Hospital Services
- Prescription Drugs and Insulin
- 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.

Enjoy Shopping Online? No Problem!

FSASTORE.com allows you to shop online. Search a variety of categories, health conditions, time savings bundles and by price. View online and search over 2,500 of eligible FSA products.



Life & Disability

Life & Long-Term Disability Insurance: 100% paid by The Family Conservancy

Family Conservancy provides basic group life and long-term disability insurance through The Standard at no cost to the employee.

Please review your beneficiary information in Navigator

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

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.



Worldwide Emergency Travel Assistance

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 remains³



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

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

Get the App

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

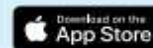
Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

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



Reference Number:

01-AA-STD-5201



Legal Shield

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

NOTE:

These benefits can only be added and removed during open enrollment or if you are a new hire.



Retirement



Employer Contribution: The Family Conservancy offers a very generous contribution. We contribute 5% to your 403B. We will provide an additional 2% to those who also contribute 2% or more. The combined maximum company contribution is 7%.

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 1st 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.

Years	< 2	3
Vesting %	0%	100%

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 **\$23,000**, 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 to make changes.

Account Information: For more information, log into www.mutualofamerica.com or contact participant services at 1-800-468-3785

Medicare 101

Medicare and You 2024

Many Medicare Plans are free and are cost affordable, even more affordable than group coverage.



Just like Group Coverage, Medicare offers:

- ✓ Preventive Care
- ✓ Telemed services
- ✓ Diabetes/Insulin Programs offering insulin at a \$35 monthly copay
- ✓ Managing Chronic Pain
- ✓ Covers Mental Health Care

Contact our Medicare Rep when you are eligible to enroll.

Sam George, Principal

E-mail: sam@mdprs.com

Phone: 913-634-4233

Office address: 10540 Marty Street, Suite 220, Overland Park, KS 66212

Website: www.mdprs.com



2024 Holiday Schedule

The agency will close in observance of the following holidays:

New Year's Day - 1/01/2024

Martin Luther King Day - 1/15/2024

Memorial Day - 5/27/2024

Juneteenth - 6/19/2024

Independence Day - 7/04/2024

Labor Day - 09/02/2024

Thanksgiving Holiday - 11/28 & 11/29

Christmas Day - 12/25/2024



Annual Notices

Each year, The Family Conservancy, is required to provide certain notices to you. Please see the following notices presented in this guide for your convenience.

- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage
- Medicare Part D Notice of Creditable Coverage
- General Notice of COBRA Continuation Coverage Rights
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Act (WHCRA)
- HIPAA Notice of Privacy Practices
- Cigna Summary of Benefits and Coverage (SBC)

Benefits and Coverage (SBC) The Government required SBC, which summarizes important information about your medical plans, is available through WellFit and available on line at Portal.wellfit.health

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.

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 –

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

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

U.S. Department of Labor
Employee Benefits Security Administration
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
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 8.39% 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.¹

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.

¹ 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: Nilisha Rathour

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit 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.

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

Medicare Part D
Notice of Creditable Coverage
Important Notice from THE FAMILY CONSERVANCY 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 The Family Conservancy 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. 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. WELLFIT has determined that the prescription drug coverage offered by the The Family Conservancy 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 15th through December 7th.**

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 WELLFIT coverage will not be affected. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. If you drop your coverage with WELLFIT and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

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 WELLFIT 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. **NOTE:** You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage 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 from Medicare. 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.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date: November 16, 2023

Name of Entity/Sender: The Family Conservancy

Contact: Nilisha Rathour

Phone: 913-342-1110

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS Form 10182-CC

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become or may become covered under the The Family Conservancy Group Health Care 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.**

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Humana Group Health Plan Summary document or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- 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 any of the following events happens:

- 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 child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is 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), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the 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 Nilisha Rathour 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two 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: **Nilisha Rathour, Phone: 913-342-1110**

HIPAA Notice of Special Enrollment Rights

This notice is being provided to ensure that you understand your right to enroll in the The Family Conservancy Health Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). **However, you must request enrollment within 31 days after your or your dependents' other coverage ends** (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 31 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Example: Marriage, Birth or Adoption. If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. **However, you must request enrollment within 31 days after the marriage, birth, or placement for adoption.**

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:
Nilisha Rathour, Phone: 913-342-1110

Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides certain protections 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 lymphedemas.

The The Family Conservancy Health Plan provides coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Wellfit Plan	Deductible/ Coinsurance	Centrus	Freedom Select
Centrus & Freedom Select	Individual Deductible	\$1,500	\$3,000
	Family Deductible	\$3,000	\$6,000
	Coinsurance	80%/20%	70%/30%
\$0 Deductible Centrus Only	Individual Deductible	\$0	N/A
	Family Deductible	\$0	N/A
	Coinsurance	50%	N/A
\$1500 Ded Centrus Only	Individual Deductible	\$1,500	N/A
	Family Deductible	\$3,000	N/A
	Coinsurance	80%/20%	N/A
\$3200 HDHP Centrus Only	Individual Deductible	\$3,200	N/A
	Family Deductible	\$6,400	N/A
	Coinsurance	80%/20%	N/A

For more information regarding these compliance notices, please contact:
Nilisha Rathour, Phone: 913-342-1110

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 Nilisha Rathour, Phone: 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 Nilisha Rathour 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.

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 period¹ 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. 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, 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.



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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