

## Creating Resilient Communities



## Improving Early Education



## Building Strong Families



# Benefit Information

At Futures First, 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 1<sup>st</sup> 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 Insurance

Page 5

Carrier: Trinity/Cigna  
Customer Service: 888-500-1962  
Group Number: WF005  
Website: <portal.myfringebenefits.com>  
Network: Cigna PPO Network  
Email: [info@trinitymarketing.services](mailto:info@trinitymarketing.services)

## Dental Insurance

Page 11

Carrier: The Standard  
Customer Service: 800-547-9515  
Group Number: 166955  
Website: [www.Standard.com](http://www.Standard.com)

## Vision Insurance

Page 12

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

## Paytient

Page 13

Carrier: Paytient  
Customer Service: 866-345-9591  
Website: [hello@paytient.com](mailto:hello@paytient.com)

## Health Savings Accounts (HSA)

Page 14

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

**Flexible Spending Accounts (FSA)****Page 15**

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

**Group Life/ADD & LTD Benefits****Page 16**

Carrier: The Standard  
Customer Service: Life 800-628-8600  
  
Carrier: Metlife  
STD

**Worksite Benefits****Page 17**

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

**Employee Assistance Program****Page 18**

Carrier: The Standard Employee Assistance Program  
Web: [healthadvocate.com/standard6](http://healthadvocate.com/standard6)  
Phone: 1-877-851-1631

**Travel Assistance Program****Page 19**

Carrier: The Standard  
Phone: 800-872-1414  
Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

**Legal Shield****Page 20**

Carrier: Legal Shield  
Contact: Lori Payne  
Phone: 785-383-3234  
Email: [Sunflowerppl@gmail.com](mailto:Sunflowerppl@gmail.com)

**Mutual of America 403B****Page 21**

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

**Medicare 101****Page 22****2026 Holiday Schedule****Page 23****David Benjamin Memorial Loan****Page 24****KC Metro Fitness****Page 25****Annual Notices****Page 26**

# Navigator Enrollment

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

- **Go to: <https://FuturesFirst.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: **FuturesFirst**
  - 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, titled 'Create Your Account', prompts the user to find their company record by entering First Name, Last Name, Company Identifier (provided by HR), PIN (last 4 digits of SSN/ID), and Birth Date (mm/dd/yyyy), followed by a Next button. The third screenshot continues the 'Create Your Account' process, asking for a Username (with a note that company email is recommended) and a Password (with a note about minimum length), including a show/hide password toggle, a terms of use agreement checkbox, and a Next button.

**Start Enrollment**

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

# Trinity Medical Plans

Futures First offers 4 medical plans that utilize the Cigna network. There are 3 PPO options and 1 HDHP (compatible with an HSA). Below is a brief summary of how each plan works.

Trinity				
Plan Name:	\$0 Deductible	\$1,000 Deductible	\$2,000 Deductible	HDHP \$3,500
Network:	Cigna PPO Network			
Calendar Year Deductible				
Single	\$0	\$1,000	\$2,000	\$3,500
Family	\$0	\$2,000	\$4,000	\$7,000
Coinsurance Limits:	\$0	10%	20%	20%
Out of Pocket Maximum Includes: Deductible, coinsurance, office visit and prescription drug copays				
Single	\$2,000	\$4,000	\$6,000	\$7,000
Family	\$4,000	\$8,000	\$12,000	\$14,000
Office Visits and Preventive Care – Employee Pays				
Primary Care Provider (PCP) & Specialist	\$0 Copay	\$0 Copay	\$0 Copay	Ded + Coinsurance Applies
Preventive care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Hospital Services – Employee Pays				
Inpatient facility/surgical	Applies to out-of-pocket maximum	Ded + Coinsurance Applies	Ded + Coinsurance Applies	Ded + Coinsurance Applies
Outpatient facility/surgical				
Urgent care	\$25 Copay	\$50 Copay	\$75 Copay	Ded + Coinsurance Applies
Emergency room	\$150 Copay	\$250 Copay	\$400 Copay	Ded + Coinsurance Applies
Prescription Drugs – Employee Pays				
Retail	\$0 / \$50 / \$100 Specialty \$250 / 30%			Ded + Coinsurance Applies

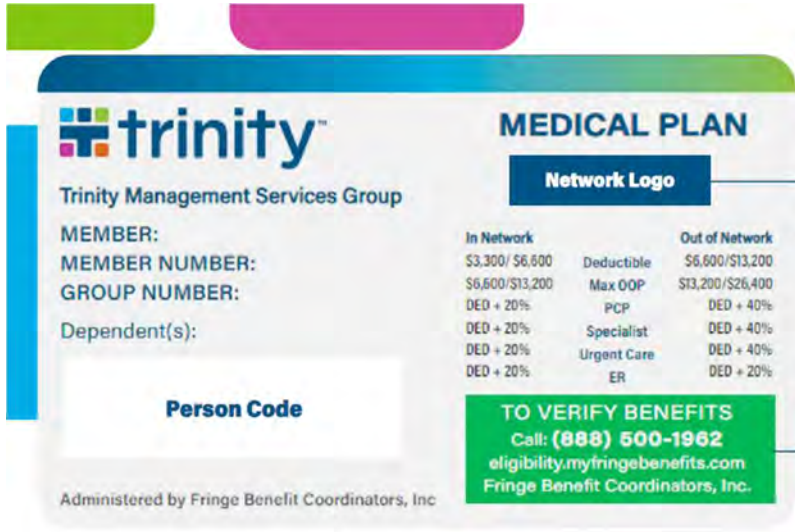


## Medical Cost

Futures First will continue to share in the cost of insurance coverage whether you are insuring yourself or your entire family. Below is the cost for each plan.

Cigna	Coverage Tier	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
<b>\$0 Deductible</b>	<b>Employee Only</b>	\$1,177.36	\$1,056.20	\$121.16	\$55.92
	<b>Employee + Spouse</b>	\$2,421.37	\$1,112.81	\$1,308.56	\$603.95
	<b>Employee + Child(ren)</b>	\$2,006.70	\$982.04	\$1,024.66	\$472.92
	<b>Family</b>	\$3,250.70	\$942.61	\$2,308.09	\$1,065.27
<b>\$1,000 Deductible</b>	<b>Employee Only</b>	\$1,094.57	\$982.02	\$112.55	\$51.95
	<b>Employee + Spouse</b>	\$2,239.20	\$1,029.09	\$1,210.11	\$558.51
	<b>Employee + Child(ren)</b>	\$1,857.66	\$890.62	\$967.04	\$446.33
	<b>Family</b>	\$3,002.29	\$870.57	\$2,131.72	\$983.87
<b>\$2,000 Deductible</b>	<b>Employee Only</b>	\$1,052.83	\$944.09	\$108.74	\$50.19
	<b>Employee + Spouse</b>	\$2,147.35	\$1,115.25	\$1,032.10	\$476.35
	<b>Employee + Child(ren)</b>	\$1,782.51	\$978.79	\$803.72	\$370.95
	<b>Family</b>	\$2,877.06	\$949.14	\$1,927.92	\$889.81
<b>HDHP \$3500</b>	<b>Employee Only</b>	\$939.34	\$842.01	\$97.33	\$44.92
	<b>Employee + Spouse</b>	\$1,897.71	\$1,099.00	\$798.71	\$368.63
	<b>Employee + Child(ren)</b>	\$1,578.24	\$960.85	\$617.39	\$284.95
	<b>Family</b>	\$2,536.62	\$938.09	\$1,598.53	\$737.78

# Trinity ID Cards and Provider Network




**How to read your Member ID Card**

- Network Logo**: Designates the network of doctors and facilities **ONLY. Not for verifying eligibility.**
- Plan Selection Information**: Information based on plan selection.
  - In Network**: \$3,300/\$6,600, Deductible \$6,600/\$13,200, DED + 20%, DED + 20%, DED + 20%, DED + 20%
  - Out of Network**: \$6,600/\$13,200, Max OOP \$13,200/\$26,400, DED + 40%, DED + 40%, DED + 40%, DED + 20%
  - Services**: PCP, Specialist, Urgent Care, ER
- TO VERIFY BENEFITS**: Call: (888) 500-1962, eligibility.myfringebenefits.com, Fringe Benefit Coordinators, Inc.


## How to Search for a provider?

To find a provider or hospital in the Cigna Network visit [www.trinitymarketing.services/CignaNetwork](http://www.trinitymarketing.services/CignaNetwork)


Find a Doctor, Dentist, or Facility in



Doctor by Type



Doctor by Name



Health Facilities and Group Practices

**HMO**

☐ CIGNA HealthCare of Kansas/Missouri HMO/Network

☐ Missouri NET-NET POS Seamless

**LocalPlus**

☐ LocalPlus

**OAP**

☐ Open Access Plus, OA plus, Choice Fund OA Plus

**PPO**

☒ PPO, Choice Fund PPO





INTERCEPT<sup>rx</sup>

Phone

(888) 960-0668

Fax

(334) 422-6381

General

info@intercept.health

## Trinity \$0 Cost Benefit Programs

# Intercept Rx Solutions



Abilify Maintena  
Abiraterone Acetate  
Adcirca  
Advair  
Afinitor  
Alrex  
Amitiza  
Ampyra (Ld)  
Anoro Ellipta  
Apidra  
Aptiom  
Aranesp  
Arnuity Ellipta  
Asacol Hd (Mesalamine)  
Asmanex Hfa  
Atripla  
Atrovent  
Auvi-Q  
Baqsimi  
Basaglar Kwikpens  
Benlysta  
Bepreve  
Betaseron (Ld)  
Bexsero  
Biktarvy  
Breo Ellipta  
Breztri  
Brilinta  
Briviact  
Byetta  
Bystolic  
Cambia  
Chantix  
Cimzia  
Climara Patch  
Combigan  
Combipatch  
Combivent  
Complera  
Copaxone  
Corlanor  
Cosentyx  
Creon  
Cyklokapron (Tranexamic Acid)  
Daliresp  
Denavir  
Descovy  
Desferal  
Dexilant  
Difcid  
Dilantin (Phenytoin)  
Divigel  
Dovato  
Dulera  
Effient

Eliquis  
Elmiron  
Enbrel Sureclick  
Enstilar Foam  
Epclusa  
Epiduo Forte (Acne)  
Epipen  
Esbriet  
Estradiol Patches  
Exemestane  
Exjade (Deferasirox)  
Eylea  
Fampyra  
Farxiga  
Fasenra  
Ferring  
Fiasp  
Flovent Hfa  
Forteo  
Genvoya  
Gilenya  
Gleevec (Imatinib)  
Glucagon  
Glyxambi  
Gonal-F  
Herceptin (lv)  
Herceptin Hylecta (Sc)  
Humalog  
Humira  
Humulin  
Incruse Ellipta  
Intelence  
Intrarosa  
Intuniv XR  
Invega  
Invokamet (Invokana/Metformin)  
Invokana  
Isentress  
Jakafi  
Janumet  
Janumet Xr  
Januvia  
Jardiance  
Jentadueto  
Jublia  
Juluca  
Kombiglyze XR  
Lamictal (Lamotrigine)  
Lantus  
Latuda  
Levemir  
Levitra  
Lialda (Mesalamine)  
Linzess  
Livalo

Lotemax  
Lupron Depot  
Menopur  
Mepro  
Mirvaso  
Motegrity  
Movantik  
Multaq  
Myrbetriq  
Neulasta  
Neupro  
Nexavar  
Nexletol  
Nexlizet  
Norditropin Flexpro  
Novolin  
Novolog  
Nplate  
Nuvaring  
Odefsey  
Omnaris  
Omnitrope  
Onglyza  
Oracea  
Orencia  
Orilissa  
Otezla  
Ozempic  
Pazeo  
Pennsaid  
Pentasa  
Pradaxa  
Prempro  
Prezcobix  
Prograf (Tacrolimus)  
Prolia (Medical Check)  
Pulmicort Flexhaler  
Pulmozyme  
Qtern  
Qvar  
Rapamune (Sirolimus)  
Rebif  
Remicade  
Renvela (Sevelamer)  
Retin-A  
Rexulti  
Rinvoq  
Rituxan  
Rybelsus  
Sabril  
Samsca  
Saphris  
Saxenda  
Simponi  
Skyrizi

Soliqua Solostar  
Spiriva  
Sprycel  
Steglatro  
Stiolto  
Stribild  
Symbicort  
Synjardy (Jardiance/Metformin)  
Synvisc One  
Tagrisso  
Taltz  
Tarceva  
Tasigna  
Tecfidera (Ld)  
Temozolomide  
Tivicay  
Toujeo  
Toviaz  
Tradjenta  
Travatan  
Trelegy Ellipta  
Tremfya  
Tresiba  
Trintellix  
Triumeq  
Trulance  
Trulicity  
Truvada  
Uceris (Budesonide Er)  
Uloric (Febuxostat)  
Vagifem  
Valcyte  
Vascepa  
Velphoro  
Veltassa  
Veregen  
Verzenio  
Victoza  
Viibryd  
Vumerity  
Vyzulta  
Wakix  
Welchol (Colesevelam)  
Xarelto  
Xeljanz (Medical)  
Xeloda (Capecitabine)  
Xifaxan  
Xigduo  
Xigduo Xr (Farxiga/Metformin)  
Xiidra  
Xolair (Ld)  
Xultophy  
Zeposia  
Zytiga (Abiraterone)

## Trinity \$0 Cost Benefit Programs

Receive free virtual care for many common conditions and illnesses with

**Recuro** your 24/7 virtual care support team



### **Recuro Online Doctor Visits:**

This service is quick, convenient and can be accessed from your home, work or while you travel. The cost of using **Recuro** 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

**Visit: [member.recurohealth.com](https://member.recurohealth.com) to start an appointment.**

**Want to join and access a community that helps support your wellness journey?**

**Look no further, **Wondr Health** is here for you.**

- Digital skill-building program for sustainable behavior change with tools, tracking, and rewards to drive meaningful engagement.
- Expert obesity clinicians tailor prescribing and treatment.
- Condition-specific care pathways.
- Certified health coaches and 24/7 wraparound community support.



## Trinity Member **\$0** Cost Benefit Programs



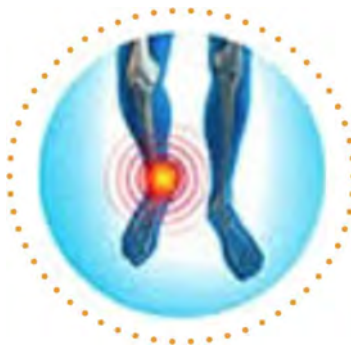
Receive critical support when you need it. Finding quality care from top notch providers including 2<sup>nd</sup> opinions can be cumbersome. Receive assistance from **AccessHope**, your critical care cancer support team.

If you or a loved one has been diagnosed with cancer, your support team just got a whole lot bigger! Reach out to our **free** cancer **AccessHope** team today.

**Call: 800-423-3232 and select option 1**

Orthopedic muscle and joint pain can be exhausting. With **Upswing Health** you can access expert care, with no waiting rooms. Receive board certified orthopedica care virtually, expert diagnosis, second opinions, imaging and E-prescriptions.

Sign up today at: [Login.upswinghealth.com](https://login.upswinghealth.com)



## Standard Dental

Futures First 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.

**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 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



Dental Cost		
Coverage Level	Monthly Cost	Per Pay Period
Employee Only	\$32.64	\$15.06
Employee & Spouse	\$61.40	\$28.34
Employee & Children	\$83.84	\$38.70
Employee & Family	\$112.56	\$51.95



# 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
<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 Cost	Per Pay Period
Employee Only	\$13.07	\$6.03
Employee Plus One or More	\$28.09	\$12.96



## Member Log In

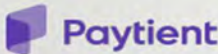

Create an account and log in to get personalized information about your vision coverage, access your Member ID Card, and more.


Like shopping online? Use your benefits on [eyeconic.com](https://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!**

# Paytient Loan Services





## You deserve to pay for care your way.

Medical


Dental

Vision

Prescriptions


Veterinary

Sign up today and experience the peace of mind that comes with the Paytient Card.




Create your Paytient account.

Applying for the card takes minutes and will not impact your credit score.<sup>1</sup>



Get care when you need it.

Once approved, use your Paytient card to pay out-of-pocket care costs.<sup>2</sup>



Pick a flexible payment plan.

Choose a plan that fits your budget and pay over 12 months, without interest.

THE PAYTIENT PROMISE:


### No compromises

✓ NO INTEREST OR FEES

✓ NO CREDIT IMPACT

GET STARTED

Scan the QR code or visit [my.paytient.com/signup](https://my.paytient.com/signup)



## WHERE TO USE PAYTIENT

Paytient members pay at their pace – without interest or fees.



### Dental work

Flexible payment plans for everything from routine cleanings to root canals into affordable payment plans.



### Healthcare expenses

From regular checkups to emergency visits — cover copays, coinsurance, and out-of-pocket costs.



### Vision care

See how simple it is to pay upfront costs for exams, contacts, glasses, or LASIK on your terms!



### Managing prescriptions

Pay for prescription medications and pharmacy essentials upfront then spread the cost over time!



### Veterinary visits

From flea and tick medicine to routine exams, get your furry friends the care they need, when they need it!



# Health Equity Savings Accounts

Futures First 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. 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 QDHP and not covered under any other health insurance that is not a QDHP. (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 2026	
Individual Enrollment	\$4,400
Employee + Dependent(s) Enrollment	\$8,750

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.

# Health Equity Flexible Accounts

Futures First 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 (2026 year)

- The Flex account does have a rollover benefit of \$680. Any funds over \$680 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 3/1/2026 to file all claims for reimbursement.

## 2026 Maximum FSA Contribution: \$3,400

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: \$7,500 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.



**Acne &  
Skincare**



**Suncare**



**Drug-Free  
Pain Relief**



**Cold &  
Allergy**

## Life & Short – Term Disability Insurance



***Make sure all beneficiaries are up to date. Updates can be made in Navigator***

Futures First provides basic group life and short-term disability insurance through The Standard & Mutual of Omaha at no cost to the employee.

Life Insurance: The Standard	
Life Insurance	Futures First 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.
Portable Coverage	You can keep your life insurance if you leave Futures First. You will need to complete The Standard form within 30 days of your departure.
Age Reductions	The Life and AD&D insurance coverage reduces to 65% at age 65 and then to 50% at age 70.

Short Term Disability Benefits: Mutual of Omaha	
Monthly Benefit	66.67% of Earnings to a maximum of \$1,000 per week
Benefits Begin	After 2 weeks of disability
Maximum Benefit Duration	Duration of benefits is up to 11 weeks

## 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 Futures First, you can keep your Colonial coverage.



### You may purchase the following Colonial worksite coverages

- **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.

# The Standard EAP

Futures First 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:  
1-877-851-1631



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



# The Standard 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 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

## 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 Futures First, 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.

<b>Legal Shield:</b>	<b>\$7.98 per pay period</b>
<b>ID Shield:</b>	<b>\$6.98 per pay period</b>
<b>Combined:</b>	<b>\$13.45 per pay period</b>

### NOTE:

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



# Mutual of America

**Employer Contribution:** Futures First offers a very generous contribution. We contribute 5% to your 403B or Roth. 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 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 **\$24,500**, due to IRS limits.

## Catch Up Age Contributions

- Age 50+ : \$8,000
- Age 60 - 63 : \$12,000

**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



## Medicare & You

Please note that if you are 65 or older and working fulltime, you are not required to enroll in Medicare.

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](mailto:sam@mdprs.com)**

**Phone: 913-404-8990**

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

**Wesbite: [www.mdprs.com](http://www.mdprs.com)**



# Traditional Holidays

New Year's Day - 1/01/2026	Independence Day - 7/04/2026
Martin Luther King Day - 1/19/2026	Labor Day - 09/01/2025
Memorial Day - 5/25/2025	Thanksgiving Holiday - 11/26 & 11/27/2025
Juneteenth - 6/19/2026	Christmas Day - 12/25/2025

## Holiday Allocation

Employees are granted **9 paid holidays** per calendar year, which can be used as rolling holidays.

These holidays can be used at the employee's discretion on any day of their choosing, provided they are approved in advance by their supervisor or manager.

**Rolling Holiday Policy** to promote flexibility and inclusivity in holiday scheduling. This policy allows all eligible employees to choose holidays that are most meaningful to them, rather than adhering to a fixed list of company-wide holidays.

## Key Highlights

- **Rolling Holidays:** You can choose paid holidays throughout the year.
- **Request Process:**
  - Submit holiday requests at the start of the year or upon hire.
  - Approval will depend on staffing needs.
  - Employees must discuss their chosen dates with their supervisor before submitting a request. *Supervisors will be sent a complete list of the selected dates for their staff by the first day of the year.*
  - Please submit your holiday requests using this [link](#).
- **Hourly Employees:** Will be paid for rolling holidays at the regular rate (7.5 hours) and will receive standard pay for working on public holidays unless overtime applies.
- **Unused Holidays:** Rolling holidays don't carry over to the next year and aren't eligible for payout.

We encourage everyone to select holidays that resonate with their personal, cultural, or religious beliefs



# David Benjamin Memorial Loan

## DAVID BENJAMIN MEMORIAL LOAN

### LOAN AMOUNT

#### Maximum Loan Amount

During Introductory Period	Not Eligible
7 – 12 months employment	Up to 25% of semi-monthly gross pay
13 – 24 months employment	Up to 40% of semi-monthly gross pay
Over 24 month's employment	Up to 55% of semi-monthly gross pay

*Exceptions to the regular maximum loan amount must be approved by the President/CEO or Vice President of People, Culture & Equity, not to exceed the lesser of 80% of semi-monthly gross pay or \$2,000.00. Staff are limited to 3 loans per calendar year.*

#### REPAYMENT TERMS

The maximum time allowed for repayment varies according with the amount borrowed, as stated below:

Up to 6 payments	Loans between \$100 and \$399
Up to 9 payments	Loans between \$400 and \$999
Up to 12 payments	Loans between \$1,000 and \$2,000





# METRO KC FITNESS

## Discounted membership for employees, friends and family

**Exclusive Offer for Our Team: Just \$10/month!**  
**Various fitness Classes includes with membership.**  
**Complimentary sessions with a certified personal trainer.**  
**24/7 access to all four convenient locations.**

- **Argentine:** 2810 Metropolitan Ave, Kansas City, KS 66106
- **Briarcliff:** 4157 N Mulberry Dr, Kansas City, MO 64116
- **Downtown:** 320 E 12th St, Kansas City, MO 64106
- **Strawberry Hill:** 607 Tauromee Ave, Kansas City, KS 66101

**\$5 per paycheck** for state-of-the-art facilities, classes, and equipment.  
**Add friends and family member for an additional cost of \$5 each**

- ✓ **Always Open 24/7/365**
- ✓ **Small Group Training**
- ✓ **Stationary and Functional Cardio**
- ✓ **1-on-1 Personal Training**
- ✓ **One Membership, Multiple Locations**



**Kansas City's Neighborhood  
Fitness Facilities  
Always open  
Always clean  
Always affordable**



## Annual Notices

Each year, Futures First, 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
- 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

## **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, 2024. Contact your State for more information on eligibility –**

To see if any other states have added a premium assistance program since July 31, 2024 or for more information on special enrollment rights, contract either:

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

## **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 **9.02%** 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: 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](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> Futures First	<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> Nilisha Rathour		
<b>11. Phone number (if different from above)</b>	<b>12. Email address</b> 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.

# 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 Futures First 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 Futures First 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 Futures First 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:

For more information regarding these compliance notices, please contact:

**Nilisha Rathour, Phone: 913-342-1110**

## Notes

[illegible]



**futures first**  
NURTURING YOUNG LIVES

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