



RAYMORE



come home to more

BENEFIT GUIDE 2024-2025

Important Information

This Benefits Guide is designed to provide a general understanding of your benefits, describe important features of the plans and answer some of the most commonly asked questions.

While this guide is intended to be as comprehensive as possible, it is subject to the detailed provisions of the legal documents and contracts of the individual plans. In the event of a discrepancy between the guide and the plan document, the plan document will prevail.

The plan year for The City of Raymore's benefits begins December 1, unless otherwise stated.

Benefit elections can only be made when:

1. First eligible (at time of hire). Waiting period is 1st of the month following 30 days.
2. During annual open enrollment.
3. Or if you have a qualifying event.



Qualifying Events

When you participate in our health plans or Section 125 plan, you are obligated to maintain your election through the full year. However, certain qualifying events may occur that would allow you to add, change or terminate your election(s). If you experience a qualifying event please contact a member of Human Resources within 31 days.

Examples of qualifying events include:

- Birth or adoption of a child
- Marriage or divorce
- Legal separation
- Loss of dependent status
- Change in your employment status
- Change in the employment status of your spouse or dependent
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent

Please note that child dependents are covered under the medical, dental and vision to age 26. Insurance coverage for child dependents will cease on December 31st regardless of what month they turn 26.

To change any of your elections due to a qualifying event, notify Human Resources within 31 days of the event date. If Human Resources is not notified within 31 days, you will need to wait to make any changes to your elections until the annual enrollment period. Please note that proper documentation of the qualifying event will be required. Additionally, the change you make to your election must be consistent with and appropriate for your new circumstance.

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:	Shawn Aulgur	Nathan Reed
Title:	Human Resources Director	Benefits Specialist
Phone:	816-892-3005	816-892-3031
Email:	saulgur@raymore.com	nreed@raymore.com

Insurance Consultant: Holmes Murphy & Associates

Contact:	Kevin Casey	Candise Clark
Phone:	816-857-7822	816-857-7825
Email:	kcasey@holmesmurphy.com	cclark@holmesmurphy.com

Navigator Enrollment Instructions

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Medical Insurance

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Carrier:	BlueCross BlueShield
Customer Service:	800-244-6224
Website:	www.BlueKC.com
Network:	Blue Select Plus and Preferred Care Blue
Group Number:	

Dental Insurance

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Carrier:	Renaissance
Customer Service:	800-894-4532
Website:	MyRenProviders.com
Network:	DenteMax
Group Number:	

Vision Insurance

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Carrier:	Renaissance
Customer Service:	800-894-4532
Website:	MyRenProviders.com
Network:	VSP
Group Number:	

Flexible Spending Account (FSA)

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Administrator:	Alerus
Customer Service:	877-661-4727
Website:	Alerusrb.com
Email:	healthbenefits@alorus.com

Group & Voluntary Life/ADD Benefits**Page 15**

Carrier: Renaissance
Customer Service: 800-894-4532
Website: MyRenProviders.com
Group Number:

Disability & Long-Term Care Benefits**Page 17**

Carrier: Renaissance
Customer Service: 800-894-4532
Website: MyRenProviders.com
Group Number:

Long Term Care Insurance: UNUM
Customer Service: 800-227-4165

Worksite Benefits**Page 18**

Carrier: Colonial
Customer Service: 800-325-4368
Group Benefit: Critical Care, Accident & Hospital

Additional Benefits**Page 19**

Employee Assistance Program: Renaissance
Web: nexgeneap.com
Employer Code: 9782
Phone: 1-800-327-2255

Retirement Plan: VOYA
Contact: Eric Niswonger
Phone: 800-335-8325
Email: eric.niswonger@voyafa.com

Paid Time Off, Vacation & Sick Leave Policy**Page 20****Annual Notices****Page 21**

The following important government-mandated notices can be found on page 21.

- 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
- BlueCross BlueShield Summary of Benefits and Coverage (SBC)



How to Enroll in Benefits Online

The City of Raymore will utilize an online enrollment portal for open enrollment this year. All employees can elect and waive benefits online through Employee Navigator.

Directions are provided below.

Go to <https://hma.employeenavigator.com/>

- First time users: Click 'Register as a new user' and use the following information to create your account:
 - Name
 - Company Identifier: Raymore
 - Pin: Last 4 of SSN
 - Birthdate

employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

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Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

Next >

Create Your Account

Then register a username and password

Username
(company email is recommended)

Password
(minimum length of 6, number and symbol required)

[show it](#)

I agree with the terms of use

Next >

MEDICAL INSURANCE

Benefits You Receive

The City of Raymore offers three medical plan choices through BlueCross BlueShield. Below is a side-by-side comparison of the plans and the amount(s) you are responsible for when you use in and out of network providers.

Please note that your medical and dental deductible starts over every year with services beginning January 1st. Although our plans renew in December you are not responsible for a new deductible until January 2025, unless you select a plan with a higher deductible.

BlueCross & BlueShield will credit you the full out of pocket maximums that you met while enrolled under your Cigna plan. There may be a delay of which you may have to pay for your December services until BCBS applies the appropriate amount you met. In the event you pay for a December service, BCBS will issue a refund.

BlueCross BlueShield						
Network: Plan Name:	Blue Select Plus \$3000 Deductible		Preferred Care Blue \$3000 Deductible		Preferred Care Blue \$1500 Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single deductible	\$3,000	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500
Family deductible	\$6,000	\$6,000	\$6,000	\$6,000	\$4,500	\$4,500
Coinsurance Limits:	50% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Out of Pocket Maximum						
Single	\$9,100	\$20,000	\$5,000	\$10,000	\$4,500	\$9,000
Family	\$18,200	\$40,000	\$10,000	\$20,000	\$9,000	\$18,000
Office Visits and Preventive Care – Employee Pays						
Primary Care Provider (PCP) & Specialist	\$40 PCP \$40 SPC	50% after deductible	\$40 PCP \$40 SPC	40% after deductible	\$35 PCP \$35 SPC	40% after deductible
Preventive care	100% covered		100% covered		100% covered	
Hospital Services – Employee Pays						
Inpatient facility/surgical	50% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient facility/surgical						
Urgent care	\$40 copay	50% after deductible	\$40 copay	40% after deductible	\$35 copay	40% after deductible
Emergency room	\$100 copay plus 50% after deductible		\$100 copay plus 20% after deductible		\$100 copay plus 20% after deductible	
Other Medical Services – Employee Pays						
Outpatient lab & x-ray	50% after deductible		20% after deductible	40% after deductible	20% after deductible	40% after deductible
Durable medical equipment	50% after deductible		20% after deductible	40% after deductible	20% after deductible	

BlueCross BlueShield						
Network: Plan Name:	Blue Select Plus \$3000 Deductible		Preferred Care Blue \$3000 Deductible		Preferred Care Blue \$1500 Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Chiropractic Care	\$40 copay	50% after deductible	\$40 copay	40% after deductible	\$35 copay	40% after deductible
Physical, Speech, Hearing & Occupational	50% after deductible		20% after deductible		20% after deductible	
Prescription Drugs – Employee Pays						
Retail	\$15 / \$70 / \$110 / \$200		\$15 / \$70 / \$110 / \$200		\$15 / \$70 / \$110 / \$200	
Mail order 2.5X	\$37.50 / \$175 / \$275		\$37.50 / \$175 / \$275		\$37.50 / \$175 / \$275	

Semi-Monthly Payroll Deductions

BlueCross BlueShield Plan Option	Coverage Tier	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Blue Select Plus \$3,000	Employee Only	\$641.67	\$631.67	\$10	\$5
	Employee + Spouse	\$1527.17	\$1477.17	\$50	\$25
	Employee + Child(ren)	\$1116.50	\$1076.50	\$40	\$20
	Family	\$1854.42	\$1754.42	\$100	\$50
Preferred Care Blue \$3,000	Employee Only	\$745.47	\$700	\$45.48	\$22.74
	Employee + Spouse	\$1774.21	\$1575	\$199.22	\$99.61
	Employee + Child(ren)	\$1297.11	\$1,150	\$147.12	\$73.56
	Family	\$2154.40	\$1,900	\$254.40	\$127.20
Preferred Care Blue \$1,500	Employee Only	\$783.21	\$700	\$83.22	\$41.61
	Employee + Spouse	\$1,864.05	\$1575	\$289.06	\$144.53
	Employee + Child(ren)	\$1,362.79	\$1,150	\$212.80	\$106.40
	Family	\$2,263.48	\$1,900	\$363.48	\$181.74

Hospital Network Comparison

Blue Cross and Blue Shield of Kansas City Network Comparison

HOSPITALS	Preferred-Care Blue	BlueSelect Plus
AdventHealth College Boulevard*	1	1
AdventHealth Shawnee Mission*	1	1
AdventHealth South Overland Park*	1	1
Belton Regional Medical Center (Belton) ^	1	
Cass Regional Medical Center (Harrisonville) ^	1	
Centerpoint Medical Center ^	1	
Children's Mercy Hospital	1	1
Children's Mercy Hospital (Kansas)	1	1
Excelsior Springs Hospital	1	
Kansas City Orthopaedic Institute ()	1	1
Kindred Hospital Northland	1	1
KPC Promise Hospital of Overland Park	1	1
Lee's Summit Medical Center ^	1	
Liberty Hospital	1	1
Meadowbrook Rehabilitation Hospital	1	1
Menorah Medical Center ^	1	
Mid America Rehabilitation Hospital	1	1
Minimally Invasive Surgery Hospital	1	
North Kansas City Hospital	1	1
Olathe Medical Center @	1	1
Overland Park Regional Medical Center ^	1	
Providence Medical Center #	1	1
Rehabilitation Hospital of Overland Park	1	1
Research Medical Center ^	1	
St. Luke's East Hospital ()	1	
St. Luke's Hospital ()	1	
St. Luke's Northland Hospital ()	1	
St. Luke's South Community Hospital Leawood ()	1	
St. Luke's South Community Hospital Legends ()	1	
St. Luke's South Community Hospital Olathe ()	1	
St. Luke's South Community Hospital Roeland Park ()	1	
St. Luke's South Community Hospital Shawnee ()	1	
St. Luke's South Hospital ()	1	
Select Specialty Hospital	1	1
St. Joseph Medical Center #		1
St. Mary's Medical Center #		1
University Health Lakewood Medical Center (Truman)	1	1
University Health Truman Medical Center (Hospital Hill/Downtown)	1	1
University of Kansas Hospital	1	1
*@#() Key Codes		
* - AdventHealth Facility		
^ - HCA Midwest Division Facility		
@ - Olathe Health Facility		
# - Prime Healthcare Facility		
() - St. Luke's Facility		
<i>Blue Name indicates Specialty Hospital</i>		

Perks of Being a BlueCross Member

TELEHEALTH ONLINE DOCTOR VISITS -24/7 Access to Virtual Care

BCBSKC offers quick, convenient, and quality care from your mobile device, tablet or computer. Plus using the Virtual Care is completely FREE!

Common Conditions that can be treated virtually:

Covid	Mild Allergies	Pink Eye	Fevers
Sinus Pain	Minor headaches	Nausea	Rashes
Mild Asthma	Sprains	Cough	Sore Throat

SMART SHOPPER TOOL

- Cash rewards are available if the member is willing to shop, compare and pick the lower costing options.
- Members can compare services that may be eligible for cash rewards. These consist of MRI's, mammograms, colonoscopies, and complex procedures such as joint replacement and spine surgery.
- Member must select the facility and receive a confirmation number.
- Once the claim is processed the member will receive a reimbursement within 4-6 weeks.
- End of tax year- members will receive a 1099 for any amounts over \$600.
- Please note that all advanced radiology still requires prior authorization.

Prefer to shop over the phone or need a little extra help?



Call 1-855-476-5027 to contact the SmartShopper Personal Assistant Team or you can reach a Blue KC customer advocate by calling the number on the back of your ID card.

SERVICES THAT REQUIRE PRIOR AUTHORIZATION



When Authorization is Required

All outpatient, non-emergent, diagnostic advanced imaging & cardiology services including:

- MRI/MRA
- CT/CTA
- PET
- Cardiac CT, MR, PET
- Nuclear Stress
- Echo
- Stress Echo

When Authorization is NOT Required

- Inpatient Radiology
- Radiology testing done in the Emergency Room
- Most 23-Hour Observation Admissions

Perks of Being a BlueCross Member



RX SAVINGS SOLUTIONS TO SAVE ON PRESCRIPTIONS

With RX Saving Solutions you can save money on your prescriptions. Prescription prices can vary widely, even within the same ZIP code. Some of the ways you can save include: Switching pharmacies, trying a generic medication and therapeutic alternatives. If you have a savings opportunity RX Savings Solutions can help make changes with your doctor. Visit myfxss.com/bluekc

MATERNITY SUPPORT RIGHT FROM THE START

The maternity program offers expecting mothers educational resources, tools and answers to questions to help you navigate your pregnancy.

Visit MyBlueKC.com : Click Health Programs (under Health & Wellness), then Pregnancy tab.



MINDFUL SERVICES

The Mindful Advocates are licensed behavioral health clinicians who help support behavioral and overall well-being. Your Mindful Advocate can help you access tools including in-person, text, online therapy and virtual visits.

Mindful Advocates are just one call away and **available 24/7**

 **(833) 302-MIND (6463)**

or by calling the behavioral health number on the back of your ID card

IT ALL STARTS WITH THE MINDFUL ADVOCATE

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate available to help 24/7 for:



In-the-moment support



Help locating and referring to in-network providers



Care navigation



Help connecting to expedited treatment options in crisis situations

BLUE365 : BECAUSE HEALTH IS A BIG DEAL

Blue 365 offers premier health and wellness discounts at no additional cost. With Blue365, you can access great deals on a wide range of apparel, meal programs, gym memberships and much more. Visit

Blue365deals.com/BlueKC. Click the JOIN button located in the top right corner of the page. Then enter the first 3 characters of your member ID.

DENTAL INSURANCE



Benefits You Receive

The City of Raymore offers two dental insurance plans through Renaissance. The following chart summarizes the benefits available under the plan.

Renaissance Find a provider at www.MYRENPROVIDERS.com		
Plan Feature	Base Plan	Buy Up
Annual Benefit Maximum	\$1,250	\$1,500
Orthodontic Lifetime Benefit	None	\$1,500
Calendar Year Deductible	\$50 individual, \$150 family	\$50 individual, \$150 family
Preventive Services Oral Exams –Two per calendar year Cleanings – Two per calendar year Fluoride Treatment – One per calendar year (under age 19) Sealants - to age 14, limited to posterior teeth Routine X-rays- Bitewings 2 per calendar year Non-Routine X-rays – Full mouth: 1 every 3 calendar years Space Maintainers – Non ortho related, for members under age 19	Plan pays 100% not subject to deductible	Plan pays 100% not subject to deductible
Basic Services Fillings – Cavity repairs Oral Surgery –Simple extractions Surgical Extraction – Of impacted teeth Periodontics – Minor and major Endodontics - Root Canal therapy Emergency Pain Relief	Plan pays 80% after deductible	Plan pays 90% after deductible
Major Services Bridges, Dentures, Crowns, and Veneers	Plan pays 50% after deductible	Plan pays 60% after deductible
Orthodontia For dependents to age 19	Not Covered	Plan pays 50% \$1,500 maximum benefit

DENTAL INSURANCE

Semi Monthly Payroll Deductions

The City of Raymore pays 100% of the base plan for the employees and approximately 80% for the family tier. The City covers 80% for both the employee and family in the Buy Up Option, you are responsible for the remaining cost.

Dental Base Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$24.82	\$24.82	\$0	\$0
Family	\$74.36	\$59.92	\$14.44	\$7.22
Dental Buy Up Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$31.97	\$25.58	\$6.39	\$3.20
Family	\$103.63	\$83.52	\$20.12	\$10.06

Need help finding a Dental provider?

Go to: MyRenProviders.com

Under type of plan Click: Employer Sponsored Plan

Enter your zip code, mile radius, then search.

If your dentist is not currently in the Renaissance Network, all dentists are welcome to join their network. Renaissance partners with many dental networks such as Dentemax, Carington, Maverest, & Connection.

Dental providers can go to www.dentemax.com/dentists and click "Join the Network" or they can call 1-800-752-1547 and press Option #3.



VISION INSURANCE

Benefits You Receive: Vision insurance is available through Renaissance. The following chart provides an overview of the benefits you receive when you see a VSP provider.

Renaissance Vision Summary Network: VSP.com				
Plan Design	In-Network			Out-of-Network
Eye Exam	12 months			
Lenses or contact lenses	12 months			
Frames	24 months			
Eye exam	\$10 copay			Up to \$45
Lenses, Lens Options and Frames				
Single vision lined lenses	\$25 copay			Up to \$30
Bifocal lined lenses				Up to \$50
Trifocal lined lenses				Up to \$65
Standard progressive	\$55 copay			Up to \$50
Premium progressive	\$95 - \$105 copay			
Custom progressive	\$150-\$175 copay			
Frames	\$130 allowance, plus 20% saving on amount over allowance. Members also received an extra \$20 to spend on featured brand frames including Nike, Calvin Klein, Cole Haan, BeBe			Up to \$70
Contact lens	\$130 allowance,			Up to \$105
Contact lens fit & evaluation	Up to \$60 copay			N/A
Laser vision correction	Average 15% off retail price or 5% off promotional price			N/A
Buy Up Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$4.81	\$4.81	\$0	\$0
Employee Spouse	\$9.15	\$4.81	\$4.34	\$2.17
Employee Child(ren)	\$9.63	\$4.81	\$4.82	\$2.41
Family	\$14.15	\$4.81	\$9.34	\$4.67

Vision providers can be found on MyRenProviders.com
 More than 112,000 private providers including additional 26,000 of retail chain providers.



FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNT

Benefits You Receive

Each eligible employee may voluntarily redirect a portion of his or her gross pay to a flexible spending account (FSA) and/or the dependent care account (DCA) which is administered by Alerus. These dollars can be used during the plan year to pay for the unreimbursed medical, dental, vision and dependent care expenses you incur.

Dependent Care Account

Maximum contribution if single or married filing jointly: \$5,000

This account allows working parents to pay for daycare and before/after school expenses with pre-tax dollars. Dependents must be a child under the age of 13, or, a child, spouse, or other dependent that is physically or mentally incapable of self-care and spends at least eight hours a day in your household. Expenses for kindergarten fees, elementary school expenses for a child in first grade or higher, and expenses paid to a housekeeper, maid, cook, etc. are NOT eligible (except where incidental to child or dependent adult care).

Medical Flexible Spending Account

Maximum contribution: \$3,200

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

Reimbursable expenses include:

- Deductibles, Copays, Coinsurance
- Splints & Casts, Prescriptions
- Wheel chairs, Crutches, Xrays
- Diabetes testing
- Dental services, fillings, root canals, Orthodontia
- Vision exams, contacts, glasses
- Plus shop the online FSA store

If you have questions about qualified medical expenses, call 877-661-4727 or visit www.Alerusrb.com to view a complete list of approved expenses.

Alerus 2024 Flex Reminders!!

If you have not used up your 2023/2024 Flex dollars, you have until **2/15/2025** to incur claims. The City offers a **grace period**, which means that you can incur claims in December (2024) through February 15th of 2025 and file for reimbursement from your current 2024 flex account.

You have until **April 15th to file all claims.**

How Flexible Spending Accounts Work

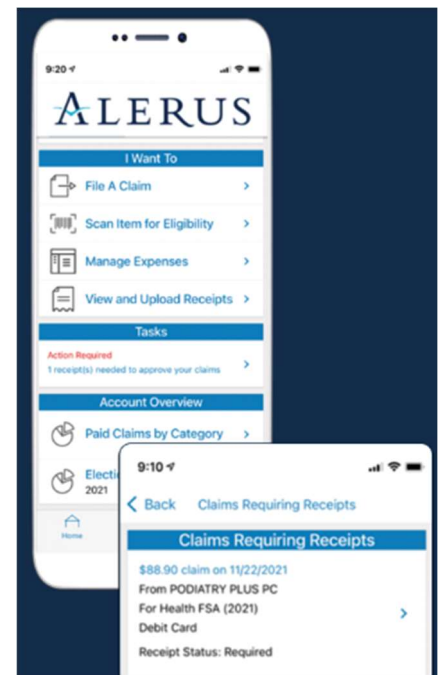
You decide how much you will spend on unreimbursed health, dental, and vision expenses, and/or dependent care costs for the plan year. You elect to redirect part of your paycheck into a pre-tax FSA. This amount can be changed only at open enrollment or if you have a qualifying event. Once you've enrolled your entire election amount is available to you on the first day of the plan year. Use your FSA card for qualified expenses and simply swipe your card. If you prefer to pay upfront then be reimbursed, you can file a claim electronically from the Member Login and you can be reimbursed from your FSA. You must make a new election every year.

FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNT

Manage Your Account Online or by Mobile App!

How to register and view your Alerus FSA account

- Visit www.Alerusrb.com
 - Click sign up or create an account
 - Complete the required information then click "Create Account"
 - Accept the disclosure of terms and conditions
 - Provide your phone number and method of verification
 - You will then receive a 6-digit code, enter the code and continue
 - Under Bank Accounts select the FSA
 - Under Quick Links: Click Go to My Account
- Same username and password for both online and mobile app
- Take pictures from your phone to upload receipts
- Submit a claim
- Check account balance
- See contribution details
- See pending details
- Report a lost or stolen card
- View Notifications
- Plus shop the FSA Store



FSA Debit Card

The VISA debit card allows participants the convenience of immediate access to their funds without incurring any out-of-pocket costs at the point of sale.

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.



GROUP & VOLUNTARY / AD&D LIFE INSURANCE



Benefits You Receive

The City of Raymore provides basic group life and accidental death and dismemberment (AD&D) insurance through Renaissance at no cost to the employee. Employees receive a benefit of one time's your annual salary, up to a maximum of \$100,000. Age reduction applies to insured individuals once they turn age 70 (reduces to 40%), then again at 75 (reduces to 20%).

Voluntary Life & ADD Insurance

If you want to supplement your group life insurance benefit, you may purchase additional coverage on a voluntary basis for you, your spouse and your dependent children. You may also purchase Additional Death and Dismemberment (AD&D) coverage. The AD&D can be elected by itself and can differ from the amount of your life insurance election.

Employee Benefits:

Additional employee coverage is available in \$10,000 increments up to \$500,000 or five times your annual salary, whichever is less. **The Guarantee Issue is \$150,000.**

This year with Renaissance, you can elect the full guaranteed amount of \$150,000 with no questions asked. If you elect coverage above the Guarantee Issue amount, please contact Human Resources for an Evidence of Insurability form (medical questionnaire), which is subject to approval by Renaissance.

Spousal Benefits:

You may purchase additional life insurance for your spouse, up to 50% of your voluntary employee coverage amount. Spouse coverage is available in \$5,000 increments. The minimum election is \$5,000 up to a maximum of \$250,000. **Guarantee Issue for spouses is \$30,000.** If you elect spousal coverage over the guarantee issue amount, please contact Human Resources for an Evidence of Insurability form (medical questionnaire), which is subject to approval by Renaissance.

Child Benefits:

Child coverage is available in \$5,000 increments up to \$10,000. The Guarantee Issue is \$10,000. Maximum dependent age is 26. You must purchase additional life insurance for yourself, in order to purchase child coverage.

See next page for cost.

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

LIFE AND AD&D INSURANCE COST

Note: The Spousal rate is based on Employee age

Per Month Cost

Life Cost	Rate Per \$1,000	\$10,000	\$20,000	\$40,000	\$60,000	\$80,000
less than 30	\$0.06	\$0.60	\$1.20	\$2.40	\$3.60	\$4.80
30-34	\$0.08	\$0.80	\$1.60	\$3.20	\$4.80	\$6.40
35-39	\$0.09	\$0.90	\$1.80	\$3.60	\$5.40	\$7.20
40-44	\$0.14	\$1.40	\$2.80	\$5.60	\$8.40	\$11.20
45-49	\$0.22	\$2.20	\$4.40	\$8.80	\$13.20	\$17.60
50-54	\$0.43	\$4.30	\$8.60	\$17.20	\$25.80	\$34.40
55-59	\$0.69	\$6.90	\$13.80	\$27.60	\$41.40	\$55.20
60-64	\$0.82	\$8.20	\$16.40	\$32.80	\$49.20	\$65.60
65+	\$1.44	\$14.40	\$28.80	\$57.60	\$86.40	\$115.20
Child Life Cost	\$0.26	\$2.60				

ADD Cost	Rate Per \$1,000	\$10,000	\$20,000	\$40,000	\$60,000	\$80,000
Employee	\$0.05	\$0.50	\$1.00	\$2.00	\$3.00	\$4.00
Spouse	\$0.05	\$0.50	\$1.00	\$2.00	\$3.00	\$4.00
Child	\$0.05	\$0.50				

Employee and spouse age reduction will apply on the following schedule. The reductions are based on your current life amount/benefit.

Spouse age reductions are based on the employee age.

The life benefit amount will reduce to 40% at age 70.

Then to 20% at age 75.

DISABILITY & LONG-TERM CARE

Disability benefits provide income replacement if you are unable to work due to a serious health condition, non-work-related injury, or disability, which includes illness or disabilities caused by pregnancy, childbirth, long-term illness, or other disabling medical conditions.



Renaissance Voluntary Short-Term Disability - The City of Raymore will pay \$2 per month if you elect this plan. Short term disability insurance covers 60% of your income (up to \$1,500 per week) while you recover from either an illness or off-the-job injury for up to 90 days.

Renaissance Long-Term Disability Insurance – 100% paid by City of Raymore

Long-term disability insurance provides income replacement if you are disabled due to injury or illness and unable to work for a period greater than 90 days. If you are unable to return to work, you may receive benefits until normal retirement age. The benefit will pay 60% of your earnings, to a maximum of \$5,000 per month.

UNUM Long-Term Care Insurance

Long-term care goes beyond medical care and nursing care to include all the assistance you may need if you ever have a chronic illness or disability that leaves you unable to care for yourself for an extended period-of-time. You can receive long-term care in a nursing home, assisted living facility, or in your own home. Although older people use the most long-term care services, a young or middle-aged person who has been in an accident or suffered a debilitating illness might also need long-term care.

City of Raymore pays for \$1,000 monthly benefit for a maximum of 3 years. You may choose a higher amount of coverage by paying for the additional cost. You can elect in \$1,000 increments up to \$9,000 per month. You can also choose your benefit duration. Options are 3 years, 6 years or lifetime.

COLONIAL WORKSITE BENEFITS

Colonial Life provides benefits that employees need for the unexpected moments in life.



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.
- All policies include the wellbeing reimbursement of \$50 when you have your annual preventive visits.
- The plan is fully portable. In the event you leave The City of Raymore, you can keep your Colonial coverage.

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.

Age	Employee	Employee & Spouse	Employee & Children	Family
17-24	\$.29	\$.43	\$.29	\$.43
25-29	\$.43	\$.62	\$.43	\$.62
30-34	\$.56	\$.81	\$.56	\$.81
35-39	\$.85	\$1.27	\$.85	\$1.27
40-44	\$1.16	\$1.72	\$1.16	\$1.72
45-49	\$1.65	\$2.47	\$1.65	\$2.47
50-54	\$2.13	\$3.23	\$2.13	\$3.23
55-59	\$2.80	\$4.26	\$2.80	\$4.26
60-64	\$3.82	\$5.80	\$3.82	\$5.80
65-74	\$4.68	\$7.13	\$4.68	\$7.13

- **Accident**- Cash benefits for burns, dislocations, eye injuries, fractures and lacerations.

Monthly Cost			
Employee	Employee & Spouse	Employee & Children	Family
\$8.84	\$13.54	\$20.76	\$25.58

- **Hospital Admission**- This benefit reimburses you if you are admitted to a hospital, and covers ICU care.

Monthly Cost			
Employee	Employee & Spouse	Employee & Children	Family
\$18.02	\$38.59	\$24.32	\$44.90

Renaissance EAP, Lagers & Voya

Total Wellbeing Program offered through Renaissance

From the stress of everyday life to relationship issues or even work-related concerns, the employee assistance program can help with any issue affecting overall health, well-being and life management.

Plan features:

- **6** counseling sessions per issue.
- **Virtual Concierge:** Receive virtual care 24/7 and have access to a personal assistant that helps provide guidance, referrals and other information at hand.
- **Legal & Financial Consultations:** Receive a half hour consultation over the phone or in person. Consultations can be used for debt, tax questions, loans, investments, and assistance on will prep.
- **Child /Elder Care Resources:** Resources to help with babysitting, camps, music lessons, college, eldercare housing options, and assisted living facilities.
- **Online Resources:** Receive access via your personalized web portal. Access health advocacy and wellness resources.



Access the EAP via phone at: 1-800-327-2255

Or online: at Nexgeneap.com

Mobile App: NexGenEAP

Company ID Code: 9782 (only needed if creating an account online)

Retirement Plan - LAGERS

The City of Raymore makes 100% of the contribution to LAGERS. This benefit provides you a monthly benefit for life upon retirement. The benefit is vested after 5 years of service and is dependent on salary and years of service. The benefit is years of service x 2% x average salary=monthly benefits for life. The final average salary is the average of the highest 36 months of the last 120 months of wages.



457 (b) – Voya

Through salary reductions, you can contribute up to the IRS maximum toward your retirement. If you are 50 or older, you may defer an additional \$7,500. Contributions and earnings are tax-deferred. Both the maximum and catch-up contribution amounts are subject to change based on IRS guidelines.

2024 IRS maximum \$23,000

2025 IRS maximum \$23,500 (predicted)

Paid Time Off, Vacation & Sick Leave



For inquiries regarding vacation and sick leave, please refer to the administrative policy.

2025 EMPLOYER PAID HOLIDAY'S	
New Year's Day-Observed	Wednesday, January 1, 2025
Martin Luther King Day	Monday, January 20, 2025
Presidents Day	Monday, February 17, 2025
Memorial Day	Monday, May 26, 2025
Independence Day	Friday, July 4, 2025
Labor Day	Monday, September 1, 2025
Veterans Day	Tuesday, November 11, 2025
Thanksgiving	Thursday, November 27, 2025
Day-After-Thanksgiving	Friday, November 28, 2025
Christmas Eve -Observed	Wednesday, December 24, 2025
Christmas -Observed	Thursday, December 25, 2025
Floating Holiday	With Approval of Supervisor

ANNUAL MODEL NOTICES

Each year, The City of Raymore 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)
- Bluecross & Blueshield HIPAA Notice of Privacy Practices

Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBC’s), which summarize important information about your BlueCross & BlueShield medical plans are available on-line. A copy may be requested through BlueCross & BlueShield or you may also contact The City of Raymore Human Resources Department.

Premium Assistance Under Medicaid and The Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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. You should contact your State for further information on eligibility –

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

To see if any more States have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)
Number 1210-0137

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 OMB Control

(expires 1/31/2026)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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.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.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Nathan Reed, nreed@raymore.com 816-892-3031.

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 CITY OF RAYMORE	4. Employer Identification Number (EIN) 43-0815510	
5. Employer address 100 MUNICIPAL CIRCLE	6. Employer phone number 816-892-3031	
7. City RAYMORE	8. State MO	9. ZIP code 64083
10. Who can we contact about employee health coverage at this job? NATHAN REED		
11. Phone number (if different from above)	12. Email address NREED@RAYMORE.COM	

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:
LEGALLY MARRIED SPOUSE
DEPENDENT CHILDREN TO AGE 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.

Medicare Part D
Notice of Creditable Coverage
Important Notice from CITY OF RAYMORE About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Raymore 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. BlueCross BlueShield has determined that the prescription drug coverage offered by the City of Raymore 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 BLUECROSS BLUESHIELD 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 BLUECROSS BLUESHIELD 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 BLUECROSS BLUESHIELD 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: **October 14, 2024**

Name of Entity/Sender: **City of Raymore**

Contact--Position/Office: **Nathan Reed – Benefits Specialist**

Address: **100 Municipal Circle Raymore, MO 64083**

Phone Number: **816-892-3031**

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 City of Raymore 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 Nathan Reed (816) 892-3031.

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: **Nathan Reed : Benefits Specialist, City of Raymore 816-892-3031**

HIPAA Notice of Special Enrollment Rights

This notice is being provided to ensure that you understand your right to enroll in the City of Raymore 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:

**Nathan Reed, Benefits Specialist
City of Raymore
816-892-3031**

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 City of Raymore 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:

BlueCross BlueShield Plan	Deductible/Coinsurance	In-Network	Out-of-Network
Preferred Care Blue \$1,500	Individual Deductible	\$1,500	\$1,500
	Family Deductible	\$4,500	\$4,500
	Coinsurance	80% / 20%	60% / 40%
	Out of Pocket Max	Individual \$4,500 Family \$9,000	Individual \$9,000 Family \$18,000
Preferred Care Blue \$3,000	Individual Deductible	\$3,000	\$3,000
	Family Deductible	\$6,000	\$6,000
	Coinsurance	80% / 20%	60% / 40%
	Out of Pocket Max	Individual \$5,000 Family \$10,000	Individual \$10,000 Family \$20,000
Blue Select Plus \$3000	Individual Deductible	\$3,000	\$3,000
	Family Deductible	\$6,000	\$6,000
	Coinsurance	50% / 50%	50% / 50%
	Out of Pocket Max	Individual \$9,100 Family \$18,200	Individual \$20,000 Family \$40,000

For more information regarding these compliance notices, please contact:

Nathan Reed, Benefits Specialist
City of Raymore: 816-892-3031

BCBS Privacy Notice

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Legal Duty and Privacy Practices

To provide health insurance and health plan related services to you as our member, we will collect personal and medical information regarding your health conditions, the health care services you receive, and the payment for those conditions and services. We are required by applicable federal and state law to maintain the privacy of the personal and medical information we collect from and about you. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 1, 2021 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all personal and medical information we maintain, including information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

Please review this entire notice for details about the uses and disclosures we may make of your personal and medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Contact Information

The complete Notice of Privacy Practices is available on our website – www.BlueKC.com

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice or copies in other languages, please contact our Privacy Office.

Contact Office: Privacy Office
Blue Cross and Blue Shield of Kansas City
P. O. Box 417012
Kansas City, MO 64141
Telephone: 816-395-3784 or toll free at 1-800-932-1114
Fax: 816-395-2862 E-mail: privacy@bluekc.com

Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your information, (information includes data submitted by providers, lab results and other health care programs you elect to participate in) and the information of others they service, for the health care operations of their joint activities.

Blue Cross and Blue Shield of Kansas City
Good Health HMO, Inc.

Blue-Advantage Plus of Kansas City, Inc.
Missouri Valley Life and Health Insurance Company

Information Collected

The information we collect about you may include information such as your name, phone number, social security number, address, date of birth, financial and health information, insurance claims information, and other medical information. Most of this information will be obtained from you, your employer, or the health care providers who bill for services provided to you. We may also obtain information about you from other insurers, service providers, consumer reporting agencies and third parties.

Uses and Disclosures of Your Information

Treatment: We may disclose your information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your information, without your permission, for payment activities. Payment activities include paying claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, determining your eligibility for benefits, coordinating your benefits with other payers, determining the medical necessity of care delivered to you, obtaining premiums for your health coverage, issuing explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your information to a health care provider or another health plan for their payment activities.

Health Care Operations: We may use and disclose your information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying information, and

creating limited data sets for health care operations, public health activities, and research.

We may disclose your information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Health Information Exchange. To facilitate the above described uses and disclosures of your information, we may participate in an information network or exchange that involves other health plans or healthcare providers.

Business Associates: We may disclose your information to businesses that provide services to us. We will obtain written agreement from those businesses that they will protect your information consistent with this Notice prior to disclosing your information.

Your Authorization: You may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us written authorization, we will not use or disclose your information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your information is in your best interest under the circumstances.

Your Employer: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify information contained in the summary health information as yours.

We may disclose your information and the information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your information. Please see your group health plan document for a full explanation of those limitations.

Health-Related Products and Services: Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) to communicate with you about health-related products, benefits and services, and

(3) payment for those products, benefits and services that we provide or include in our benefits plan. We may use your information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

Other Disclosures: We may use and disclose your information, without your permission, to unaffiliated third parties when required by law, and when authorized by law for the following kinds of activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Disclosures Requiring an Authorization: Other than disclosures described above or as permitted by applicable law, we will obtain your authorization prior to disclosing your information. We must obtain your authorization to use your information for marketing purposes, to sell your information, to use your genetic information for underwriting purposes, or to disclose psychotherapy notes. Certain types of information, such as substance use treatment information, HIV testing, and genetic information may require authorization or be subject to additional restrictions under the law.

Your Rights

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request. We do not and will not require you to waive your rights under 45 CFR Part 160, subparts C or D, as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Access: You have the right to examine and to receive a copy of your personal and medical information or have a copy of your information provided to another person on your behalf, with limited exceptions. This may include an electronic copy in certain circumstances. Your request must be made in writing.

We may charge you reasonable, cost-based fees for a copy of your personal and medical information, for mailing the copy to you, and for preparing any summary or explanation of your personal and medical information you request. Contact our Privacy Office for information about our fees.

Disclosure Accounting: You have the right to a list of instances in which we disclose your personal and medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

Amendment: You have the right to request that we amend your personal and medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your information and use reasonable efforts to inform others of the amendment who

Restriction: You have the right to request that we restrict our use or disclosure of your personal and medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your personal and medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and

pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

Breach Notification: In the event of breach of your unsecured personal and health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Complaint

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and medical information, about amending your personal and medical information, about restricting our use or disclosure of your personal and medical information, or about how we communicate with you about your personal and medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail ocrmail@hhs.gov. We support your right to the privacy of your personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

NOTES



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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.