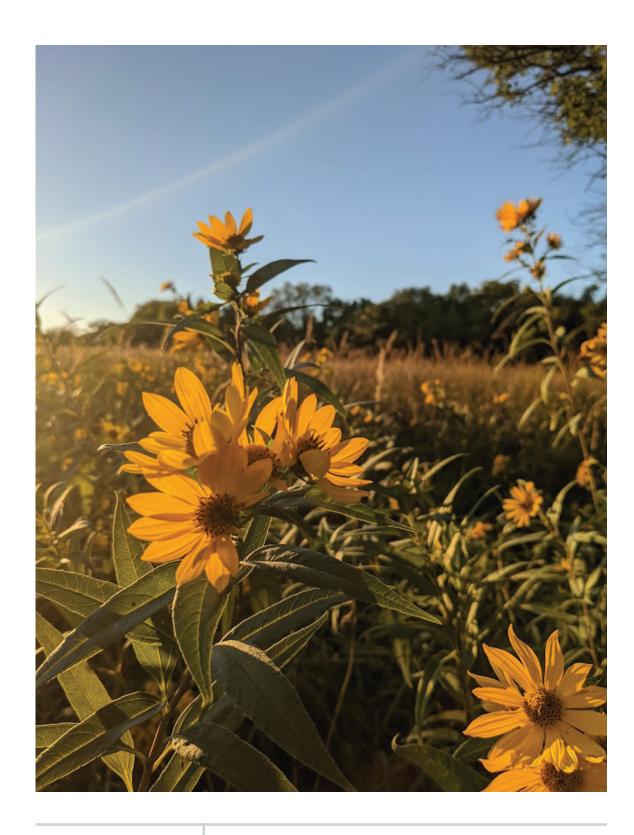
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**24** 



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The City of Olathe appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans.

This is a brief description of benefits offered by the City of Olathe. Not all plan provisions, limitations, and exclusions are included in this packet. In the event of any conflict between the information contained in this packet and the plan provisions, the plan documents and insurance contracts will govern. Copies of these documents are available from Human Resources. The City of Olathe reserves the right to change benefits at any time.

# SUMMARY OF BENEFITS AND COVERAGE (SBC)

More plan details are available in the Summary of Benefits and Coverage (SBC) for each plan. SBCs are posted on <u>Workplace</u>. Hard copies of the SBCs are available through Human Resources upon request.

# CITY OF OLATHE BENEFITS GUIDE FOR 2024

The City of Olathe is dedicated to your success, both professional and personal. Providing eligible employees a comprehensive benefits package that meets individual and family needs through a simple and accurate open enrollment process is one way we strive to support your total wellbeing.

After reviewing this benefits guide, if you need further assistance, please contact Human Resources Benefits Program Manager Jamma Markus at <a href="mailto:jsmarkus@olatheks.org">jsmarkus@olatheks.org</a> or 913.971.8723.

Thank you for all you do to advance our mission of Setting the Standard of Excellence in Public Service!

Michael Wilkes

Michael

City Manager



# OPEN ENROLLMENT ANNUAL NOTICES

### Overview of Benefits

This flyer contains an easy-to-read overview of the benefits in effect as of January 1, 2024. It is not intended to be a legal document. Please read this carefully. More details are available in the Summary of Benefits and Coverage for each plan; these documents are posted on **Workplace** or are available on Workday. Hard copies of the SBCs will be provided by HR upon request.

### ELIGIBILITY

You are eligible for medical, dental, vision, life/AD&D insurance, short-term disability coverage, on-site Wellbeing Center services, and EAP services if you are a Regular full-time or Regular part-time employee working 20 hours per week or more. Coverage begins on the first of the month following 30 days of employment for all plans.

You may enroll your spouse and dependent children in the benefit plans you elect. Eligible dependents include all dependent children to age 26 for medical, dental, and vision coverage.

# Special Enrollment Rights Notice (Life Event)

If you have declined enrollment in the City of Olathe's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible

dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. The City of Olathe will also allow a special enrollment opportunity if you or your eligible dependents either lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible or become eligible for a state's premium assistance program under Medicaid or CHIP. For these enrollment opportunities, you will have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the City of Olathe's group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

# HIPAA PRIVACY RIGHTS NOTICE REMINDER

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the City of Olathe's Health Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy of the Privacy Notice, contact City of Olathe Human Resources. You may also view the Privacy Notice online on **Workplace** or on Workday. You may also contact the Plan's Privacy Official for more information on the Plan's privacy policies or your rights under HIPAA.

# Women's Health and Cancer Rights Act Notice

The City of Olathe's plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your plan administrator for more information.

# Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 913.971.8723.

# **COBRA RIGHTS NOTICE**

Please refer to **Workplace** for the COBRA notice, which outlines information about eligibility for COBRA.

# CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PREMIUM Assistance Notice

Please refer to **Workplace** for the CHIP notice, which outlines information about eligibility for this program.

# CREDITABLE PRESCRIPTION DRUG COVERAGE NOTICE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the City of Olathe's medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as "creditable coverage." Please refer to <a href="Workplace">Workplace</a> for the Creditable Coverage Notice, which outlines information about this program.

# Health Reimbursement Arrangement (HRA) Opt Out Provision

Please refer to <u>Workplace</u> for the HRA Opt Out Provision notice, which outlines information about eligibility for this program.



# **WORKDAY**

# **WORKDAY OVERVIEW**

The City's online benefits system is administered by Workday, a third-party benefits enrollment platform. Workday's online system makes it easy to review, change, or enroll in your benefits for 2024. To enroll in your benefits, please follow these simple steps:

Go to Workday at myworkday.com/wday/authgwy/olatheks/login.htmld

- Click on "Current Olathe Employees."
- Input your username and password.
- **1.** FOR BENEFITS ENROLLMENT, YOU WILL HAVE A TASK AWAITING YOUR ACTION ON YOUR HOMEPAGE.

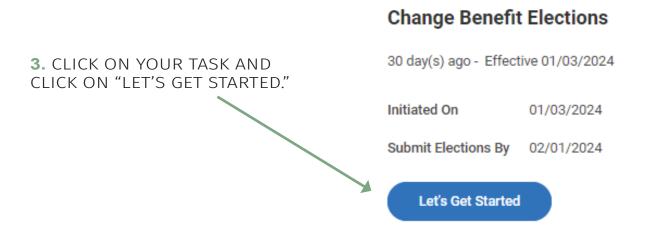


Benefit Change - New Hire: New Johnson on 01/03/2024

Inbox - 30 day(s) ago

- Go to All Inbox Items (1)
- 2. OR GO TO YOUR WORKDAY INBOX.





- 4. ANSWER THE HEALTH INFORMATION QUESTION AND THEN CLICK "CONTINUE."
- 5. CLICK "CONTINUE" UNDER THE INFORMATION UPDATED PAGE.
- **6.** YOUR ENROLLMENT PAGE WILL BE NEXT. GO THROUGH AND REVIEW YOUR BENEFITS AND MAKE ANY CHANGES.
- 7. ONCE YOU ARE DONE MAKING CHANGES, CLICK ON "REVIEW AND SIGN."
- 8. SCROLL DOWN AND CLICK THE "I ACCEPT" BOX.
- 9. CLICK SUBMIT.
- **10.** YOU CAN EITHER CLICK "DONE" OR CLICK ON "VIEW BENEFITS STATEMENT" TO PRINT YOUR ELECTIONS.

# MEDICAL AND VISION BENEFITS

### Medical and Prescription Drug Plan

The City is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. Medical benefits are offered through Cigna. You have two medical plan options for 2024:

- Open Access Plan (OAP).
- Consumer Involved Plan (CIP).

Compare the OAP and CIP plans by using the side-by-side comparison chart on the next page, and note the differences in premium amount, deductible, coinsurance, and out-of-pocket maximums.

With both options, you have access to the same in-network doctors, providers, and hospitals under Cigna's national network. To search for in-network providers, visit **cigna.com** or download the Cigna mobile app.

### HERE ARE SOME HELPFUL INSURANCE TERMS:

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays are not included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$1,500, you'll pay 100% of eligible healthcare expenses until the bills total \$1,500 for the plan year. After that, you share the cost with your plan by paying coinsurance.

**IN-NETWORK:** A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

### **OUT-OF-POCKET MAXIMUM:**

This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100% of the costs of covered benefits. However, you will pay for certain out-of-network charges above reasonable and customary amounts.

### **REASONABLE AND**

**CUSTOMARY:** The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

# Medical and Prescription Drug Plan Summary

# SIDE-BY-SIDE COMPARISON

Medical	Cigna	OAP	Cigna	Cigna CIP		
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Deductible Individual Family	\$800 \$1,600	\$1,600 \$3,200	\$1,500 \$3,000	\$3,000 \$6,000		
Coinsurance (what the plan pays after the deductible is reached)	85%	65%	80%	60%		
Out-of-Pocket Maximum (includes deductible) Individual Family	\$2,300 \$4,600	\$5,000 \$10,000	\$3,000 \$5,600	\$6,000 \$11,200		
Preventive Care	100%	35%	100%	40%		
Primary Office Visit	\$30	35%	20%	40%		
Specialist Office Visit	\$40	35%	20%	40%		
Emergency Room	\$200	\$200	20%	20%		
Urgent Care	\$75	35%	20%	40%		
Inpatient Care	\$300 + 15%	\$300 + 35%	20%	40%		
Outpatient Care	\$200 + 15%	\$200 + 35%	20%	40%		
Prescription Drugs		Employ	yee Pays			
Retail (30-Day Supply)						
Tier 1 — Generics	\$10	30%	\$10	40%		
Tier 2 — Preferred	\$25	30%	\$25	40%		
Tier 3 — Nonpreferred	\$50	30%	\$50	40%		
Tier 4 — Specialty	20% Up to a Maximum of \$250	30%	20% Up to a Maximum of \$250	40%		
Mail Order (90-Day Supply)						
Tier 1 — Generics	\$20	Not Covered	\$20	Not Covered		
Tier 2 — Preferred	\$50	Not Covered	\$50	Not Covered		
Tier 3 — Nonpreferred	\$100	Not Covered	\$100	Not Covered		
Tier 4 — Specialty	20% Up to a Maximum of \$500	Not Covered	20% Up to a Maximum of \$500	Not Covered		



# CIGNA SaveOnSP PRESCRIPTION DRUG PROGRAM

Through Cigna's prescription drug benefit, you have access to a number of programs designed to save you and the city money. Please take advantage of the SaveOnSP program to ensure you are receiving your drugs with the most savings possible.

# SaveOnSP — Filled through Accredo, a Cigna specialty pharmacy

Specialty medications can cost a lot of money. That's why your Cigna plan offers you access to a service called SaveOnSP. With SaveOnSP, you'll pay \$0 out-of-pocket for your eligible specialty medications. There's no extra cost to participate – it's available through your pharmacy benefit.

If you're filling a medication through Accredo that's available at \$0 with SaveOnSP, you should consider using this service.

- With SaveOnSP, you'll pay \$0 out-of-pocket for your medication. The medication's full cost will be paid through a manufacturer copay assistance program.
- Without SaveOnSP, you'll pay 20% coinsurance to fill your medication. You can use the Price a Medication tool on the myCigna App or myCigna.com to see how much your medication will cost.

# Here's an example of how it works.

John's taking an eligible specialty medication. He has a choice to make:

- With SaveOnSP, he won't pay anything (\$0) out-of-pocket. However, the cost won't count toward his deductible (if he has one) and/or out-of-pocket maximum.
- Without SaveOnSP, he'll pay his full 20% coinsurance (which is \$1,000) out-of-pocket. Also, the cost won't count toward his deductible (if he has one) and/or out-of-pocket maximum.

# **VISION PLAN**

The City offers vision benefits through Surency to employees enrolled in one of the City's medical plans. Surency has a list of network providers who offer a higher level of coverage. Please note that service frequencies are determined by calendar year. In addition, if you go to a non-network provider, you may be responsible for balance due on services rendered at the time of service and may then submit a claim form to Surency for reimbursement.

To locate an in-network vision provider, visit <u>surency.com</u> or download the Surency vision mobile app.

	In-Network	Out-of-Network		
Exam				
Ophthalmologist	Covered 100%	\$65 allowance		
Optometrist	Covered 100%	\$65 allowance		
Frames				
Retail Frame Allowance	\$200 allowance for frame, lenses and lens options. 20% off balance over \$200	\$200 allowance		
Contact Lens Fitting				
Standard Lens Fitting	(\$200 allowance applies)	\$40 allowance		
Specialty Lens Fitting	10% off retail price, then apply \$55 allowance	\$40 allowance		
Lenses				
Single Vision				
Bifocal	_			
Trifocal	\$200 allowance for frame, lenses and lens	(\$200 frame all annual and line)		
Progressive — Standard	options. 20% off balance over \$200	(\$200 frame allowance applies)		
Progressive — Premium				
Lenticular				
Discounted Lens Options				
Anti-Reflective Coating — Standard				
Photochromic — Non-Glass				
Polycarbonate — Standard	\$200 allowance for frame, lenses and lens	(\$200 frame allowance applies)		
Scratch Coating — Standard Plastic	options. 20% off balance over \$200	(\$200 frame allowance applies)		
Tint-Solid Or Gradient	_			
UV Treatment				
Contact Lenses (in Lieu of Lenses)				
Conventional	#200 allowers for frame large			
Disposable	\$200 allowance for frame, lenses and lens options	\$200 allowance		
Medically Necessary	and ichis options			

# Medical and Vision Monthly Employee Contributions

# CONSUMER INVOLVED PLAN (CIP) AND VISION

	The City's Contribution (for Those Enrolled Prior to 01/01/18)				Full-Time Employee Rates		
	2023	2024	Monthly Increase	2023	2024	Monthly Increase	
Employee	\$587.49	\$607.94	\$20.45	\$61.00	\$63.00	\$2.00	
Employee + Spouse	\$1,196.79	\$1,238.00	\$41.21	\$302.00	\$311.00	\$9.00	
Employee + Child(ren)	\$1,052.30	\$1,088.29	\$35.99	\$264.00	\$272.00	\$8.00	
Family	\$1,751.74	\$1,810.65	\$58.91	\$412.00	\$424.00	\$12.00	

The City's Contribution (for Those Enrolled Prior to 01/01/18)				3	30-Hour Employee Ra	ites
	2023	2024	Monthly Increase	2023	2024	Monthly Increase
Employee	\$306.86	\$319.06	\$12.20	\$341.63	\$351.88	\$10.25
Employee + Spouse	\$855.48	\$886.39	\$30.91	\$643.31	\$662.61	\$19.30
Employee + Child(ren)	\$757.28	\$784.50	\$27.22	\$559.02	\$575.79	\$16.77
Family	\$1,239.18	\$1,282.36	\$43.18	\$924.56	\$952.29	\$27.73

	2	:0-Hour Employee Ra	tes			
	2023	2024	Monthly Increase	2023	2024	Monthly Increase
Employee	\$213.03	\$222.41	\$9.38	\$435.47	\$448.53	\$13.06
Employee + Spouse	\$641.01	\$665.48	\$24.47	\$857.78	\$883.52	\$25.74
Employee + Child(ren)	\$570.89	\$592.52	\$21.63	\$745.41	\$767.77	\$22.36
Family	\$930.92	\$964.85	\$33.93	\$1,232.82	\$1,269.80	\$36.98

If you enroll in the CIP plan, the City will contribute funds on your behalf into a Health Reimbursement Account (HRA). The City's contribution is based on your coverage tier.

### MONTHLY DEPOSIT

Tier 1 (Enrolled Before 01/01/18)							
Employee		Employee+ Child(ren)					
\$100.00	\$175.00	\$150.00	\$200.00				

Tier 2 (Enrolled On or After 01/01/18)							
		Employee+ Child(ren)					
\$66.67	\$116.67	\$100.00	\$133.33				

# OPEN ACCESS PLAN (OAP) AND VISION

	The City's Contribution			Full-Time Employee Rates		
	2023	2024	Monthly Increase	2023	2024	Monthly Increase
Employee	\$685.17	\$705.36	\$19.48	\$121.00	\$125.00	\$4.00
Employee + Spouse	\$1,378.39	\$1,420.10	\$40.15	\$412.00	\$424.00	\$12.00
Employee + Child(ren)	\$1,214.90	\$1,251.24	\$34.96	\$363.00	\$374.00	\$11.00
Family	\$1,948.45	\$2,006.76	\$57.12	\$562.00	\$579.00	\$16.00

	The City's Contribution			30-Hour Employee Rates		
	2023	2024	Monthly Increase	2023	2024	Monthly Increase
Employee	\$478.42	\$492.78	\$13.94	\$327.75	\$337.58	\$9.55
Employee + Spouse	\$1,126.09	\$1,159.87	\$32.80	\$664.30	\$684.23	\$19.35
Employee + Child(ren)	\$1,010.62	\$1,040.94	\$29.44	\$567.28	\$584.30	\$16.52
Family	\$1,544.92	\$1,591.27	\$44.99	\$965.53	\$994.49	\$28.12

	The City's Contribution			20-Hour Employee Rates		
	2023	2024	Monthly Increase	2023	2024	Monthly Increase
Employee	\$369.16	\$380.24	\$10.75	\$437.01	\$450.12	\$12.73
Employee + Spouse	\$904.70	\$931.84	\$26.35	\$885.69	\$912.26	\$25.80
Employee + Child(ren)	\$821.46	\$846.10	\$23.93	\$756.44	\$779.14	\$22.03
Family	\$1,223.03	\$1,259.74	\$35.62	\$1,287.42	\$1,326.05	\$37.50

Semi-monthly payroll contributions are made on the 1st and 2nd paychecks of the month.

# **DENTAL BENEFITS**

The City offers dental benefits through Delta Dental of Kansas. Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious. To find an in-network dental provider, visit deltadentalks.com or download the Delta Dental mobile app.

	In-Network	Out-of-Network
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$1,500	\$1,500
Diagnostic and Preventive		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants (NEW for 2024, the plan will allow up to 4 Prophylaxis/Periodontal cleanings per calendar year)	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	80%	80%
Major		
Crowns, jackets, dentures, bridge implants	80%	50%
Orthodontia		
For dependent children under age 19	80%	80%
Lifetime orthodontia plan maximum (per individual)	\$1,500	\$1,500





# **Employee Monthly Dental Payroll Contributions**

EFFECTIVE JANUARY 1, 2024

	The City's Contribution			Full-Time Employee Rates		
	2022	2023	Monthly Increase	2022	2023	Monthly Increase
Employee	\$20.82	\$20.82	\$0.00	\$11.00	\$11.00	\$0.00
Employee + Spouse	\$35.18	\$35.60	\$0.00	\$28.00	\$28.00	\$0.00
Employee + Child(ren)	\$53.34	\$53.88	\$0.00	\$31.00	\$31.00	\$0.00
Family	\$84.18	\$85.00	\$0.00	\$39.00	\$39.00	\$0.00

	The City's Contribution			30	-Hour Employee F	Rates
	2022	2023	Monthly Increase	2022	2023	Monthly Increase
Employee	\$18.00	\$18.00	\$0.00	\$13.82	\$13.82	\$0.00
Employee + Spouse	\$27.80	\$27.80	\$0.00	\$35.80	\$35.80	\$0.00
Employee + Child(ren)	\$45.00	\$45.00	\$0.00	\$39.88	\$39.88	\$0.00
Family	\$73.94	\$73.94	\$0.00	\$50.06	\$50.06	\$0.00

	The City's Contribution			20-Hour Employee Rates		
	2022	2023	Monthly Increase	2022	2023	Monthly Increase
Employee	\$16.32	\$16.32	\$0.00	\$15.50	\$15.50	\$0.00
Employee + Spouse	\$23.14	\$23.14	\$0.00	\$40.46	\$40.46	\$0.00
Employee + Child(ren)	\$39.74	\$39.74	\$0.00	\$45.14	\$45.14	\$0.00
Family	\$67.54	\$67.54	\$0.00	\$56.46	\$56.46	\$0.00

# FLEXIBLE SPENDING ACCOUNT (FSA) WEX

To access your FSA, log in to https://benefitslogin.wexhealth.com

Administered by WEX, the Flexible Spending Account

(FSA) is a pre-tax benefit account that allows you to set aside pre-tax dollars for eligible healthcare or dependent care costs. Money contributed to an FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses.

# HealthCare Flexible Spending Account (FSA)

- Pay for qualified medical, dental, and vision expenses for yourself and your dependents with pre-tax dollars.
- You may contribute up to \$3,200 per year through payroll deduction. Your full election amount is available on the first day of the plan year.
- Elections may be changed only during open enrollment, unless you experience a change in status or qualifying event.
- Elections do not carry over from year to year; you must re-enroll in a healthcare FSA each year to continue participation.

# Dependent Care Flexible Spending Account (FSA)

- Pay for qualified dependent care services, such as preschool, summer day camp, before- or after-school programs, daycare, and elder care.
- Eligible expenses include care of children under age 13 and the care of dependents of any age who are physically or mentally incapable of self-care.
- You may contribute up to \$5,000 per year per family, or \$2,500 if married and filing separately. Funds are available to you only as they are deducted from your paycheck.
- Elections do not carry over from year to year; you must re-enroll in a Dependent Care FSA each year to continue participation.

NOTE: Expenses must be incurred by December 31. The deadline to submit claims for 2024 is March 31, 2025. Any unused funds that remain in your account at the end of the year will be forfeited.

### SUBMITTING A CLAIM TO WEX

The IRS requires participants to submit documentation to show your purchase is an eligible expense. When submitting a claim to WEX, please ensure your documentation includes the following:

- The date the service was received or purchase was made.
- A description of the service performed or item purchased.
- The dollar amount of the service or item.
- The provider or store name from which the service or item was purchased.

If you have questions about submitting a claim, please reach out to WEX at 866.451.3399 or visit wexinc.com for more info.

# **VEBA/HRA**

Our HRA is an employer-funded account that works in tandem with the Consumer Involved Plan (CIP). You can use it to pay certain eligible expenses for yourself and your covered dependent(s).

### IRS RULES FOR HRAS

- Only the employer can contribute to an HRA.
- Any unused amounts in the HRA can be carried forward for reimbursements in later years.
- HRA dollars may be used only for planapproved expenses, for example, copays, coinsurance and/or deductibles.
- You may reference IRS Publication 969 for further guidance on using and managing an HRA.

# **OTHER FAQS aBOUT YOUR HRA**

CAN I ENROLL IN AN FSA IF I HAVE AN HRA THROUGH MY EMPLOYER?

Yes, you can enroll in the FSA for the same type of services that is used for the HRA. You cannot receive a reimbursement for the same service through both the FSA and HRA accounts.

WHAT HAPPENS TO MY HRA IF I LEAVE THIS COMPANY FOR ANY REASON?

The VEBA/HRA funds stay with the employee even if they leave employment and convert to a terminated/retirement account so they can use the funds for premiums for COBRA and/or Medicare coverage.

HOW DO I TRACK MY HRA BALANCE?

To access your HRA, log in to benefitslogin. wexhealth.com/Login.aspx?ReturnUrl=%2f

# Typical HRA eligible expenses

- Medical expenses: copays, coinsurance and deductibles.
- Dental expenses: exams, cleanings, X-rays and braces.
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery.
- Professional services: physical therapy, chiropractic and acupuncture services.
- Prescription drugs and insulin.
- To access a list of HRA eligible expenses, go to www.wexinc.com/insights/benefits-toolkit/ eligible-expenses/

### Submitting a claim

There are several ways to submit a claim with your VEBA/HRA.

- First you can use your WEX VEBA/HRA debit card.
- You can send a reimbursement check directly to your provider in your online WEX account.

You can also use the WEX benefit mobile app to file a claim and upload documentation.

### **WEX MOBILE APP**

From the WEX mobile app, you can:

- · Check your balance & view account activity
- File a claim and upload documentation using your phone's camera
- Use your benefit debit card directly from your mobile phone with Apple Pay or Samsung Pay.

Download the app for free on Apple and Android smartphones and tablets.

# GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

The City's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Coverage is provided automatically at no cost to you on the first of the month following 30 days of employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Group Term Life and AD&D

Employer

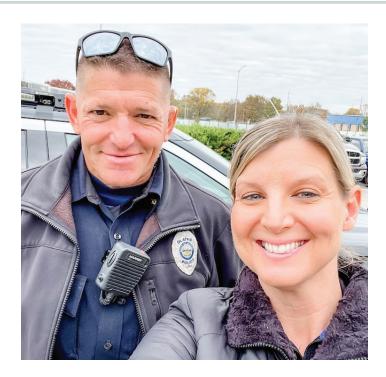
**Employee** 

1x annual salary up to \$150,000 maximum benefit

100% Paid by the

# Age Reduction Schedule

- Ages 65 to 69: Benefit decrease to 65% of original benefit.
- Ages 70 to 74: Benefit decrease to 50%.
- Age 75+: Benefit decreases to 35%.



# HERE ARE SOME HELPFUL INSURANCE TERMS

**AGE REDUCTION:** The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

**CONVERSION:** If your group term life insurance coverage is reduced or ends, you can convert to an individual policy.

# **VOLUNTARY LIFE AND AD&D**

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage.

Coverage	Available Benefit	Guaranteed Amount
Employee \$10,000 Increments	\$10,000 To \$500,000	\$250,000
Spouse \$5,000 Increments	\$5,000 To \$250,000 (Cannot Exceed 100% Of Employee Coverage)	\$50,000
Dependent Child(ren) \$15,000	\$1,000, \$5,000, Or \$10,000	\$10,000

Spouse rates are determined by the employee age.

	Voluntary Life Rates Per \$1,000	of Coverage
Age		and Spouse er \$1,000
<20	\$0.	.051
20-24	\$0.	.051
25-29	\$0.	.060
30-34	\$0.	.080
35-39	\$0.	.090
40-44	\$0	.110
45-49	\$0.	.187
50-54	\$0.	.374
55-59	\$0.	.620
60-64	\$0.	.748
65-69	\$1.	.300
70-74	\$3.	.077
75+	\$11	.756
	y Ad&D Employee And Spouse	Voluntary Life Child Rate Per \$1,000 Of Coverage



\$0.025

### **EXAMPLE**

If the voluntary life rate is \$0.11 per \$1,000 and an enrollee elects \$20,000 in coverage, the monthly premium will be \$2.20. The same can be used to determine the voluntary AD&D rate using \$0.15 per \$1,000 of coverage.

0.11	Χ	20	=	\$2.20
Plan rate (determined by age)		Coverage per \$1,000		Monthly premium

\$0.15

# VOLUNTARY SHORT-TERM DISABILITY (STD) PLANS

You have the opportunity to purchase voluntary short-term disability (STD) insurance to provide financial assistance in the event you become ill or disabled and unable to work. Coverage is offered through New York Life, formerly Cigna, and you have a choice between two voluntary STD plan options. You are responsible for the full cost of the premium.

# **VOLUNTARY STD PLAN OPTIONS**

# SIDE-BY-SIDE COMPARISON

	Vol. STD Plan Option #1	Vol. STD Plan Option #2	
Benefit Amount			
Weekly Benefit Amount	60% Of Your Weekly Covered Earnings	60% of your weekly covered earnings	
Weekly Benefit Amount Maximum	Up To \$1,500	up to \$1,500	
Elimination Period			
Due to an Accident	30 Days	0 days	
Due to an Illness	30 Days	7 days	
Benefit Duration			
Due to an Accident	22 Weeks	26 weeks	
Due to an Illness	22 Weeks	25 weeks	
Pre-Existing Condition Limitation			

Disabilities within one year of the effective date resulting from a pre-existing condition three months prior to the effective date will be excluded.

Voluntary STD Employee Rates Per \$10 of the Weekly Benefit			
Vol. STD Plan Option #1	\$0.30		
Vol. STD Plan Option #2	\$0.48		



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt, and family problems can leave us feeling worried or anxious and not able to be at our best. The SupportLinc EAP, now sponsored by CuraLinc, provides confidential support and resources for you and your family at no charge. You can seek expert guidance for a variety of issues, from everyday matters to more serious problems affecting your wellbeing. SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.

### Program Overview

CuraLinc's SupportLinc EAP offers six face-to-face visits with experienced clinicians (per occurrence), at no cost to you. The below list of services is also offered through the program.

**COUNSELING:** Access confidential in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.

**WORK/LIFE RESOURCES:** Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

FINANCIAL RESOURCES: Free planning and consultation with a licensed financial counselor. A certified financial expert will guide you through your personal finances or money concerns, offering advice and helping you find solutions.

**LEGAL RESOURCES:** Free 30-minute consultations by phone or in-person with a local attorney. Legal experts are available to help you and your family with a variety of legal matters.

PERSONALIZED COACHING: SupportLinc includes personalized coaching to help you be the best possible version of yourself by focusing on personal improvement and emotional fitness. CuraLinc's coaches provide one-on-one coaching on sleep fitness, meditation, and mindfulness.

### **DIGITAL COGNITIVE BEHAVIORAL THERAPY:**

Animo, CuraLinc's digital cognitive behavioral therapy platform, is an innovative desktop and mobile resource that offers evidence-based content, practical resources, and daily inspiration to foster meaningful and lasting behavioral change. Animo allows you to develop competencies and strength through a variety of structured modules designed by experts.

# 24/7 Assistance and Resources

Whenever you need assistance with a work/life issue, the SupportLinc EAP is there for you 24/7.

**EAP SUPPORT LINE:** Reach a licensed clinician by phone for immediate assistance. Call 888.881.5462 anytime/anywhere.

WEB PORTAL: For access to online resources and tools, visit <a href="mailto:supportlinc.com">supportlinc.com</a> and click "Create Account." Register using company code cityofolathe

online or on your phone via video or through SupportLinc's text therapy platform, Textcoach, for immediate access to assistance or support. No appointments or commuting necessary. Visit <a href="mailto:supportlinc.com">supportlinc.com</a> or download the eConnect Mobile app to get started. Company code: cityofolathe

Download the mobile app today!

# CIGNA'S VETERAN SUPPORT LINE

The Veteran Support Line provides a wide range of assistance for veterans, as well as their caregivers and families. The Support Line is free and available 24/7/365 at 855,244.6211.

 It is completely anonymous.
 Cigna does not ask for verification of military status and does not ask for any personal identification.



- It's staffed by behavioral health specialists, some of whom are veterans themselves and understand the unique experiences both veterans and their caregivers often face.
- There is a team that will help veterans find resources and services including pain management, substance use counseling and treatment, financial support, food, clothing, housing, transportation, parenting and childcare, legal assistance and more.
- If someone who is in crisis calls, they will be immediately routed to a member of our team trained to handle crisis situations.

# ABOUT CIGNA'S MINDFULNESS PROGRAMS

Cigna also offers mindfulness sessions to provide training in mindful stress management, acceptance and compassion.

The telephonic program is available every week at 844.621.3956 (passcode 965 38 022):

Tuesdays 4:00 pm CT and Thursday 7:30 pm CT

- Many veterans suffer from chronic pain due to injuries, post-traumatic stress disorder or opioid dependency at a higher rate than the general population.
- Mindfulness is an evidence-based therapy proven to have a positive impact on depression, stress, anxiety, performance, sleep, addiction and post-traumatic stress disorder.
- The program lasts for 30 minutes.
- All veterans, their caregivers and families, whether they are Cigna members or not, are invited to participate in our Mindfulness sessions.

# **LONG-TERM CARE**

The City provides group long-term care coverage to all full-time employees through UNUM. Additional coverage is available to purchase for employees and spouses.

# What Is Long-Term Care?

Long-term care insurance provides assistance with daily living tasks in the event a chronic illness or disability leaves you unable to care for yourself for an extended period of time. It could be care in your own home or in a specialized facility. Assistance with basic activities includes bathing, dressing, eating, or transferring from one location to another.

Contact Jamma Markus, Benefits Program Manager at 913.971.8723 or <u>jsmarkus@olatheks.org</u> for more information.



# CIGNA VOLUNTARY BENEFITS HE BENEFITS GUIDE

Voluntary benefits are offered through Cigna.

- Accident insurance
- Critical illness insurance
- Hospital care insurance

For more information on these benefits or the cost of coverage, please refer to the plan documents on Workplace.

# Here's How IT Works

Voluntary benefits are designed to provide financial protection by paying cash benefits when you or a family member has an unexpected injury or illness. There are no offsets and no restrictions on how the cash benefits can be used, which means you can use the cash to cover medical expenses or non-medical expenses, such as a mortgage payment, utilities, or child care.

Enrollment in one or more of these voluntary plans is optional. All you have to do is elect coverage to become insured. You do not have to provide information about your health or your family's heath. If you elect to enroll in accident, critical illness, and hospital indemnity insurance, you can maximize the protection you receive at the time of a covered illness or injury. Each plan could provide you with a separate lump-sum cash benefit, and they are independent from any claims or coverage provided by medical or disability insurance.

### Accident Insurance

Accident insurance helps provide financial support in the event you or a family member has an accident. With accident insurance, you'll receive a cash benefit for each covered injury and related services.

# **CRITICAL ILLNESS INSURANCE**

Critical illness insurance helps provide financial support if you or a family member is diagnosed with a covered critical illness. Cigna will pay a cash benefit based on the percentage payable for the condition, and it's in addition to any medical or disability insurance you may have. Your Critical Illness policy includes a \$50 per year Health Screening Test benefit.

# Hospital Care Insurance

Hospital care insurance provides a cash benefit in the event of an unexpected hospital stay for a covered illness and/or injury. You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay.

# Additional Services Through Cigna

- Assistance to help you recover physically: Tools and resources to find the right care at the right cost — plus discounts on recovery services.
- Additional services to help you recover emotionally: free expert legal and financial counseling, including money coaching.

# **IDENTITY THEFT PROTECTION**

One minute your information is right there in your hand. The next, it's everywhere. Your personal information is out there, making you more vulnerable to cybercrime. Information, like your Social Security number and date of birth, can be stolen from your devices and used to steal your identity. The City offers identity theft protection through NortonLifeLock. This protection monitors your credit reports and helps you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind, prevent fraud, and receive assistance remediating any fraud events that might take place.

When activity occurs involving your information, you're alerted by email, text, or a phone call. You can respond to confirm whether the activity is legitimate, and if it's not, a NortonLifeLock specialist will help you resolve the issue.

Plus, if you're a victim of identity theft, NortonLifeLock helps protect you, including reimbursement for stolen funds and coverage for personal expenses. Select from two coverage options: Benefit Elite Plus or Benefit Elite Premium.

# **Employee Monthly Cost**

	Benefit Essential	Benefit Premier
Employee Only	\$7.99	\$11.49
Family	\$15.98	\$20.98

For more information on what's protected when you sign up for NortonLifeLock, please refer to the plan document on Workplace.

REAL, LIVE AGENTS ARE AVAILABLE TO ANSWER QUESTIONS 24/7

Employee Benefit Member Services Line: 800.607.9174

# WELLBEING PROGRAM

The City of Olathe's wellbeing program, named LiveWell, promotes and supports a culture of healthy living that puts your total wellbeing first. The program focuses on six elements through wellness services and activities:

- Mental
- Purpose/career
- Physical
- Social/community
- Financial
- Safety

Opportunities are available throughout the year to improve overall wellbeing and engage employees in healthy lifestyles. These services are available through LiveWell:

- Biometric screening.
- Customized programs for specific populations.
- Flu shots.
- Gym discounts.
- Healthy vending machine choices.
- Health and Safety Fair.
- Health assessments, coaching and goalsetting.
- Heart Health Month.
- Incentive Program.
- Mobile mammography coach.
- Nutrition education.
- On-site blood pressure stations.
- Olathe Wellbeing Center.
- School and camp physicals.
- Walking challenge.
- Wellbeing seminars.

# OLATHE WELLBEING CENTER

The Olathe Wellbeing Center (OWC) is a free, high-quality healthcare and wellness center available to employees, spouses, and dependents over the age of four on one of the City's health plans. Employees are able to visit the Wellbeing Center on work time.

The Wellbeing Center is staffed by Marathon Health and consists of two part-time nurse practitioners and a medical assistant.

They diagnose, treat, and prescribe for a wide variety of common illnesses and minor injuries. They also provide health assessments and health coaching services.

### Location

Fire Administration Building 1225 S. Hamilton Circle Olathe, KS 60661

### Contact

913.971.6992 913.971.7959 (fax) marathon-health.com/myphr

### **Hours**

Monday, Wednesday, Friday: 7 a.m.-4 p.m. Tuesday, Thursday, 9 a.m.-6 p.m. Closed daily from 1:30 p.m.-2:30 p.m.















# **Wellness Incentive Program**

The City's wellness incentive program is designed to help employees focus on preventive care and health awareness by offering annual wellness opportunities and a points system to track your activities. Completing the required and optional points by October 31, 2024, will provide your \$300 tax-free insurance premium discount in 2025, and most importantly, keep you on track with your health goals.

# How the Points Work

You need 150 total points to earn the insurance premium discount. Fifty points come from a required list and 100 points from an optional list. Keep track of your points through the Marathon eHealth Portal (<u>marathon-health.com/myphr</u>) where you can manage and self-report activities. Contact the Olathe Wellbeing Center, 913.971.6992, with questions or for more information.

### 2024 WELLNESS INCENTIVE POINTS

Required Activities	Point Value	Points Earned
Complete an annual health screening/biometric screening (fasting labs and biometric measurements)	25	
Complete the marathon online health history and risk assessment (HHRA)	25	
Total Required Points	50	
Optional Activities For Additional Points	Point Value	Points Earned
Achieve biometric screening results within healthy range, 4 out of 6	25	
Complete a comprehensive health review (CHR) as the OWC	25	
Set and meet a health goal with the OWC clinician through health coaching	25	
Complete an annual physical at the OWC	25	
Complete an annual physical, dot physical or firefighter physical with either the OWC or outside provider	25	
Complete Any of the Preventive Screenings Listed Below for a Maximum of 75 Points Possible:		
Complete a seasonal flu shot	25	
Complete a dental cleaning/exam	25	
Complete an annual eye exam	25	
Complete a mammogram	25	
Complete an annual well-women exam (Pap)	25	
Get important vaccines (examples: shingles, pneumococcal, Tdap)	25	
All other preventive services not listed above require approval by the OWC staff for points	25	
Complete the Food for Fuel Nutrition Program	25	
Total Optional Points	100	
Grand Total	150	

# **QUESTIONS & ANSWERS**

- Q: Why an incentive program? The City is passionate about employee wellbeing. The incentive program changes offer a measurable way of setting and achieving health goals through a focus on preventive care.
- Q: Why the emphasis on preventive care? Preventive care (annual screenings, physicals, vaccinations and check-ups) is the best way to detect early health risks and manage and improve long-term health. Also, the City's health plan covers most preventive services at 100%.
- Q: Will I receive my \$50 incentive for the annual health screening? Yes, employees who complete annual health screening at an onsite event or at the Wellbeing Center by July 31 will earn \$50 cash.
- Q: What is the points deadline? Activities between November 1, 2023, and October 31, 2024, each year apply for the 2025 insurance premium discount.
- Q: How and where do I keep track of points?
  Use the Marathon eHealth Portal to keep track of points from your activity at the Olathe Wellness Center (OWC) and onsite health screenings. Self-report primary care and firefighter physicals and preventive screenings on the portal, as well.
- Q: **How do I assess the eHealth Portal?** If you don't remember your login, contact the OWC at 913.971.6992. New employees receive a welcome packet in the mail with a username and a temporary password.
- Q: What if I don't earn 150 points by October 31, 2024? If you don't complete 150 points by the deadline, you will not earn the 2025 insurance premium discount. The City encourages you to work toward health goals throughout the year, regardless

- of points. If you need help, the OWC staff is available at 913.971.6992.
- Q: Does any preventive care screening count in Optional Wellness Activity #5? Only services listed in the chart count as preventive care options. If you complete a specific activity recommended by a physician that is not listed, contact the OWC at 913.971.6992 to see if that activity qualifies as preventive care.
- Q: How do I get all 75 points in Optional Wellness Activity #5? Complete three different activities (example: one dental check-up per year counts toward points even though you may get two) and get 25 points for each activity for a total of 75.
- Q: How does the Olathe Wellbeing Center get my lab reports? Please request health results from your physical exam provider and bring those documents to the OWC.
- Q: Can I track screenings year to year? Yes, the eHealth Portal keeps all lab results so you can track and compare.
- Q: **Do CDL and firefighter physicals count? My pre-employment physical?** If the CDL physical is completed through the OWC, it counts as an annual physical exam. Annual firefighter physicals also satisfy the requirement. Pre-employment physicals do not qualify.
- Q: How do I find a primary care physician? Can I use the OWC as my primary care physician? We recommended you have a relationship with a primary care physician outside of the Wellbeing Center. You can locate a physician on the Cigna website, even if you are not on the City's plan. Go to "Select a Plan," then "Medical," and choose "Open Access Plus, OA plus, Choice Fund OA Plus." Members can use their normal login to search.

# **KPERS/KPF**

Your KPERS membership is automatic when you're hired and starts on your first day you are in a KPERS covered position. When the time comes, KPERS pays out retirement benefits, but where does that money come from? There are three income sources that provide your benefit: employee contributions, employer contributions, and investments.

# 1. You Put Money In

The amount you put in is set by the Kansas Legislature. The City of Olathe takes it out of each paycheck and sends it to KPERS.

Member Group	Your Contribution Rate (% of your pre-tax pay)
KPERS 1, KPERS 2, KPERS 3	6%
KP&F	7.15%

# 2. City of Olathe Kicks in, Too!

Your rate pretty much stays the same. But employer rates often change year to year, based on KPERS' financial health. City of Olathe contributions don't go to your account. They're used to fund the System.

# 3. KPERS Invests the Money

KPERS is guided by the "fiduciary standard," which means it puts members' interests first. KPERS will take care of the money coming in, and it grows that money to help provide benefits to members when the time comes. For more information about how KPERS works, check out its membership guide at KPERS.org.

# How We Add It Up

After you retire, you receive a monthly payment from KPERS for the rest of your life. For KPERS 1 and KPERS 2 members, KPERS uses a formula to figure out how much you'll get.

Final Average Salary x Statutory Multiplier x Years of Service = Yearly Benefit ÷ 12 = Monthly Benefit

To calculate KPERS 3 benefits, KPERS uses your account balance to post retirement and interest credit.

# Easy Access to Your KPERS Account

Consider creating an online account in KPERS. It's safe, fast, and easy. Check it out at KPERS.org.

### With Your Online Account You Can:

- View account details.
- View and update your beneficiaries.
- Download annual statements.
- Estimate your retirement benefit.

To view your KPERS membership account and perform all the above listed tasks, you must first sign up with KPERS. It's a one-time process and only takes a few minutes. The enrollment process lets KPERS identify you as the member and provide ongoing security for your personal information. Go to member.kpers.org/wfmLogin.aspx.

### Other Benefits While You Work

Go to the active member homepage and select your membership group for more about "the other" KPERS benefits, such as:

- Disability
- Death
- Surviving spouse
- Life insurance

# 457 DEFERRED COMPENSATION PLAN

Investing in a 457b plan is an excellent way to save for your retirement, as your pre-tax contributions are invested on a tax-deferred basis. The City of Olathe is committed to making it easy for you to begin saving for your future by offering three different 457 vendors: Mission Square Retirement, K457/Empower, and Nationwide.

# Plan Auto Enrollment and Contribution Rate

If you take no action within 30 days of your hire date, you will be automatically enrolled in the Mission Square Retirement 457b Plan the first payroll of the month. To make it easy to start saving, the City of Olathe has made these default decisions for you:

- 1. 3% of your pay will begin being withheld starting with the 1st paycheck of the month following 30 days of employment.
- 2. Your contributions will be submitted to Mission Square Retirement and invested in an age-appropriate investment called the Vantagepoint Milestone Funds. These portfolios are professionally managed to be diversified and automatically become more conservative the closer you get to your retirement target date in the future. The funds assume a target retirement age within 2-3 years +/- of age 62. Go to missionsq.org to learn more about these funds.
- 3. The City of Olathe will match your contributions, dollar for dollar, up to 3% per paycheck for full-time employees (pro-rated for part-time).

Note: If you want to opt out of ANY of these default decisions, you must either complete a Salary Reduction Change form and/or enroll with another vendor.

# KPERS 457/Empower and Nationwide E-Z Enrollment Options

KPERS 457/Empower and Nationwide offer an E-Z enrollment option that will automatically invest your contributions in a diversified and professionally managed Target Date fund that is appropriate for your age and a retirement age of 65. All you have to do is elect a contribution rate and a beneficiary on their short E-Z enrollment form (please see attached for your convenience).

# Want to Choose Your Own Investments?

Contact Jamma Markus in Human Resources at <a href="mailto:jsmarkus@olatheks.org">jsmarkus@olatheks.org</a> or 913.971.8723 to request an enrollment kit for any of the approved 457b vendors: KPERS 457/Empower, Mission Square Retirement, or Nationwide.

# EDUCATIONAL TUITION REIMBURSEMENT

Regular full-time employees with one ore more years of service are eligible to be reimbursed for the cost of tuition and books through the City's Educational Tuition Reimbursement program. The maximum reimbursement per employee per year is \$2,500.

The educational tuition reimbursement request form can be found on Workplace. The form should be completed at least two weeks in advance of the start date of the course. Your signature along with the Department Director's signature is required in order to approve the request. Your request form may be scanned and submitted via email to <a href="mailto:jsmarkus@olatheks.org">jsmarkus@olatheks.org</a>, or a hard copy may be submitted by inter-office mail with attention to Jamma Markus.

Educational tuition reimbursement requests are reviewed within 3-5 business days of receipt of the completed form.

Educational tuition reimbursements are only paid upon the full completion of the approved course(s). Upon completion, you must supply the institute's official grade report and any paid receipts for textbooks and tuition.

Please refer to the Employee Handbook for additional guidelines on this program and to review eligible expenses for reimbursement.



# PAID LEAVE AND HOLIDAYS

### Vacation Leave

Employees must be employed six months before using vacation leave. Employees can accumulate up to double the amount earned per year.

Regular Full-Time Employees Vacation Leave			
Upon Eligibility	After 5 Years	After 10 Years	After 15 Years
10 work days	15 work days	18 work days	20 work days
56-Hour Week Firefighters Vacation Leave			
Upon Eligibility	After 5 Years	After 10 Years	After 15 Years
6 shift days	7 shift days	8.5 shift days	10 shift days

### Sick Leave

Full-time employees earn 3.7 hours of sick leave per pay period. Firefighters who work 56 hours per week earn 5.574 hours of sick leave per pay period.

# Personal Leave Day

Benefit eligible full time employees employed on January 1st, receive one personal leave day on the first pay period of the year. Benefit eligible part time employees employed on January 1st, receive a half personal leave day on the first pay period of the year.

# Paid Holidays

The City of Olathe grants paid holiday time off to all benefit eligible employees immediately upon assignment to a benefit eligible position. A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday.

The City recognizes 11.5 paid holidays:

- New Year's Day
- Martin Luther King, Jr.
   Juneteenth Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans' Day
- Christmas Eve
- Thanksgiving
- (1/2 day)
- Day after Thanksgiving
   Christmas

### Paid Parental Leave

The City will provide up to eight weeks of paid parental leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with an adoption. The purpose of parental leave is to enable the employee to care for and bond with a newborn or a newly adopted child. This leave will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.

Full-time and part-time employees, including part-time KPERS eligible (PTKE), are eligible for parental leave. Seasonal, variable employees, part-time non-benefited (PTNB), and interns are not eligible.

For more information, refer to the Holidays, Vacation, and Leaves of Absence section in your employee handbook.

# CONTACTS

### Medical

CIGNA

Phone: 800.244.6224 Website: cigna.com

# Vision

SURENCY

Phone: 866.818.8805 Website: surency.com

# Dental

DELTA DENTAL OF KANSAS

Phone: 800.234.3375 Website: deltadentalks.com

# Healthcare and Dependent Care FSA

**WEX BENEFITS** 

Phone: 866.451.3399 Website: wexinc.com

# **VEBA/HRA**

**WEX BENEFITS** 

Phone: 866.451.3399 Website: wexinc.com

# GROUP TERM LIFE and AD&D

**NEW YORK LIFE** 

Phone: 800.423.1282 Website: newyorklife.com

# Voluntary Life and AD&D

**NEW YORK LIFE** 

Phone: 800.732.1603 Website: newyorklife.com

# VOLUNTARY STD

**NEW YORK LIFE** 

Phone: 800.352.0611 Website: newyorklife.com

# Employee Assistance Program (EAP)

SUPPORTLINC

Phone: 888.881.5462

Website/Portal: <u>supportlinc.com</u> Company code: cityofolathe

# Long-Term Care

UNUM

Phone: 800.227.4165 Website: unum.com

# Accident, Critical Illness, and Hospital Care

CIGNA

Phone: 800.754.3207 Website: <u>cigna.com</u>

# IDENTITY THEFT PROTECTION

NORTONLIFELOCK

Phone: 800.607.9174

Website: nortonlifelock.com

# Olathe Wellbeing Center

MARATHON HEALTH

Phone: 913.971.6993 eHealth Portal:

marathon-health.com/myphr

### **FINAL NOTES**

This summary of benefits is not intended to be a complete description of City of Olathe's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although City of Olathe maintains its benefit plans on an ongoing basis, City of Olathe reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Thank you for taking time to read through your benefits packet!

Please contact Benefits Program Manager Jamma Markus at <a href="mailto:jsmarkus@olatheks.org">jsmarkus@olatheks.org</a> or 913.971.8723 with any questions or visit <a href="mailto:Workplace">Workplace</a> under Human Resources/Benefits for additional plan information.



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

