

Benefits

Employee Benefits Guide | January 1, 2022

MEDICAL | DENTAL | VISION | DISABILITY | KPERS |
IDENTITY THEFT | SUPPLEMENTAL PRODUCTS | EMPLOYEE ASSISTANCE PROGRAM

CLOUD COUNTY EMPLOYEES



Welcome

Welcome to your January 1, 2022 Employee Benefits Guide

We are committed to providing employees with a benefits program that is both comprehensive and competitive. Our program offers a range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the Cloud County benefits is important to us. That is why we have created this Employee Benefits Guide.

Benefits Guide Overview

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Be sure to make choices that work to your best advantage. Of course with choice, comes responsibility and planning. Please take time to read about and understand the benefit plans and enroll on time.

Included in this guide are summary explanations of the benefits and costs as well as contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable co-payments and deductibles, how to file claims, preauthorization requirements, networks and services that may be limited or not covered (exclusions).

This document, along with the Benefit Descriptions or Certificates provided by the insurance carriers for the products you elect, will explain your benefit plans and how they work. Should there be any discrepancies between this document and the carrier documents, the carrier documents will control. Each benefit plan, and its cost, may be terminated or amended from time to time. Furthermore, nothing in this document is intended to guarantee the employment of any employee. This offering of these benefits by Cloud County is not intended as medical treatment or advice. If a service is not eligible for reimbursement under the benefit plan, it does not mean that an enrollee should not receive that service.

The Plan Administrator has full power to administer the plans described herein, including without limitation, the power to make discretionary interpretations regarding the terms and provisions of any plan and to make factual findings with respect to any issue arising under any plan, its interpretation to be final and conclusive on all persons.

Feel free to ask questions of the Plan Administrator of these benefits, Cloud County, Shella Thoman, County Clerk, 811 Washington, Concordia, KS 66901, (785) 243-8110 or Stacie LaBarge, Deputy County Election Clerk. Assistance is also available from our insurance broker, HUB International Mid-America, 7331 West 33rd N., Suite 100, Wichita, KS 67205, (316) 425-5906, if clarification is needed after reading this Benefit Guide.

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WHO IS ELIGIBLE FOR COUNTY BENEFITS:

If you work on average at least 30 hours per week, you will be eligible for the following benefits. Unless otherwise noted, your insurance benefits will be effective the first day of the month following your full time employment date of hire.

In addition to covering yourself, you may also elect coverage for your eligible dependents. Eligible dependents include your lawful spouse and your children and/or stepchildren.

**Appropriate enrollment paperwork must be completed on a timely basis
to activate benefits explained in this guide.**

**If you do not enroll at your first opportunity, you will only be allowed on the Plan
at the Annual Open Enrollment (with an effective date of January 1st)
or in certain special enrollment situations.**

BENEFIT CONTACTS - *At Your Service*

Refer to this list when you need to contact one of your benefit vendors. For general information contact the County Clerk.

MEDICAL AND DENTAL:

Blue Cross Blue Shield of Kansas

TOLL FREE 800-332-0307

www.bcbsks.com

MEDICAL TRANSPORT SOLUTIONS

MASA

Phone: 800-423-3226

www.masamts.com

VISION:

Superior Vision

TOLL FREE 800-507-3800

www.superiorvision.com

FLEXIBLE SPENDING ACCOUNT:

Empower

TOLL FREE 800-819-9571

www.customerservice@empowerflex.com

SHORT-TERM DISABILITY:

One America

TOLL FREE 800-553-5318

www.oneamerica.com

EMPLOYEE ASSISTANCE PROGRAM

New Directions Behavioral Health

Support Line

Phone: 800-624-5544

eap.ndbh.com **Code:**

INSURANCE BROKER / AGENT:

HUB International Mid-America

7331 W 33rd N., Suite 100, Wichita, KS 67205

Julie Wilson, Account Manager, 316-425-5906, julie.wilson@hubinternational.com

Alisha Bond, Sr. Account Executive, 316-425-5905, alisha.bond@hubinternational.com

www.hubemployeebenefits.com

CLOUD COUNTY:

Shella Thoman, County Clerk -or-

Stacie LaBarge, Deputy County Election Clerk

811 Washington

Concordia Ks 66901

785 -243-8110

PREFERRED PROVIDER ORGANIZATION (PPO)

Blue Choice is a preferred provider organization (PPO) network that is flexible enough to let your employees see any doctor they choose, including a specialist without a referral. Blue Choice is the largest statewide network of contracting providers – more than 7,500 medical professionals statewide and most hospitals in the state. Network providers accept our discounted payment allowance for covered services as payment-in-full. Immediate access is available to PPO provider discounts (through the BlueCard program) no matter where a member travels. By using Blue Choice network providers and obtaining pre-admission certification before any planned admission, including care for nervous or substance abuse services, maximum benefits are available.

If services are not received from Blue Choice network providers, payment will be reduced and the member will be responsible for any additional out-of-pocket expense. Benefits will be paid according to the maximum Competitive Allowance Program (CAP) allowance, subject to an additional 20 percent coinsurance amount. Members also will be responsible for any deductible, coinsurance or shared payment of the program and any non-covered services. In addition, members also may be responsible for any difference between our allowance and the provider's charge.

SERVICE IS NUMBER ONE: www.bcbsks.com or 1-800-432-3990 Representatives are available to help you Monday through Friday, 8 a.m. – 4:30 p.m. Our website is your online, secure source for health and benefit information. Review coverage, claim status, email Customer Service with a question, access the provider directory, change an address, order a new ID card, get forms, sign up for e-newsletters, and check year-to-date deductible, coinsurance and copay information when you establish a BlueAccess log-in.

MEMBERSHIP HAS ITS ADVANTAGES! – Once you have established a BlueAccess log-in, you can take advantage of the valuable tools and resources to assist you in your interactions with Blue Cross and Blue Shield.

BLUE365 – BlueAccess includes the Blue365 program. Blue365 is designed to support you as you make healthy choices every day and throughout your life. Blue365 give you access to special savings on health-related products and services from leading national companies. Log in to Blue365 from the www.bcbsks.com home page.

WebMD – BlueAccess partners with WebMD to help you manage your health. You can learn more about your health with a Health Assessment, manage your health records safely, access topical health information, and much more. Log in to BlueAccess from the www.bcbsks.com home page.

CARE MANAGEMENT – BC/BS offers its members *Healthy Options*, a series of care management initiatives focused on **Asthma, Diabetes, Heart Disease, High Blood Pressure, High Cholesterol and COPD**. The goal of this program is to improve the overall health of BC/BS members with chronic health conditions by providing them with education, tools and one-on-one support. For further information about the *Healthy Options* program, contact BC/BS at **1-800-520-3137** or on-line at www.bcbsks.com.

Important: Resource Blue discounts do not apply to any services covered by your health plan and do not count toward any deductible, coinsurance, copay or lifetime maximums of such plan. In addition, use or non-use of this discount program does not affect your health plan premium. While Blue Cross and Blue Shield of Kansas is dedicated to offering a quality practitioner network, we cannot guarantee the services or products offered under the program. In addition, we make no claims, promises or recommendations regarding services or outcomes. All the products and services in Resource Blue should be treated as part of your comprehensive approach to health. We recommend that you discuss the use of these services with your physician.

MEDICAL & PRESCRIPTION

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CLOUD COUNTY EMPLOYEES Comprehensive Major MedicalSM

Effective January 01, 2022 - December 31, 2022

Your financial responsibility is based on your provider's network PPO (Blue Choice) or Traditional (CAP). Maximum benefits are available when services are received from Blue Choice providers. Non-Blue Choice & Non-CAP: The difference between the payment allowance and provider charge, additional 20% non-PPO network coinsurance amount*, deductible, coinsurance or copay amount. CAP (Non-Blue Choice): Additional 20% non-PPO network coinsurance amount*, deductible, coinsurance or copay amount. Blue Choice: Deductible, coinsurance or copay amount.

*Non-PPO Coinsurance limited to a combined \$2,000 per person, \$4,000 two-or more persons each benefit period.

Member Pays	
	Option A
Deductible (Per group anniversary benefit period)	\$500/\$1,000 individual/two-or-more persons.
Coinsurance (Member portion for most services)	20% of allowed amounts after deductible has been met.
Coinsurance Maximum	\$1,000/\$2,000 individual/two-or-more persons.
Total Deductible plus Coinsurance	\$1,500/\$3,000 individual/two-or-more persons.
Maximum Out-of-Pocket (includes copays, deductible and coinsurance where applicable)	\$5,000/\$10,000 individual/two-or-more persons.
Doctor's Office Visits	
Home and office visits	\$25 copay per visit.
Telemedicine Visits	AmWell providers same as primary office visit. Non AmWell providers same as face-to-face visit.
Preventive care as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include: Routine screenings Preventive immunizations Well-woman visits/screenings Contraceptive methods
Drug Coverage	
Prescription Drugs & Mail Order	BlueRx Card \$15/\$30/\$45; Mail order is 2 1/2 x copay with Select formulary. The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug. Designated Specialty Pharmacy.
Medical Services	
Emergency medical transportation	Subject to deductible/coinsurance.
Inpatient surgery physician/surgical	Subject to deductible/coinsurance.
Inpatient facility fee	Subject to deductible/coinsurance.
Outpatient surgery physician/surgical	Subject to deductible/coinsurance.
Outpatient lab and radiology (Includes Advanced Imaging)	Pays at 100% to a combined maximum of \$300 for each covered person, each benefit period then subject to deductible/coinsurance.
Emergency room	\$250 copay then subject to deductible/coinsurance.
Accidental Injury Services	Pays 100% up to \$1,000 per person each benefit period,
Recovery/Special Needs	
Outpatient rehabilitation	Subject to deductible/coinsurance.
Hospice	Subject to deductible/coinsurance.
Home Social Work Visits	Subject to deductible/coinsurance.

MEDICAL & PRESCRIPTION - *Continued*

TOC1L

Mental Health	
Mental Illness & Substance Use Disorders Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance.
Mental Illness & Substance Use Disorders Outpatient Services	\$25 copay per visit.
Other	
Maximum Lifetime Benefit	Unlimited
Eligible Dependents	Covered to age 26.

BCBSKS reserves the right to adjust premiums accordingly should enrollment vary from the census.

Exclusions: The following procedures and all related services and supplies are not covered under this program. Services provided directly for or relative to diseases or injuries caused by or arising out of acts of war, insurrection, rebellion, armed invasion, or aggression; duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; any service or supply related to the medical management of obesity except for eligible preventive services; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; eyeglasses or contact lenses (except after the removal of cataracts); unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

This is a brief summary of the coverage available under this program. It is not a legal document.
The exact provisions of the benefits and exclusions are contained in the certificate.



A faster, easier way to see a doctor.



What is Telemedicine?

Telemedicine is an **alternative to in-person visits**. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

Patient benefits:

- » Less time away from work
- » No travel expenses or time
- » Easier if you have a child or elder in your care
- » Privacy
- » No exposure to other potentially contagious patients

When can I use it?

Consult a doctor for common conditions like:

- » Cold/Flu
- » Fever
- » Rash
- » Sinus infection
- » Pink eye
- » Ear infection

Call our Amwell partners at **1-844-SEE-DOCS** to speak with a doctor. Details on the back for **more benefits** and how to **download the app**.





Teletherapy services

Behavioral health and counseling services, known as teletherapy, are offered by licensed therapists who provide treatment for:

- » Anxiety
- » Attention deficit hyperactivity disorder (ADHD)
- » Stress
- » Bereavement
- » Obsessive-compulsive disorder (OCD)
- » Panic attacks
- » Depression
- » Trauma/post-traumatic stress disorder

Therapists are available from 6 a.m. to 10 p.m. CST, 7 days a week. Call our Amwell partners at **1-844-SEE-DOCS** to speak with a therapist.

Can my family use Telemedicine?

If your spouse and/or children are covered under your BCBSKS plan, they are eligible for telemedicine services. Your spouse should create their own account, but children and dependents under age 18 can be added to your account and have doctor visits on your behalf. You need to register first, and then the child or dependent can be added to the account. Children or dependents over the age of 18 must create their own account.

Connect anytime, anywhere

- » Download the “Amwell” app on any mobile device.



- » On a computer? Sign-up at bcbsks.com/telemed. Fill in the contact information and set-up a username and password.
- » Choose your own doctor from a list of U.S. board-certified doctor and therapist profiles. All profiles include physician certifications, licenses and online patient ratings.
- » Available nationwide, 24/7/365
- » Prescriptions: If a medication is prescribed, all prescriptions can be picked up at your local pharmacy.
- » Easy payment: Pay for the visit with credit, debit or HSA/FSA cards.
- » A complete record of each visit is securely maintained and can be accessed by you.

How much does it cost?

The out-of-pocket cost will be your copay, just like when you visit the doctor in person.

Your partner for a healthier you.

1-800-432-3990 • (785) 291-4180
1133 SW Topeka Blvd. Topeka, KS 66629-0001



bcbsks.com/telemed

MEDICAL TRANSPORT - *NEW*



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members **and their families** from the **shortcomings of health insurance coverage** by providing them with **comprehensive financial protection** for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they **DONOT!**

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. **ONLY MASA** offers comprehensive coverage since MASA is a **PAYER** and not a **PROVIDER!**

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered **ANYWHERE** in all 50 states and Canada!

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit*

Emergent Plus
\$14/Month

Emergent Ground Transportation	U.S./Canada
Emergent Air Transportation	U.S./Canada
Non-Emergent Inter-Facility Transportation	U.S./Canada
Repatriation	U.S./Canada



* Please refer to the MSA for a detailed explanation of benefits and eligibility.



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

EVERY FAMILY DESERVES A MASA MEMBERSHIP

DENTAL

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CLOUD COUNTY EMPLOYEES Dental Care Program

Effective Jan 01, 2022

This Dental Care Program offers coverage for preventive services, along with additional coverage for primary and major dental services. Employees and each eligible dependent will receive benefits for all covered services each anniversary year.

Covered Services	
PRIMARY 50% payment	Inlays Simple extractions Repair of dentures Oral examinations Fillings (except gold) Fluoride (under age of 21) Emergency treatment for pain Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue, and cavity detection Prophylaxis, including cleaning, scaling and polishing Endodontics General anesthesia when the dental treatment is covered Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive, and limited to permanent molars and bicuspid (20 teeth).
SUPPLEMENTAL PRIMARY 50% payment	Oral surgery, consisting of diagnosis and treatment of fractures, dislocations, cysts, and abscesses; and surgical extractions (including impacted teeth) Space maintainers Onlays (not part of a bridge) Crowns (not part of a bridge)
PROSTHODONTICS 50% payment	Bridges Dentures, full or partial Dental implant services (\$1,000 lifetime max per insured, per arch)
PERIODONTICS 50% payment	Surgery of the bony structure supporting the teeth Periodontic treatment of the gums, consisting of examination, management and surgery
Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.	

DENTAL - Continued

Contracting Dentists: Payment will be the maximum allowable charge for covered dental services. Payment will be sent directly to the dentist. The member will only be responsible for any coinsurance amounts and any charges for non-covered services.

Non-Contracting Dentists In Company Service Area: The member will be responsible for any difference between the payment allowance and the provider's charge, in addition to any coinsurance amounts and any charges for non-covered services. Payment will be sent directly to the member.

Non-Contracting Dentists Outside Company Service Area: Payment is based on usual, customary and reasonable charges. If the member does not sign payment over to the dentist, or the dentist does not submit the claim on the member's behalf, payment will be sent directly to the member.

Coinsurance: The coinsurance will be applied to the payments of a contracting dentist or a non-contracting dentist as described.

Out-of-State Dentists: As a BCBSKS member, you may go to any dentist located outside the state of Kansas that contracts with the local Blue Cross Plan. Payment amount is based on the local Blue Cross allowance arrangement with their contracting dentists. If the out-of-state Blue plan does not provide their discounted rates to BCBSKS, then the BCBSKS allowance is used. The member may be responsible for the difference between the allowed amount and the BCBSKS paid amount. BCBSKS payments will be sent directly to the member.

Exclusions: Services not listed as eligible dental services in the certificate; duplicate benefits provided under federal, state or local laws, regulations or programs (except for Medicaid); patient education services; hospital calls and consultations; lab work; occlusal adjustments; dental implants (except limited coverage under Prosthodontics); services for diseases or injuries caused by or arising out of acts of war or aggression; services for cosmetic purposes; payments under any provision of a Blue Cross and Blue Shield of Kansas certificate when the payment would duplicate payment for coverage made under another provision of the dental certificate (but only to the extent that such payment would exceed the charge for the service); services provided by a dentist for which there would customarily be no charge; medically unnecessary services; services related to alveolar ridge augmentations; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; orthodontic services; services covered and payable by any medical expense payment provision of any automobile insurance policy; services performed by immediate relatives or by members of the household of the employee; benefits received when a patient transfers during treatment, or if more than one dentist provides services for the same, payment for that benefit will not exceed the amount payable for one service.

This is a brief summary of the coverage available under this program. It is not a legal document.
The exact provisions of the benefits and exclusions are contained in the certificate.

MEDICAL/DENTAL PAYROLL DEDUCTIONS (24 Periods a Year)

MEDICAL/DENTAL OPT 1 - \$500 Deductible	Total Monthly Premium	Employer Share Per Month	Employee Share Per Month	Per Payroll Employee Deduction
Employee Only	\$622.00	\$514.96	\$107.04	\$53.52
Employee + Spouse	\$1,336.08	\$1,106.16	\$229.92	\$114.96
Employee + Child(ren)	\$1,258.67	\$1,042.07	\$216.60	\$108.30
Employee + Family	\$1,972.76	\$1,633.26	\$339.50	\$169.75
MEDICAL/DENTAL OPT 2 - \$1,000 Deductible	Total Monthly Premium	Employer Share Per Month	Employee Share Per Month	Per Payroll Employee Deduction
Employee Only	\$605.85	\$514.97	\$90.88	\$45.44
Employee + Spouse	\$1,301.37	\$1,106.17	\$195.20	\$97.60
Employee + Child(ren)	\$1,225.96	\$1,042.08	\$183.88	\$91.94
Employee + Family	\$1,921.48	\$1,633.26	\$288.22	\$144.11
MEDICAL/DENTAL OPT 3 - \$1,500 Deductible	Total Monthly Premium	Employer Share Per Month	Employee Share Per Month	Per Payroll Employee Deduction
Employee Only	\$591.34	\$514.98	\$76.36	\$38.18
Employee + Spouse	\$1,270.17	\$1,106.17	\$164.00	\$82.00
Employee + Child(ren)	\$1,196.54	\$1,042.08	\$154.46	\$77.23
Employee + Family	\$1,875.38	\$1,633.26	\$242.12	\$121.06

EMPLOYEE ONLY SHORT TERM DISABILITY



Class Description	All Eligible Full-Time Employees working a minimum of 37-1/2 or 40 hours per week
Benefit Percentage	66-2/3%
Maximum Weekly Benefit	\$500
Minimum Weekly Benefit	\$25
Injury Elimination Period	14 days
Sickness Elimination Period	14 days
Maximum Benefit Duration	24 weeks
Pre-Existing Condition Exclusion	None
Partial Disability Benefit	Yes
Employer Contribution	100%

CLOUD COUNTY PAYS 100% OF THE PREMIUM FOR EMPLOYEE'S SHORT TERM DISABILITY INSURANCE.



SuperiorVision™

Vision plan benefits for Cloud County Employees

Copays		Monthly premiums		Services/frequency	
Materials ¹	\$25	Emp. only	\$8.35	Frame	12 months
Contact lens fitting (standard & specialty)	\$25	Emp. + spouse	\$16.56	Contact lens fitting	12 months
		Emp. + child(ren)	\$16.18	Lenses	12 months
		Emp. + family	\$24.63	Contact lenses	12 months

(based on date of service)

Benefits through Superior National network

	In-network	Out-of-network
Frames	\$125 retail allowance	Up to \$65 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$54 retail
Progressives lens upgrade	See description ³	Up to \$54 retail
Contact lenses ⁴	\$120 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	20% off amount over allowance

Lens type*	Member out-of-pocket ⁵
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30

Progressive lenses

Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
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Anti-reflective coating

Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing.

⁵ Discounts and maximums may vary by lens type. Please check with your provider

Discounts are subject to change without notice.

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Laser vision correction (LASIK)

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



NVIGRP 5-07

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com
The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

0920-BSv2/KS

DISCOUNTED WIRELESS SERVICE

Cloud County has teamed up with NEX-TECH Wireless to bring you an exclusive discount on your wireless service.

Contact the County Clerk's Office today to switch and receive these exclusive benefits:

- 15% off monthly voice charges on current published plans
- 15% off accessories including faceplates, chargers and more
- Refer a friend and receive a \$50 credit on your bill

Offer good on new and existing customers!

KPERS

Throughout your career, you contribute part of your salary to the Retirement System. Cloud County also contributes. The Retirement System then invests these funds and, when you retire, pays you a guaranteed monthly benefit for the rest of your life. As an active member, you also have life insurance and disability benefits at no cost to you. Kansas law requires that all eligible employees must become members. As an active member, you contribute 6% of your gross earnings depending on your Tier status.

Basic Group Life Insurance provides an insured death benefit. The entire cost of the Basic Group Life Insurance is paid by Cloud County. The Basic Group Life Insurance is currently 150% of the higher of a member's current annual rate of compensation or the member's previous 12 months' of salary.

Optional Group Life Insurance is offered through Minnesota Life Insurance Company. New employees have 30 days to apply for coverage and receive \$50,000 guaranteed coverage without answering health questions. All employees can start or increase coverage anytime with proof of good health.

Disability Benefits for Active Members. If you become disabled, you may qualify for disability benefit based on 60% of your annual salary.

KPERS offers Option Group Life Insurance Coverage for your Spouse and Children. An employee who is insured under KPERS Life Insurance plan may insure his or her spouse. The employee is not required to have Employee Optional Insurance on his or her own life in order to elect Spouse Optional Insurance, as long as the employee is participating in KPERS.

For additional information about member benefits contact Cloud County, Shella Thoman, County Clerk, 811 Washington, Concordia, KS 66901, (785) 243-8110.

LPL Financial

As an employee of Cloud County, you are eligible to participate in the 457 Plan's held with LPL Financial. With pretax salary deferral contributions, you reduce your current taxable income and work toward retirement goals. Contact Cloud County, Shella Thoman, County Clerk, 811 Washington, Concordia, KS 66901, (785) 243-8110 for additional information.



PRIVACYARMOR

IDENTITY, FINANCIAL AND PRIVACY PROTECTION

Enjoy peace of mind, financial reassurance and time saving expertise with InfoArmor's comprehensive identity protection plan PrivacyArmor.

Identity and Credit Monitoring. Enjoy peace of mind with proactive monitoring for the most damaging types of fraud.* Uncover and resolve issues early to help minimize damages. Your credit is monitored through TransUnion, Equifax and Experian.

Credit Scores and Reports. Stay informed and protect your financial assets by detecting credit misuse quickly. Access a monthly credit score and a credit report each year from TransUnion.

Threshold Monitoring. Gain control of your finances as you set limits on and manage all transactions, from all your accounts in one place.

Financial Transaction Monitoring. Stay ahead of fraud with alerts that are triggered from additional data sources on credit, debit and checking accounts.

Social Media Reputation Monitoring. Actionable alerts help defend you and your family from reputational damage or cyberbullying. We monitor Facebook, LinkedIn, Twitter, and Instagram profiles.

Wallet Protection. Minimize stress and potential damages. InfoArmor can easily replace the contents of a lost or stolen wallet through an online, secure vault that conveniently stores important documents.

Digital Exposure Report. Take control of your privacy. Our deep internet search creates a snapshot of your exposed information online.

Privacy Advocate® Remediation. Have an expert on your side to guide you through the identity restoration process and fight back against identity thieves.

\$1,000,000 Identity Theft Insurance Policy. If you are a victim of fraud, we will reimburse your out of pocket costs to reinforce your financial security.*

Solicitation Reduction and IdentityMD. Reduce unwanted calls, mail and preapproved credit offers and receive guidance on how to limit exposure to fraud.

PLANS AND PRICING

\$9.95 per person per month

\$17.95 per family per month*

LEARN MORE AT

MyPrivacyArmor.com

Questions? Call 800 789 2720

Your Identity Belongs To You, Protect It Today.



AUTO-ON

FEATURES AUTOMATICALLY ACTIVATED

Chloe's company has added InfoArmor's PrivacyArmor as a company benefit. After InfoArmor receives her social security number and email address, she begins receiving personalized monitoring and alert notifications.



Identity Monitoring and Alerts



Credit Monitoring and General Alerts



Compromised Credentials Monitoring



High Risk Transaction Alerts



Financial Transaction Monitoring



Privacy Advocate Remediation



\$1,000,000 Identity Theft Insurance Policy*



USER ACTIVATED

ADDITIONAL FEATURES REQUIRING ACTIVATION

Chloe logs into her PrivacyArmor online account and enters in the additional information required to activate the comprehensive suite of features for maximum digital identity and financial wellness protection.



Event Specific Credit Alerts



Social Media Reputation Monitoring



Threshold Monitoring



Credit Scores and Reports



Wallet Protection



Digital Exposure Report



Solicitation Reduction

2
SECONDS

Every 2 seconds an identity is stolen.¹

15.4
MILLION

Number of identity theft victims in 2015.²

\$16
BILLION

Amount stolen from fraud victims in 2015.²

40
PERCENT

Amount of fraud that takes place without a card present.²

What are PrivacyArmor participants saying?

*"InfoArmor gives me **peace of mind** knowing my personal information is secure. This is especially important in a time when data breaches seem to be occurring more and more frequently."*

– Mary K.

*"I feel **confident** using InfoArmor to protect me. I'm a hard worker and I don't want some hacker to steal my hard earned money."*

– Steve A.

*"I **trust my company** to pick an identity theft prevention company that will protect me and my family."*

– Lauren B.

INFOARMOR.
DETECTION IS THE NEW PREVENTION

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B2C-PRODUCT-PAP-VOL-FLYER

Sources: 1) Javelin Strategy and Research: 2016 Identity Fraud Report
2) Javelin Strategy and Research: 2017 Identity Fraud Report

VOLUNTARY – COLONIAL PRODUCTS

Colonial Cancer Assist Level 2 with Specified Disease, \$75 Health Screening, Initial Diagnosis

Cancer Screening Benefits:	Coverage
Part I. Cancer Screening/Wellness Benefit per calendar year	\$75
Part II. Additional Invasive Diagnostic Test or Surgical Benefit per calendar year	\$75

Benefits	Level 2
Air Ambulance, per trip, Maximum 2 trips per confinement	\$2,000
Ambulance, per trip, Maximum 2 trips per confinement	\$250
Anesthesia, General	25% of Surgical Procedures Benefit
Anesthesia, Local, per procedure	\$30
Anti-Nausea Medication, per day	\$40
Maximum per month	\$160
Blood/Plasma/Platelets/Immunoglobulins, per day	\$150
Maximum per calendar year	\$10,000
Bone Marrow or Peripheral Stem Cell Donation, per donation, maximum one per lifetime	\$500
Bone Marrow Stem Cell Transplant, per transplant	\$4,000
Peripheral Stem Cell Transplant, per transplant	\$4,000
Maximum transplants per lifetime	2
Companion Transportation, per mile	\$0.50
Maximum per round trip	\$1,000
Egg (s) Extraction or Harvesting or Sperm Collection, one per lifetime	\$700
Egg (s) or Sperm Storage, one per lifetime	\$200
Experimental Treatment, per day	\$250
Maximum per lifetime	\$12,500
Family Care, per day	\$40
Maximum per calendar year	\$2,000
Hair/External Breast/Voice Box Prosthesis, per calendar year	\$200
Home Health Care Services, per day	\$75
Examples: physical/occupational therapy, speech therapy, and audiology, prosthesis and orthopedic appliances and rental or purchase of medical equipment.	Maximum per calendar year - 30 days or twice the days confined
Hospice, Initial	\$1,000
Hospice, Daily	\$50
Maximum combined Initial and Daily per lifetime	\$15,000
Hospital Confinement, 30 days or less, per day	\$150
Hospital Confinement, 31 days or more, per day	\$300
Injected Chemotherapy Administration Benefit	\$350
Administration by medical personnel once per calendar week	
Lodging, per day	\$50
Maximum days per calendar year	70
Medical Imaging Studies, per study	\$125
Maximum per calendar year	\$250
Outpatient Surgical Center, per day	\$200
Maximum per calendar year	\$600
Private Full-time Nursing Services, per day	\$75
Prosthetic Device/Artificial Limb, per device or limb	\$1,500
Maximum per lifetime	\$3,000
Radiation/Chemotherapy	
Weekly Benefit	
Radiation delivered by medical personnel, one per week	\$500
Monthly Benefit	
Injected by medical personnel (1-24 months), per month	\$200
Injected by medical personnel (25+ months), per month	\$100
Self-Injected Chemotherapy, one per month	\$200
Pump Chemotherapy, one per month	\$200
Topical Chemotherapy, one per month	\$200
Oral Hormonal Chemotherapy (1-24 months), one per month	\$200
Oral Hormonal Chemotherapy (25+ months), one per month	\$100
Oral Non-Hormonal Chemotherapy, one per month	\$200
Reconstructive Surgery, per surgical unit	\$40

Maximum per procedure, including 25% for general anesthesia	\$2,500
Second Medical Opinion, one per lifetime	\$200
Skilled Nursing Care Facility, Per day up to the number of days for hospital confinement	\$100
Skin Cancer Initial Diagnosis one per lifetime	\$300
Supportive/Protective Care Drugs/Colony Stimulating Factors, per day	\$100
Maximum per calendar year	\$800
Surgical Procedures, per unit	\$50
Maximum per procedure	\$3,000
Transportation, per mile	\$0.50
Maximum per round trip	\$1,000
Additional Benefits	
Bone Marrow Donor Screening Maximum of one per lifetime	\$50
Cancer Vaccine Benefit Maximum of one per lifetime	\$50
Waiver of Premium	Yes

Specified Disease Hospital Confinement Rider:

\$300 each day a covered person incurs a charge and is confined to a hospital for treatment of a specified disease diagnosed after the waiting period. Lifetime maximum \$150,000.

Initial Diagnosis:

\$1,000-\$5,000 Paid for the first diagnosis of internal (not skin) cancer; Pays 2.5 times amount for children on family coverage.

Monthly Premiums	Employee Only	Employee and Spouse	One-Parent Family	Two Parent Family
Cancer plus \$5,000 Initial Diagnosis Benefit	\$28.50	\$45.15	\$29.30	\$45.95

VOLUNTARY – COLONIAL PRODUCTS



Individual Accident – Preferred with Wellbeing Assistance and Active Lifestyle Benefit

Accident Benefits:	Coverage
Accident Emergency Treatment	\$125
Accident Follow-Up Treatment (including Transportation)/Telemedicine – 6 visits per person per accident, 12 visits per person per calendar year	\$55
Accidental Death	\$40,000 Employee; \$40,000 Spouse; \$10,000 Child(ren)
Accidental Death: Common Carrier	\$160,000 Employee; \$160,000 Spouse; \$30,000 Child(ren)
Accidental Dismemberment: (Loss of Finger/Toe/Hand/Foot or Sight)	\$1,050-\$25,000
• Due to Catastrophic Accident	\$30,000
Accidental Injury due to Automobile Accident	\$250
Ambulance – Air	\$2,400
Ambulance – Ground or Water	\$250
Blood/Plasma/Platelets	\$400
Burns (based on size and degree)	\$1,000-\$15,000
Burns – Skin Graft	50% of burn benefit
Coma (duration of at least 7 consecutive days)	\$15,000
Concussion	\$200
Dislocation (Based on joint and if repaired by open or closed reduction)	\$125 - \$5,500
Emergency Dental Work	
Crown, implant or denture	\$350
Extract	\$125
Eye Injury	\$350
Fracture (Based on bone and if repaired by open or closed reduction)	\$300 - \$7,500
Hearing Loss – per ear	\$140
Hospital Admission - Colonial will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.	\$1,250
Hospital Confinement (Per day up to 365 days)	\$300
Hospital Sub-Acute Intensive Care Unit (Per day up to 30 days)	\$400
Hospital ICU Admission - Colonial will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.	\$2,500
Hospital ICU Confinement (Per Day up to 15 days)	\$550
Knee Cartilage – Torn	\$800
Laceration (Based on size and repair)	\$30 - \$750
Lodging (Companion)	\$150 per day up to 30 days

Medical Equipment (such as neck brace, walking boot, or wheelchair)	\$40 - \$250 based on Tier
Medical Imaging Study (Limit one per covered person per calendar year)	\$250 per accident
Observation Room Benefit – up to 2 days per calendar year	\$175
Pain Management (Epidural Anesthesia)	\$125
Prosthetic Device/Artificial Limb	\$500 (1); \$1,000 (2 or more)
Post Traumatic Stress Disorder	\$250
Prosthetic Device/Artificial Limb	\$950 (1); \$1,900 (2+)
Prosthetic Device/Artificial Limb Repair or Replacement	Replacement - \$950; Repair - \$475
Rehabilitation Unit Confinement - (Up to 15 days per confinement per covered accident. Maximum of 30 days per calendar year.)	\$175/day
Ruptured Disc with Surgical Repair	\$950
Surgery-Cranial, Open Abdominal, Thoracic	\$1,900
Surgery – Hernia	\$250
Surgery – Exploratory or Arthroscopic	\$350
Tendon/Ligament/Rotator Cuff	\$800 (1); \$1,600 (2+)
Therapy – Occupational and Physical Therapy Benefit	\$45 per day (up to 10 days)
Transportation (Up to 3 trips per accident)	\$700 per trip
X-ray Benefit	\$40

Active Lifestyles Benefit

- Provides a 20% benefit boost to each of the following benefits if any covered person under the policy was in a covered accident:

Concussion Dislocation Emergency Dental Work Eye Injuries Fractures	Knee Cartilage – Torn Laceration Medical Imaging Study Ruptured Disc with Surgical Repair Surgery – Exploratory and Arthroscopic	Surgery – Cranial, Open Abdominal, Thoracic/Hernia Tendon/Ligament/Rotator Cuff X-Ray
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Wellbeing Assistance Benefit (Standard)

- \$100 per covered person per calendar year**
- Provides a benefit if the covered person has one of the health screening tests performed.
- This benefit is payable once per calendar year per covered person and is subject to a 30-day waiting period.
- Available to each covered person

Tests Include:

Blood test for triglycerides Bone marrow testing Breast Ultrasound CA 15-3 (blood test for breast cancer) CA 125 (blood test for ovarian cancer) Carotid Doppler CEA (blood test for colon cancer) Chest x-ray Colonoscopy Echocardiogram (ECHO) Electrocardiogram (EKG< ECG)	Fasting blood glucose test Flexible sigmoidoscopy Hemoccult stool analysis Mammography Pap Smear PSA (blood test prostate for cancer) Serum cholesterol test to determine level of HDL and LDL Serum protein electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Skin cancer biopsy Thermography	Thin Prep pap test Virtual colonoscopy
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Monthly Premiums	Employee Only	Employee/Spouse	One-Parent Family	Two-Parent Family
Accident	\$27.12	\$41.52	\$43.88	\$57.80

VOLUNTARY – COLONIAL PRODUCTS



Colonial Critical Illness 1.0 with Health Screening Benefit and Cancer Rider

Critical Illness 1.0	Coverage
Face Amounts	
Employee	\$5,000 - \$75,000 in \$1,000 increments
Spouse	50% of employee's face amount
Dependent Children	25% of employee's face amount
Benefits	\$200
Heart Attack (Myocardial Infarction)	100% of face amount
Stroke	100% of face amount
Major Organ Failure	100% of face amount
End Stage Renal (Kidney) Failure	100% of face amount
Cancer (if rider is selected by employee)	100% of face amount
Permanent paralysis due to a Covered Accident	100% of face amount
Coma	100% of face amount
Blindness	100% of face amount
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100% of face amount
Coronary Artery Bypass Graft Surgery	25% of face amount
Carcinoma in Situ (if rider is selected by employee)	25% of face amount

Health Screening Benefit		
<ul style="list-style-type: none"> \$50 per covered person per calendar year Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per covered person and is subject to a 30-day waiting period. Available to each covered person 		
Tests Include:		
Blood test for triglycerides Bone marrow testing Breast Ultrasound CA 15-3 (blood test for ovarian cancer) Carotid Doppler CEA (blood test for colon cancer) Chest x-ray Colonoscopy Echocardiogram (ECHO) Electrocardiogram (EKG< ECG)	Fasting blood glucose test Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Smear PSA (blood test prostate cancer) Serum cholesterol test to determine level of HDL and LDL Serum protein electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Skin cancer biopsy	Thermography Thin Prep pap test Virtual colonoscopy
Cancer Vaccine Benefit (if cancer rider is selected by employee)		
<ul style="list-style-type: none"> \$50 payable one per covered person per lifetime if a covered person incurs a charge for and receives any cancer vaccine approved by the FDA for the prevention of cancer. 		

Critical Illness 1.0 Premiums

Critical Illness with Subsequent Diagnosis + Health Screening Monthly Premiums

Non-Tobacco				
	Named Insured	Named Insured & Spouse	Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17 – 24	\$0.25	\$0.38	\$0.25	\$0.38
25 – 29	\$0.33	\$0.50	\$0.33	\$0.50
30 – 34	\$0.41	\$0.64	\$0.41	\$0.64
35 – 39	\$0.66	\$1.02	\$0.66	\$1.02
40 – 44	\$0.83	\$1.27	\$0.83	\$1.27
45 – 49	\$1.14	\$1.75	\$1.14	\$1.75
50 – 54	\$1.53	\$2.34	\$1.53	\$2.34
55 – 59	\$1.93	\$2.96	\$1.93	\$2.96
60 – 64	\$2.45	\$3.76	\$2.45	\$3.76
65 – 70	\$2.80	\$4.30	\$2.80	\$4.30

Rates Illustrated per unit. 1 unit = \$1,000

Tobacco				
	Named Insured	Named Insured & Spouse	Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17 – 24	\$0.35	\$0.55	\$0.35	\$0.55
25 – 29	\$0.49	\$0.75	\$0.49	\$0.75
30 – 34	\$0.68	\$1.04	\$0.68	\$1.04
35 – 39	\$1.02	\$1.57	\$1.02	\$1.57
40 – 44	\$1.39	\$2.13	\$1.39	\$2.13
45 – 49	\$1.85	\$2.84	\$1.85	\$2.84
50 – 54	\$2.38	\$3.66	\$2.38	\$3.66
55 – 59	\$3.09	\$4.74	\$3.09	\$4.74
60 – 64	\$3.76	\$5.77	\$3.76	\$5.77
65 – 70	\$4.33	\$6.65	\$4.33	\$6.65

Rates Illustrated per unit. 1 unit = \$1,000

Critical Illness 1.0

Critical Illness with Subsequent Diagnosis + Health Screening + Cancer Monthly Premiums

Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17 – 24	\$0.43	\$0.65	\$0.60	\$0.83
25 – 29	\$0.64	\$0.98	\$0.81	\$1.15
30 – 34	\$0.86	\$1.32	\$1.03	\$1.49
35 – 39	\$1.18	\$1.82	\$1.36	\$1.99
40 – 44	\$1.47	\$2.25	\$1.64	\$2.43
45 – 49	\$1.99	\$3.05	\$2.16	\$3.23
50 – 54	\$2.83	\$4.35	\$3.01	\$4.53
55 – 59	\$3.54	\$5.44	\$3.72	\$5.62
60 – 64	\$4.76	\$7.31	\$4.93	\$7.48
65 – 70	\$5.30	\$8.14	\$5.47	\$8.31

Rates Illustrated per unit. 1 unit = \$1,000

Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17 – 24	\$0.61	\$0.93	\$0.78	\$1.11
25 – 29	\$0.96	\$1.47	\$1.13	\$1.64
30 – 34	\$1.39	\$2.14	\$1.57	\$2.31
35 – 39	\$1.90	\$2.92	\$2.08	\$3.10
40 – 44	\$2.44	\$3.75	\$2.61	\$3.92
45 – 49	\$3.20	\$4.91	\$3.37	\$5.09
50 – 54	\$4.42	\$6.79	\$4.60	\$6.97
55 – 59	\$5.68	\$8.72	\$5.85	\$8.90
60 – 64	\$7.31	\$11.23	\$7.48	\$11.40
65 – 70	\$8.19	\$12.59	\$8.37	\$12.76

Rates Illustrated per unit. 1 unit = \$1,000

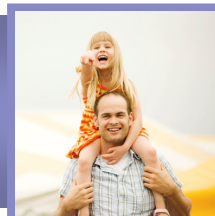
Health Screening Benefit	\$2.15	\$3.30	\$2.15	\$3.30
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To calculate the monthly premium:

Multiply the unit premium amounts by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

SECTION 125/FLEXIBLE SPENDING ACCOUNT

Your EMPOWER Flex Plan... A Great Benefit!



The Empower Flex Plan Saves Cloud County Employees Money

Joining the Empower Flex Plan allows you to save 25% to 40% in taxes for expenses you will incur over the coming year in the areas of medical expenses which are not covered by your insurance plan (such as copayments, deductibles, prescription drugs, eyeglasses, dental expenses, etc.) and dependent care expenses. By signing up for the Empower Flex Plan, you agree to set aside a portion of your pretax salary in a Flex Plan account, and that money is deducted from your paycheck throughout the plan year. The amount you contribute to the Empower Flex Plan is not subject to social security (FICA), federal, state or local income taxes. This means that at the end of the year, your W-2 will reflect a lower taxable income. You don't have to do anything special or file any additional forms at tax time to capture the savings. Since through your Empower Flex Plan participation you have saved on taxes, your spendable income will increase.

How to Save on Dependent Care

When you sign up for the Empower Flex Plan Dependent Care option, you may use pretax dollars to pay for qualified dependent care expenses for your children under age 13 or caring for elderly dependents. The annual Dependent Care maximum is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

The Medical and Dependent Care accounts are separate. You may choose to participate in one, both or neither. The IRS provides the rules and regulations by which Flex Plan accounts are administered.

Remember that your Empower Flex Plan elections will remain in place for the entire plan year unless you have a qualifying event, such as a marriage, divorce, or birth or your employment is terminated. Please plan for your elections carefully because if you do not use all the funds, you will lose them at the end of the plan year or applicable extension period.

Flex Plan Savings Example

John and Mary's combined gross income is \$30,000. They have two kids and file their income taxes jointly. Since the couple expects to spend \$1,800 in dental work and medical expenses and \$3,500 for day care in the next plan year, they decide to direct a total of \$5,300 into their Empower Flex Plan.

	No Flex Plan	With Empower Flex Plan
Gross income	\$30,000	\$30,000
Flex Plan contributions	\$0	-\$5,300
Gross income	\$30,000	\$24,700
Estimated taxes		
Federal	-\$2,550*	-\$1,755*
State	-\$900**	-\$741**
FICA	-\$2,295	-\$1,890
After-tax earnings	\$24,255	\$20,314

Eligible out-of-pocket medical and dependent care expenses	-\$5,300	\$0
Remaining spendable income	\$18,955	\$20,314
Spendable income increase	--	\$1,359

* Assumes standard deductions and four exemptions. ** Varies, assume 3 percent.

The example above is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.

SECTION 125/FLEXIBLE SPENDING ACCOUNT - *Continued*

Welcome to the Cloud County Flex Plan!

Following is information on your plan:

Medical Maximum: \$2,500

Dependent Care Maximum: \$5,000

NEW PLAN YEAR STARTS: January 1, 2022

\$500 Carryover

Your plan has the \$500 carryover. At the end of the Plan Year, up to \$500 in unused funds will be carried over for your use in the entire next Plan Year. This makes it safer than ever to enroll in the Flex Plan.

Choose Your Election Carefully

You may only enroll in the Flex Plan during open enrollment. Then, during the Plan Year, you may only change your enrollment if you have an IRS qualifying event such as a birth, death or divorce). Any funds remaining in your account at the end of the Plan Year over \$500 will be forfeited.

Debit Cards

Keep all of your receipts in case they are requested.

Contribution Examples

Following are various contribution levels and how much would be withdrawn per paycheck:

CONTRIBUTION AMOUNT	PAY PERIOD DEDUCTION (24 pay periods)
\$100	\$4.16
\$250	\$10.42
\$500	\$20.83
\$750	\$31.25
\$1,000	\$41.66
\$1,500	\$62.50
\$1,750	\$72.92
\$2,000	\$83.33
\$2,250	\$93.75
\$2,500	\$104.17
\$2,600 (dependent care only)	\$108.33
\$2,650 (dependent care only)	\$110.14
\$3,000 (dependent care only)	\$125.00
\$4,000 (dependent care only)	\$166.66
\$5,000 (dependent care only)	\$208.33

HOW TO START USING YOUR FLEX PLAN

Following are the steps to take to get started using your Flex Plan:

1. Decide how much in medical and/or dependent care you want to contribute to your Flex Plan.
2. Enroll in the Flex Plan.
3. Once enrolled, you will receive two Empower VISA debit cards in the mail which comes pre-loaded with your annual medical election (dependent care funds are added to your debit card each pay period). Your card is good for three years, so do not throw away once you have used all of your funds.
4. You may use your debit card at medical, dental, vision and pharmacy outlets, or at daycare centers which accept debit cards.
5. **KEEP ALL RECEIPTS – MOST RECEIPTS ARE REQUESTED (you will have to repay the expense if you can't provide a receipt).**
6. Instead of using the debit card, you may submit a paper claim + receipt.
7. Visit EmpowerFlex.com to setup a USERNAME and PASSWORD to view your account activity or download a paper claim form.
8. The Empower Flex Mobile App may be downloaded for free and can be used to view your balance, submit a claim, or submit a receipt among other activities.
9. **Questions? Call 800-819-9571 or email customerservice@empowerflex.com**





EMPLOYEE ASSISTANCE PROGRAM - EAP

When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



Support Line
Call anytime
800-624-5544



Mobile app
Search for New
Directions EAP



Web
Visit eap.ndbh.com
for resources

SERVICES

- ✓ Counseling
 - In-person
 - Telephone
 - In-the-moment
 - Online messaging
- ✓ Consultation on
 - Finances
 - Legal needs
 - Managing employees
 - Life
- ✓ Crisis support
- ✓ Coaching
- ✓ Adult and child care resources
- ✓ Personal and professional training
- ✓ Digital behavioral health tools

eap.ndbh.com
800-624-5544

Services are free and your employer will not know you reached out.
Flip this sheet over to see some common reasons people use EAP.

“The EAP has been beneficial in so many ways I don’t know how I would have gotten through without it.”

Check out our app.

Search for **New Directions EAP** in your app store.



Whatever life throws your way, we’re here to help.

Stress, relationships, work and money. These are the most common reasons people reach out to the EAP every year. But no matter what issues you’re facing, the EAP is the perfect first step for you or your family members to:

Reduce stress

Some stress can be a good thing, but too much can be debilitating and unhealthy. Counseling, assessments, coaching, apps, meditation practices, online tools and more can help you improve areas that need work.

Handle a life curve ball

Divorce, adoption, losing a loved one, career changes and moving can all interrupt one’s daily life. Counseling, thousands of online tools, coaching and consultations can help you adjust.

Cope after crisis

Mentally processing and coping after a traumatic event generally takes time and expert care. Counseling, education sheets and communication can help when a crisis occurs.

Support and improve relationships

Raising kids, living with others or improving friendships can take guidance and investment. Counseling, videos, tip sheets and advice make this easier. Referrals to credible daycares, assisted living facilities, dog walkers, physicians, etc. can also help.

Focus at work

We all experience feeling a lack of productivity and engagement at work sometimes. Trainings, advice and custom behavioral strategies can help you become more focused.

Lead others

If you supervise people at work, it’s likely you handle difficult things like performance issues, troubled employees, HR law and hard conversations. Dedicated consultants can provide guidance so you can do your job and have less stress.

Navigate the legal system

Handling a landlord, large purchase, estate or even an infraction can be easier with the help of a legal expert and thousands of online templates to put into action.

Reduce debt

Money worries can be minimized with custom action plans developed with a financial expert to save, reduce debt or afford a life desired.

Live a healthy life

Changing behaviors to quit smoking, lose weight, manage a disease or exercise more can be more manageable when broken into baby steps. Coaching, videos, counseling and digital tools can help you start living healthy.

Take the first step and call today.

**eap.ndbh.com
800-624-5544**

NOTES:

THIS BENEFIT OVERVIEW HAS BEEN COMPILED USING INFORMATION PROVIDED
FROM THE VENDORS MENTIONED IN THIS HANDOUT

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JULIE WILSON, ACCOUNT MANAGER,
316-425-5906, JULIE.WILSON@HUBINTERNATIONAL.COM

