



# FINNEY COUNTY KANSAS

## 2026 EMPLOYEE BENEFITS GUIDE

# FINNEY COUNTY BENEFITS

## Your 2026 Employee Benefits Guide

At Finney County, we know our dedicated employees—YOU—are key to our overall success as an organization. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

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# ELIGIBILITY



## NEW HIRES

To elect your benefits, you must complete the enrollment process with Human Resources. The benefits coverage selected during the enrollment period will remain in effect until December 31, 2026, unless you experience a qualifying event.

## ELIGIBILITY

If you are classified as a regular or part-time benefits-eligible employee regularly scheduled to work at least 30+ hours per week, you and your eligible family members may participate in the benefit plans. If you are newly eligible and elect coverage, it will be effective the first day of the 2<sup>nd</sup> month following your date of employment.

## CONSISTENCY RULES

In order for a change in status to qualify for a midyear election change, the change in status must be “on account of,” and must correspond to, a change in status that affects the eligibility of an employee, Spouse, or dependent for coverage under an employer’s plan.

## QUALIFYING EVENTS FOR CHANGING BENEFITS

Because your premiums for medical, dental, and vision are deducted from your salary on a pre-tax basis, the IRS has established strict rules regarding the operation of your plans. The choices made by you during your enrollment period must remain in effect for the entire plan year (until December 31). Exceptions are permitted under IRS rules when an employee has a qualifying event. If you have an event, you are required to notify your local Human Resources department within 30 days. Documentation of the qualifying event may be required. Some examples of qualifying events include:

- Change in marital status
- Birth or adoption of a child
- Death of a covered dependent
- Loss of eligibility status by a covered dependent
- Change in employment status that affects eligibility for coverage
- Losing or gaining healthcare coverage eligibility under Medicare or Medicaid

# BENEFIT ENROLLMENT

## NEW EMPLOYEES

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

## CURRENT EMPLOYEES

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage or make changes to your current coverage.

If you wish to contribute pre-tax dollars to a flexible spending account in 2026, you must make a new election during open enrollment. FSA elections do not carry over from year to year.

At Finney County, open enrollment is held from November 1<sup>st</sup> to November 15<sup>th</sup>.

Any changes you make during open enrollment become effective on January 1.



## ANNUAL OPEN ENROLLMENT

Completing your enrollment is easy!  
Simply follow these steps:

- Step 1:** Review the 2026 Benefit Guide
- Step 2:** Complete Electronic Enrollment Process
- Step 3:** Complete Any Paperwork As Required By Human Resources

If you have any questions regarding the enrollment process or your benefits in general, please don't hesitate to ask for assistance.

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# MEDICAL BENEFIT RATES

## NON-WELLNESS RATES

Pre-tax Payroll Deductions – Based on 26 Pay Periods

2026 Rates	Total Monthly Premium	Finney County Contribution Per Month	Employee Portion Per Month	Employee Portion Per Pay Period
Medical Option 1 – Blue Cross Blue Shield of Kansas   500/1000				
Employee Only	\$1,270.92	\$1,143.83	\$127.09	<b>\$58.66</b>
Employee + Spouse	\$2,664.29	\$2,131.43	\$532.86	<b>\$245.94</b>
Employee + Child(ren)	\$2,514.03	\$2,011.22	\$502.81	<b>\$232.07</b>
Family	\$3,907.40	\$3,125.92	\$781.48	<b>\$360.68</b>
Medical Option 2 – Blue Cross Blue Shield of Kansas   1500/3000				
Employee Only	\$1,210.25	\$1,149.74	\$60.51	<b>\$27.93</b>
Employee + Spouse	\$2,533.53	\$2,153.50	\$380.03	<b>\$175.40</b>
Employee + Child(ren)	\$2,390.68	\$2,032.08	\$358.60	<b>\$165.51</b>
Family	\$3,714.04	\$3,156.93	\$557.11	<b>\$257.13</b>
Medical Option 3 – Blue Cross Blue Shield of Kansas   3500/7000				
Employee Only	\$1,130.20	\$1,107.60	\$22.60	<b>\$10.43</b>
Employee + Spouse	\$2,361.73	\$2,125.56	\$236.17	<b>\$109.00</b>
Employee + Child(ren)	\$2,228.92	\$2,006.03	\$222.89	<b>\$102.87</b>
Family	\$3,460.46	\$3,114.41	\$346.05	<b>\$159.72</b>

## WELLNESS RATES

Pre-tax Payroll Deductions – Based on 26 Pay Periods

\* Split Rates Below Are Employee Participation | Employee & Spouse Participation

2026 Rates	Total Monthly Premium	Finney County Contribution Per Month	Employee Portion Per Month	Employee Portion Per Pay Period
Medical Option 1 – Blue Cross Blue Shield of Kansas   500/1000				
Employee Only	\$1,270.92	\$1,158.83	\$112.09	<b>\$51.73</b>
Employee + Spouse	\$2,664.29	\$2,146.43   \$2,156.43	\$517.86   \$507.86	<b>\$239.01   \$234.40</b>
Employee + Child(ren)	\$2,514.03	\$2,026.22	\$487.81	<b>\$225.14</b>
Family	\$3,907.40	\$3,140.92   \$3,150.92	\$766.48   \$756.48	<b>\$353.76   \$349.14</b>
Medical Option 2 – Blue Cross Blue Shield of Kansas   1500/3000				
Employee Only	\$1,210.25	\$1,164.74	\$45.51	<b>\$21.00</b>
Employee + Spouse	\$2,533.53	\$2,168.50   \$2,178.50	\$365.03   \$355.03	<b>\$168.48   \$163.86</b>
Employee + Child(ren)	\$2,390.68	\$2,047.08	\$343.60	<b>\$158.58</b>
Family	\$3,714.04	\$3,171.93   \$3,181.93	\$542.11   \$532.11	<b>\$250.20   \$245.59</b>
Medical Option 3 – Blue Cross Blue Shield of Kansas   3500/7000				
Employee Only	\$1,130.20	\$1,122.60	\$7.60	<b>\$3.51</b>
Employee + Spouse	\$2,361.73	\$2,140.56   \$2,150.56	\$221.17   \$211.17	<b>\$102.08   \$97.46</b>
Employee + Child(ren)	\$2,228.92	\$2,021.03	\$207.89	<b>\$95.95</b>
Family	\$3,460.46	\$3,129.41   \$3,139.41	\$331.05   \$321.05	<b>\$152.79   \$148.18</b>

# MEDICAL / Rx

## BLUE CROSS BLUE SHIELD OF KANSAS

	Option 1	Option 2	Option 3
	In-Network	In-Network	In-Network
<b>Plan Year &amp; Benefit Period</b>	January 1 – December 31		
<b>Deductible</b> Individual   Family	\$500   \$1,000	\$1,500   \$3,000	\$3,500   \$7,000
<b>Co-Insurance</b> Plan   Member	80%   20%	80%   20%	80%   20%
<b>Co-Insurance Max</b> Individual   Family	\$1,000   \$2,000	\$1,000   \$2,000	\$1,000   \$2,000
<b>Out-of-Pocket Max</b> Individual   Family (Includes Deductible, Coinsurance, and Med & Rx Copays)	\$6,350   \$12,700	\$6,350   \$12,700	\$6,350   \$12,700
<b>FSA Eligibility</b>	Yes	Yes	Yes
<b>Benefits</b>			
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Office Visit</b> Primary & Specialist	Ded & Coin	Ded & Coin	Ded & Coin
<b>Referral Required</b>	No	No	No
<b>Telemedicine</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Urgent Care Visit</b>	Ded & Coin	Ded & Coin	Ded & Coin
<b>Emergency Room Visits</b>	\$200 Copay, then Ded & Coin	\$200 Copay, then Ded & Coin	\$200 Copay, then Ded & Coin
<b>Diagnostic Testing</b> (X-Ray, Bloodwork)	Covered 100% up to \$300, then Ded & Coin	Covered 100% up to \$300, then Ded & Coin	Covered 100% up to \$300, then Ded & Coin
<b>Advanced Imaging</b>			
<b>Inpatient Hospital &amp; Outpatient Facility</b>	Ded & Coin	Ded & Coin	Ded & Coin
<b>Inpatient &amp; Outpatient Mental Health</b>	Ded & Coin	Ded & Coin	Ded & Coin
<b>Spinal Manipulations</b>	Ded & Coin	Ded & Coin	Ded & Coin
<b>Physical Therapy</b>	Ded & Coin	Ded & Coin	Ded & Coin
<b>Accidental Injuries</b> (per member, per benefit period)	100% of the 1 <sup>st</sup> \$1,000, then Ded & Coin	100% of the 1 <sup>st</sup> \$1,000, then Ded & Coin	100% of the 1 <sup>st</sup> \$1,000, then Ded & Coin
<b>Prescriptions – ResultsRx</b>			
<b>Generic Rx</b>	\$15 Copay	\$15 Copay	\$15 Copay
<b>Preferred Brand Rx</b>	\$50 Copay	\$30 Copay	\$30 Copay
<b>Non-Preferred Brand Rx</b>	\$75 Copay	\$45 Copay	\$45 Copay
<b>Preferred Specialty Rx</b>	\$150 Copay	\$150 Copay	\$150 Copay
<b>Non-Preferred Specialty Rx</b>	20% up to \$250 Copay	20% up to \$250 Copay	20% up to \$250 Copay
<b>Mail Order</b>	2.5x Retail Copay	2.5x Retail Copay	2.5x Retail Copay

Out-of-network benefits are paid differently than in-network benefits. Please see the SBC for out-of-network benefits.

### FIND A DOCTOR

#### How to find a network doctor:

1. Go to [www.bcbsks.com](http://www.bcbsks.com)
2. Click “Find a Doctor/Hospital” on the top right of the screen
3. Click on “Doctor/Hospital Search”.
4. Click “Continue” to browse or “Log In” if you have already set up your Blue Access account.

### NARROW YOUR SEARCH

#### How to find other network services:

Follow the same steps located to the left and narrow your search by any of the following:

- Urgent Care
- Behavioral Healthcare
- Find a Hospital
- Find and Compare Procedural Costs



BlueCross BlueShield  
**Kansas**

# PRESCRIPTIONS

## BLUE CROSS BLUE SHIELD OF KANSAS

Taking cost-effective prescription drugs helps save you money. The chart below provides examples of types of medications your provider may prescribe. Knowing what tier your prescription falls into may help save you money.

DRUG TIERS	WHAT DOES THAT MEAN?
<b>\$15 Copay</b> <b><u>Generic</u></b>	Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs generally cost less than brand-name drugs.
<b>\$50 Copay</b> <b><u>Preferred Brand</u></b>	Preferred brand drugs are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs.
<b>\$75 Copay</b> <b><u>Non-Preferred Brand</u></b>	Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
<b>\$150 Copay</b> <b><u>Specialty</u></b>	Specialty medications are one prescribed for a patient with a complex or chronic medical condition, typically requiring additional patient education and support, and often associated with high monthly cost. Specialty medications are not usually readily stocked in retail or local pharmacies.
<b>20% up to \$250 Copay</b> <b><u>Non-Preferred Specialty</u></b>	A non-formulary specialty drug is categorized as a specialty medication that is not preferred medication, generally due to cost.

## YOUR DRUG FORMULARY IS RESULTS<sup>Rx</sup>

### To find out if your drug is covered:

1. Visit [www.bcbsks.com](http://www.bcbsks.com)
2. Click 'prescription drugs' in the navigation bar at the top of the screen
3. Click 'find drugs (formulary)' in the drop-down menu
4. Click 'BCBSKS ResultsRx Medication List' under 'For Employer-Sponsored Plans'
5. Enter your medication and dosage details

# TELEMEDICINE

## GET CARE 24/7

Telemedicine services allow you to get care whenever you need it.

With Amwell, you can have a virtual doctor's visit from your smartphone or computer – right when you need it.

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

### WHAT IS TELEMEDICINE?

Telemedicine is an **alternative to in-person visits**. It allows healthcare 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

### BEHAVIORAL HEALTH SERVICES

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available seven days a week, 6:00 a.m. to 10:00 p.m. CST.

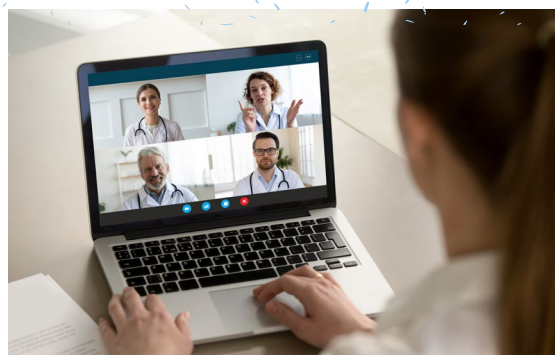
### CAN MY FAMILY USE TELEMEDICINE?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

### CONSULT WITH A DOCTOR BY COMPUTER, TABLET OR PHONE

- Affordable, easy and convenient – available 24/7/365
- A choice of trusted, U.S. Board-certified doctors and therapists
- Prescriptions as needed
- Easy payment – credit, debit or HSA/FSA cards accepted
- Patient records accessible

Visit us at [bcbsks.com](https://bcbsks.com)



### WHEN CAN I USE IT?

Consult a doctor for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

### THREE WAYS TO REGISTER:

- 1 Download the Amwell app on any mobile device.



- 2 Visit [bcbsks.com/telemed](https://bcbsks.com/telemed)

- 3 Call toll-free **844-733-3627**

### HOW MUCH DOES IT COST?

Telemedicine visits are covered at 100% when utilizing AmWell.





# BCBSKS TOOLS

## WELCOME TO BLUEACCESS®

Our secure online member portal is the gateway to your health information

### WITH BLUEACCESS, YOU CAN QUICKLY AND SECURELY:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

### REGISTRATION IS QUICK AND SIMPLE

- 1 Go to [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).
- 2 Click *Register for a BlueAccess account*.
- 3 Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.  
[bcbsks.com/app](https://bcbsks.com/app)



For a complete look at your healthcare plan, log in to your BlueAccess account at [bcbsks.com/blueaccess](https://bcbsks.com/blueaccess).

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.
  - View your copay, deductible and coinsurance amounts
  - Common medical coverage information
  - Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** | See how much we paid, what your responsibility is and what the provider write-off amount is.
- 5 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365®** | Exclusive health and fitness deals and discounts.



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# Where Should I Go For CARE?

Seeking care at an appropriate place of treatment can help you save money and time. Use the chart to help guide you to the most time and cost-effective place of treatment.



## Virtual Care – Minor Medical Conditions

Access virtual care to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit [bcbsks.com/telemed](http://bcbsks.com/telemed) or call to talk with a doctor 24/7.\*

- Colds and flu
  - Rashes
  - Sore throats
  - Headaches
  - Stomachaches
  - Fever
  - Allergies
  - Acne
  - Urinary tract infections and more
- › Costs the same or less than a visit with your primary care provider (PCP)
  - › Appointments typically in an hour or less
  - › No need to leave home or work



## Convenience Care Clinic

Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.

- Colds and flu
  - Rashes or skin conditions
  - Sore throats, earaches, sinus pain
  - Minor cuts or burns
  - Pregnancy testing
  - Vaccines
- › Same or lower than provider's office
  - › No appointment needed



## Health Care Provider's Office

The best place to go for routine or preventive care, or to keep track of medications. Many primary care physicians offer virtual care. Contact your PCP to schedule an in-person or virtual care visit.

- General health issues
  - Preventive care
  - Routine check-ups
  - Immunizations and Screenings
- › May charge copay / coinsurance and / or deductible
  - › Usually need appointment
  - › Short wait times



## Urgent Care

Conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.

- Fever and flu symptoms
  - Minor cuts, sprains, burns rashes
  - Headaches
  - Lower back pain
  - joint pain
  - Minor respiratory symptoms
  - UTIs
- › Cost lower than emergency room (ER)
  - › No appointment needed
  - › Wait times vary



## Emergency Room

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. "Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

- Sudden numbness, weakness
  - Uncontrolled bleeding
  - Seizures or loss of consciousness
  - Shortness of breath
  - Chest pain
  - Head injury/major trauma
  - Blurry or loss of vision
  - Severe cuts or burns
  - Overdose
- › Highest cost
  - › No appointment needed
  - › Wait times may be long

# Rx SAVINGS PROGRAM



## PHARMACY ADVOCATES PROGRAM

**IMA Rx is a *FREE* program to you and your family members, available through your employer.**



Get enrolled today and start receiving eligible medications delivered to your home at a \$0.00 copay through this program benefit.

Eligible medications include specialty and high-cost brand named medications that are covered through your employers' primary prescription insurance plan.

## PHARMACY PROGRAM THAT SAVES YOU TIME AND MONEY

Once enrolled, IMA Pharmacy Advocates Program provides the following services free:

- + Specialty Medication Assistance
- + High-cost Brand Name Medication Assistance
- + Pharmacy Related Questions
- + Managing Medication Adherence
- + Provider Office/Patient Liaison

### Participation Matters

By participating in this new pharmacy benefit, this saves you and the health plan time & money - which translates into more stable premiums over time.

### Protecting private health information

IMA Rx is separate from your employer and will not share any of your personal health information.

### CALL TODAY!

IMA Rx (IMA Pharmacy Advocate Program) is here to answer questions and provide further assistance with enrollment completion.

Feel free to reach out to your trusted pharmacy advocate representative.

By phone: 866.530.9989 | or email: [imarx@imacorp.com](mailto:imarx@imacorp.com)

This material is for general information only and should not be considered as a substitute for legal, medical, tax and/or actuarial advice. Contact the appropriate professional counsel for such matters. These materials are not exhaustive and are subject to possible changes in applicable laws, rules, and regulations and their interpretations.

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IMACORP.COM

# TRIA HEALTH-PHARMACY ADVOCATE PROGRAM

Healthcare and insurance can be confusing and difficult, especially if you take a lot of medications and have chronic conditions. Tria Health is a **free and confidential** benefit that will support you in managing your health, medications and healthcare budget. Talk to a pharmacist over the phone and receive the personalized care you deserve.

## WHO SHOULD PARTICIPATE?

Tria Health's Pharmacy Advocate Program is available for employees and/or dependents on Finney County's health insurance. Tria Health is recommended for members who have any of the following conditions:

- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Mental Health
- Asthma/COPD
- Osteoporosis
- Migraines

## ACTIVE PARTICIPANTS CAN SAVE MONEY ON THEIR MEDICATIONS & EARN WELLNESS POINTS

Active participants will receive discounted copays on select medications used to treat targeted chronic conditions. You are not required to change your medications, pharmacy or doctor to receive this benefit.

- Free generics
- 50% off select brand medications\*

## FREE DIABETES TEST STRIPS & METER

Active participants with diabetes will have access to a FREE blood glucose meter, testing strips, and mobile app designed to help you better manage your diabetes!

## WHY PARTICIPATE?

Pharmacists are the experts in how medications work and can provide valuable feedback to you and your doctor(s). Your Tria Health pharmacist can help:

- Make sure your medications are working as intended.
- Help you save money.
- Answer any questions you have about your health.
- Coordinate care with your doctor(s).

## FAQs

### Does my doctor know about Tria Health?

Tria Health's pharmacist will inform your doctor about Tria Health and our services. All necessary information and recommendations are provided to the member's doctor as part of our coordination of care.

### Am I required to change my medications or pharmacy?

After speaking with your pharmacist, Tria Health may provide recommendations to you AND your doctor(s) to improve the outcomes you receive from your medications and/or lower your out-of-pocket cost. Any changes are left up to you and your doctor for approval.

## HOW TO SIGN UP?

Call 1.888.799.8742 or visit [www.triahealth.com/enroll](http://www.triahealth.com/enroll)

Is there a way to save money on the medications I take?

I'm taking everything my doctor prescribed, but I still don't feel great. Who should I call?

Can I reduce the number of medications I take without impacting my health?

**Tria Health is only a  
phone call away.  
1.888.799.8742**



# TRIA HEALTH—CHOOSE TO LOSE PROGRAM

Weight loss may be a difficult journey, but that doesn't mean you have to go through it alone. Choose to Lose is a program that will provide you with the tools and support you need for successful, long-term weight loss.

## BY ENROLLING IN THE CHOOSE TO LOSE PROGRAM, YOU'LL HAVE IMMEDIATE ACCESS TO SOME OF THE BEST RESOURCES THAT WILL HELP AID IN YOUR WEIGHT LOSS!

Your weight loss toolkit will include:

- **A designated health coach (dietitian).** All health coaches are trained in matters of food, nutrition & their impacts on human health.
- **An industry leading health and fitness app.** Members can track their daily food intake, fitness activity, and create goals within the app.
- **Access to a clinic pharmacist as needed.**
- **Additional educational material.** Members have exclusive access to additional resources such as recipes and exercise & motivational material.

## WHO SHOULD PARTICIPATE?

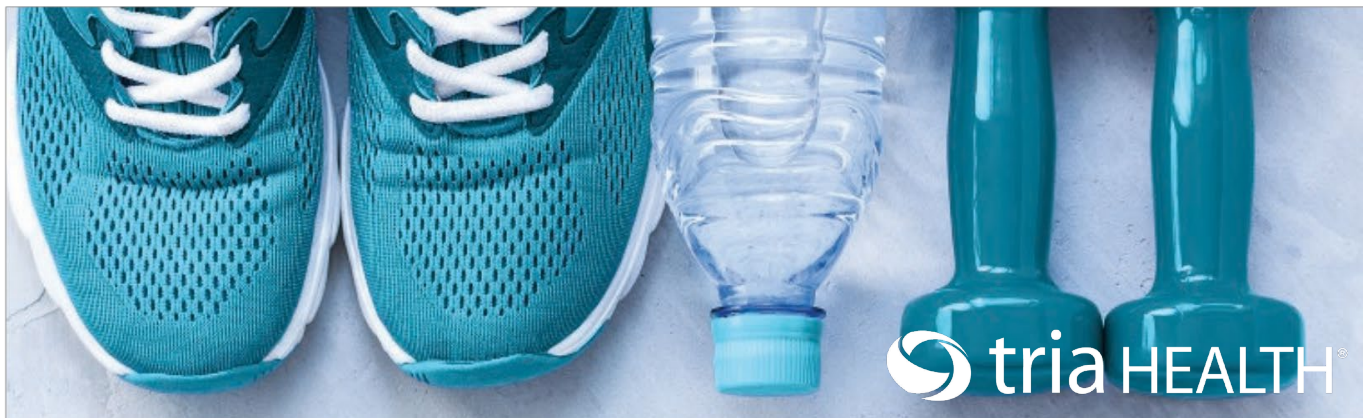
The program is available to employees, spouses, and dependents covered under the medical plan. Choose to Lose is recommended for individuals who:

- Have a smartphone
- Are at least 18 years old
- Have a BMI of 30+ OR
- Have a BMI between 27-30 with one chronic condition

## WHAT IS THE COST TO PARTICIPATE?

Participants will be responsible for a \$65/month fee that is payroll deducted.

**VISIT [WWW.TRIAHEALTH.COM/CTL-FINNEYCOUNTY](http://WWW.TRIAHEALTH.COM/CTL-FINNEYCOUNTY) TO ENROLL OR LEARN MORE TODAY!**





# ID THEFT

## EXPERIAN IDENTITYWORKS<sup>SM</sup>



**Protection when you are most vulnerable.** Our services monitor a variety of channels to provide comprehensive protection.



**If you become a victim of identity theft, we work to resolve it.**

Experian® will do the work to help recover your financial losses and restore your credit file.



**Protection at no cost to you.**

Our identity restoration services are available to you free as an eligible member.

## EXPERIAN IDENTITYWORKS

Experian IdentityWorks offers more protection and the option to enroll at any time — also at no cost to you. Once you enroll in IdentityWorks, you will have access to:

- **Experian credit report at signup:** See what information is associated with your credit file\*.
- **Credit Monitoring:** Actively monitors your Experian credit file for indicators of identity theft.
- **Internet Surveillance:** Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **Identity Restoration:** Identity Restoration Specialists are immediately available to help you address credit and non-credit related identity theft.
- **Up to \$1 Million Identity Theft Insurance\*\*:** Provides coverage for certain costs and unauthorized electronic fund transfers.
- **Lost Wallet:** Assistance with canceling/replacing lost or stolen credit, debit, and medical cards.
- **Child Monitoring:** For up to 10 children up to 18 years old, Internet Surveillance and monitoring to determine whether enrolled minors in your household have an Experian credit file are available. Also included are Identity Restoration and up to \$1M Identity Theft Insurance\*\*.
- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.

### Enrollment is required.

Members must provide their personal information to enroll online or via phone. To start monitoring your personal information, please follow the steps below:

- 1 Visit the Experian IdentityWorks website to enroll: [www.experianidworks.com/bcbsks](http://www.experianidworks.com/bcbsks)
- 2 Click “Get Started” and enter code: **KANSAS26**
- 3 Complete the enrollment process.

## HOW EXPERIAN IDENTITY RESTORATION WORKS

If you become a victim of identity theft, a dedicated Identity Restoration Specialist from Experian will act as your guide and advocate from start to finish by initiating the dispute process, and help ensure that your identity returns to its pre-identity theft state\*\*\*.

If you have questions about protecting your identity or if you suspect that your identity has been stolen:

- 1 Call the Experian customer support team at 855-272-6796
- 2 Provide the engagement number DB14226

\* Offline members will be eligible to call for additional reports quarterly after enrolling.

\*\*The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

\*\*\*You may be asked to provide a limited power of attorney to facilitate any Identity Restoration related work on your behalf.

# GROW WELL CLINIC

## HEALTHCARE SERVICES

**Available to employees and their family members  
participating in the BCBSKS group medical plan!**

### PRIMARY CARE AND CONDITION MANAGEMENT

Adults and teenagers can receive medical treatment and support for managing conditions such as asthma, diabetes, high blood pressure and high cholesterol. If you have an established primary care provider, we will work collaboratively with that provider to optimize your plan of care.

### CONVENIENT LAB SERVICES

If you or your family members require periodic labs for conditions such as diabetes and high cholesterol, you can have blood drawn in our Grow Well center. The results will be sent to your primary care physician before your appointment.

### VACCINATIONS

We provide most types of vaccinations for plan participants ages 10+ including:

- Seasonal Flu (ages 2+)
- Travel immunizations
- Tetanus
- Meningococcal
- Hepatitis B
- Shingles
- Pneumonia
- HPV

### PHYSICALS

Annual well Woman and male exams.

### URGENT CARE SERVICES

You and your family (spouse and children over the age of 2) can receive care for many sudden illnesses. Our Nurse Practitioner will evaluate and prescribe medications for conditions such as:

- Allergies
- Cold & Flu
- Ear Infections
- Minor Cut
- Skin conditions
- Sore Throat
- Sprains/Strains
- Upper respiratory conditions
- Urinary tract infections
- Minor Lacerations
- Contusions
- Personal & Work-related injuries
- Viral and bacterial infections

### LIFESTYLE COACHING

Employees and spouses can receive personalized lifestyle coaching sessions from a team that includes a registered dietitian and fitness expert.

- Diabetes
- High Blood Pressure
- Weight
- Smoking
- High triglycerides
- High Cholesterol

\*Individuals with significant risk factors will receive up to 6 sessions yearly, those with moderate risk will receive 1 session per year.

### HEALTH SERVICES

Grow Well is operated by Revere Healthcare Solutions, Inc. (RHS) and provides comprehensive preventive healthcare services to contracted employers, their employees, and family members in Garden City, KS. We offer primary health care services including annual physicals, health risk assessments, vaccinations, lab testing, treatment of minor acute conditions, and medical management of common chronic illnesses. If a patient has an established primary care provider, the RHS nurse practitioner will work closely with that provider to provide the best coordinated care possible. Patients can request to have all records of treatment forwarded to their primary care provider.

**\*GROW WELL DOES NOT HANDLE EMERGENCY SITUATIONS**

# DENTAL & VISION BENEFIT RATES

## Pre-tax Payroll Deductions – Based on 26 Pay Periods

2026 Rates	Total Monthly Premium	Finney County Contribution Per Month	Employee Portion Per Month	Employee Portion Per Pay Period
<b>Dental Plan – Blue Cross Blue Shield of Kansas</b>				
<b>Employee Only</b>	\$39.51	\$20.05	\$19.46	<b>\$8.98</b>
<b>Employee + Spouse</b>	\$75.09	\$38.18	\$36.91	<b>\$17.04</b>
<b>Employee + Child(ren)</b>	\$70.23	\$35.70	\$34.53	<b>\$15.94</b>
<b>Family</b>	\$105.78	\$53.83	\$51.95	<b>\$23.98</b>

2026 Rates	Employee Portion Per Month	Employee Portion Per Pay Period
<b>Vision Base Plan – VSP</b>		
<b>Employee Only</b>	\$10.42	<b>\$4.81</b>
<b>Employee + Spouse</b>	\$16.67	<b>\$7.69</b>
<b>Employee + Child(ren)</b>	\$17.02	<b>\$7.86</b>
<b>Family</b>	\$27.43	<b>\$12.66</b>
<b>Vision Buy Up Plan – VSP</b>		
<b>Employee Only</b>	\$13.53	<b>\$6.25</b>
<b>Employee + Spouse</b>	\$21.65	<b>\$9.99</b>
<b>Employee + Child(ren)</b>	\$22.11	<b>\$10.21</b>
<b>Family</b>	\$35.64	<b>\$16.45</b>

# YOUR DENTAL BENEFITS



## BLUE CROSS BLUE SHIELD OF KANSAS

	Dental Plan
	In-Network
<b>Plan Year</b>	January 1 – December 31
<b>Benefit Period</b>	January 1 – December 31
<b>Maximum Benefit(s) Per Person</b>	None
<b>Deductible</b> Individual   Family Applies to Basic & Major Services	None
<b>Primary</b> Cleanings, Oral Exams, X-Rays, Topical Fluoride, Sealants, Simple Extractions, Fillings (except gold), Endodontics	80%
<b>Supplemental Primary</b> Oral Surgery, Space Maintainers, Onlays* (not part of a bridge), Crowns* (not part of a bridge)	50%
<b>Prosthodontics</b> Bridges*, Dentures*, Dental Implant Services* (\$1,000 lifetime max per insured per arch)	50%
<b>Periodontics</b> Surgery of the Bony Structure Supporting the Teeth, Treatment of the Gums, Consisting of Examination, Management and Surgery	80%

*\*Subject to a 240-day waiting period*

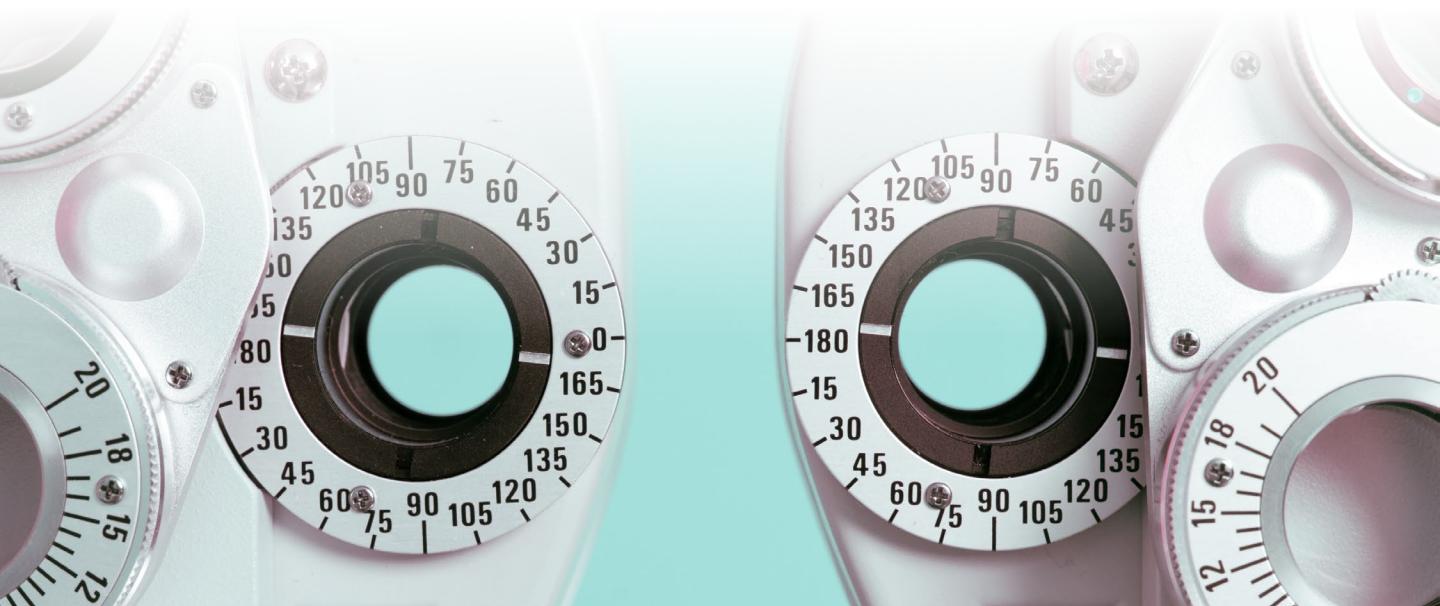
Out-of-network benefits are paid differently than in-network benefits. Please see the SBC for out-of-network benefits.

## FIND A DENTIST

### How to find a network dentist:

1. Go to [www.bcbsks.com](http://www.bcbsks.com)
2. Select "Find a Doctor/Hospital"
3. Select "Dental Provider Search"
4. Input your provider's information, or simply your zip code if you'd like broader results

# YOUR VISION BENEFITS



**VSP**

	Base Plan	Buy-Up Plan
	In-Network	In-Network
<b>Plan Year &amp; Benefit Period</b>	January 1 – December 31	
<b>Exam</b>	\$10 Copay	\$10 Copay
<b>Exam Frequency*</b>	Once every 12 months	Once every 12 months
<b>Lens/Contact Lens Frequency*</b>	Once every 12 months	Once every 12 months
<b>Frames Frequency*</b>	Once every 24 months	Once every 12 months
<b>Standard Frames</b> (Members who select feature frame brand including the following will receive an extra \$20 toward their frame allowance: Bebe, Calvin Klein, Cole Haan, Flexon, Lacoste, Nike, Nine West)	\$150 Allowance	\$200 Allowance
<b>Lenses**</b> (Single, Lined Bifocal, Lined Trifocal)	\$25 Copay	\$25 Copay
<b>Elective Contact Lenses***</b>	\$150 Allowance	\$180 Allowance

\* Frequencies are based on Date of Service, not Calendar Year.

\*\* Lens Copay only covers Single, Bifocal, and Trifocal lenses. Progressive Lenses and other lens options are available at an additional cost.

\*\*\* Contact lens allowance is in lieu of standard glasses & lenses.

Visit [www.vsp.com](http://www.vsp.com) to create your secure account, find a provider, print ID cards, check your eligibility or claims status and more!

## FIND A PROVIDER

### How to find a network provider:

1. Go to [www.vsp.com](http://www.vsp.com)
2. Select "Find A Doctor"
3. Select "Location", "Office", or "Doctor"
4. Fill in necessary fields and click "Search"

**vsp**  
vision care



# FLEXIBLE SPENDING ACCOUNT (FSA)

## EMPOWER FAMILY HEALTH AMERICA

### WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated). There are three different types of FSA accounts

The easiest way to manage your account is online at [www.empowerflex.com](http://www.empowerflex.com) or through the Empower mobile app.

You can't change your election amount during the plan year, unless you experience a change in status or qualifying event. Outside of the grace period, any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your dependent care FSA by the end of the plan year.

### THE TWO TYPES OF FSAs:

#### HEALTH CARE FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

**The maximum amount you can contribute is \$3,400 for plan year, 2026; carryover is \$680. Funds are available on the first day of the plan effective date.**

#### DEPENDENT CARE FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your childcare credit on your annual tax return may be more beneficial.

**The maximum amount you can contribute is \$7,500 per year, dependent on your marital and tax-filing status.**

**NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.**



# FLEXIBLE SPENDING ACCOUNT (FSA)

## QUALIFYING HEALTH CARE EXPENSES

- Alcoholism / Drug / Substance Abuse Treatment
- Allergy and Sinus Medications
- Allergy Medications and Testing
- Chiropractor
- Contact Lenses
- Copays
- Dental Treatment
- Diabetic Monitors, Test Kits, Strips, and Supplies
- Flu Shots
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Over-the-counter meds
- Oxygen
- Physical Examination
- Prescription Eyeglasses & Sunglasses
- Prescription Medications
- Psychiatric Care / Psychologist
- Surgery
- Vision Correction Surgery
- X-Ray

## HEALTH CARE EXPENSES NOT ALLOWED

- Baby Sitting
- Baby Wipes
- Cosmetics
- Cosmetic Surgery
- Dancing Lessons
- Deodorants
- Diaper Service
- Electrolysis or Hair Removal
- Field Trips
- Finance Charges
- Food
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Insurance Premiums
- Illegal Operations and Treatments
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Pedicures
- Perfume
- Physical Exams for Caregivers
- Shampoo and Conditioner
- Skin Care
- Sun-tanning Products
- Swimming Lessons
- Teeth Whitening
- Toothbrushes
- Veterinary Fees
- Weight-Loss Program

**For a complete listing of  
Qualified Health Care  
Expenses visit:**

[www.empowerflex.com](http://www.empowerflex.com)

**If you have extra FSA dollars to spend at the end of the year visit:**

**[FSASTORE.COM](http://FSASTORE.COM)**

# FLEXIBLE SPENDING ACCOUNT (FSA)

Following is information on your plan:

Medical Maximum: \$3,400

Dependent Care Maximum: \$7,500

NEW PLAN YEAR STARTS JANUARY 1, 2026

## CARRYOVER

Your plan has the \$680 carryover. At the end of the Plan Year, up to \$680 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.

## CLAIMS SUBMISSION GRACE PERIOD

You have 60 days after the Plan Year to submit any claims incurred through December 31, 2026.

## 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 \$680 will be forfeited.

## DEBIT CARDS

Keep all of your receipts in case they are requested.

## CONTRIBUTION EXAMPLES

Following is a chart you may use to get an idea of different contribution levels and how much would be deducted from each paycheck.

CONTRIBUTION AMOUNT	PAY PERIOD DEDUCTION Based on 26 pay periods
\$100	\$3.84
\$250	\$9.61
\$500	\$19.23
\$750	\$28.84
\$1,000	\$38.46
\$1,500	\$57.69
\$1,750	\$67.30
\$2,000	\$76.92
\$2,500	\$96.15
\$3,000	\$115.38
\$3,400	\$130.76
\$5,000 (dependent care only)	\$192.30
\$7,500 (dependent care only)	\$288.46

# WELLNESS PROGRAM

## ELIGIBILITY

- Employee and/or spouse participation in the Biometric and Health Risk Assessment (Fasting lab draw, height, weight, measurements, etc.)
- A minimum of the initial follow-up appointment to review the results with the provider
- Stay compliant in and attend all provider-required follow-up appointments
- Biometrics can be completed
  - At Grow Well Clinic at no cost to you and paid for the time spent at the clinic; no form required, Grow Well will provide a census of participants
  - At a private medical provider of your choice, a form will be required; please see HR for this form

Finney County is working on re-implementing a Wellness Program with activities and challenges in 2026. Watch your emails for more to come.



# MENTAL HEALTH ACCESS

## GROW WELL CLINIC

Any employee and/or dependent(s) on Finney County's group health plan is encouraged to utilize Grow Well Clinic's **FREE** mental wellness service.

Call Grow Well Clinic to schedule an appointment (620) 271-1424 or visit Grow Well Clinic at 302 N Fleming St, Suite 2, Garden City, KS.

## AMWELL

Any employee and/or dependent(s) on Finney County's group health plan is encouraged to utilize AmWell's **FREE** mental wellness service.

Available from 6am – 10pm CST, 7 days a week.

[www.amwell.com](http://www.amwell.com)



## COMPASS BEHAVIORAL HEALTH

All Finney County employees and their dependents can connect with a certified therapist either virtually or in person 5 times per incident/event per year **at no cost to you!**

All first responders and military personnel may receive up to 10 additional visits per year based on eligibility **at no cost.**

Call Compass Behavioral Health to schedule an appointment (620) 276-7689 or visit Compass Behavioral Health at 1111 E Spruce St, Garden City, KS.





# KPERS & KP&F

## KPERS RETIREMENT

Retirement is offered through KPERS on a Pre-Tax basis. For additional information, contact Human Resources:

- Eligibility: All full-time employees, elected officials, and part-time employees working at least twenty (20) hours a week.
- Effective: New participants with no previous membership and transfers are effective immediately.
- Cost: Both the employee and Finney County make contributions at rates established by the Kansas Public Employee Retirement System. \*2026 rates are Employee – 6% | Employer – 9.59%

## KPERS (KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM) LIFE INSURANCE AND LONG-TERM DISABILITY (LTD)

All full-time employees, elected officials and part-time employees working at least twenty (20) hours a week.

- Effective: The first day of employment.
- Life Benefit: Provides an insured death benefit of 150 percent of your annual rate of compensation.
- Long Term Disability: Monthly benefit is based on 60 percent of your annual rate of compensation. To qualify, you must be totally disabled for 180 continuous days.
- Cost: The employer pays the entire cost of this program.

## KPERS OPTIONAL GROUP LIFE INSURANCE

All full-time employees, elected officials, and part-time employees working at least twenty (20) hours a week have **30 days** from their first day actively working in a covered position to apply for optional insurance.

Check Member Rates [here](https://www.kspers.gov/optionallife/memberrates.pdf) or <https://www.kspers.gov/optionallife/memberrates.pdf>

Check Spouse Rates [here](https://www.kspers.gov/optionallife/spouserates.pdf) or <https://www.kspers.gov/optionallife/spouserates.pdf>

Coverage	Cost	Who's Eligible
\$10,000	\$1/month Covers all children in family	Children up to age 26
\$20,000	\$2/month Covers all children in family	Children up to age 26

\* Your monthly premium will also include a \$0.20 per month administrative charge

## KP&F

Retirement is offered through KPERS on a Pre-Tax basis. For additional information, contact Human Resources:

- Eligibility: All eligible positions under the Sheriff's Office or EMS working at least twenty (20) hours a week.
- Effective: New participants with no previous membership and transfers are effective immediately.
- Cost: Both the employee and Finney County make contributions at rates established by the Kansas Public Employee Retirement System. \*2026 rates are Employee – 7.15% | Employer – 24%

# PAID TIME OFF

## PAID TIME OFF:

The County provides Full-Time Employees and Part-Time Employees with paid time off (PTO) from work. Short-Term Employees and Very Part-Time Employees are not eligible to receive PTO. PTO may be taken for any reason, including vacation days, sick time, or other personal time away from work. Employees are eligible to begin utilizing PTO after successfully completing their three-month probationary period.

## ACCRUAL OF PTO

Full-time employees and Part-Time Employees accrue PTO each pay period based on their length of service and the number of hours regularly scheduled to work each pay period, as follows:

Years of Service	Multiplier (by hours regularly scheduled to work)	Maximum Possible Hours of PTO Accrued per Year		
		8 hr shift	12 hr shift	48 hr shift
0 – 4 years	0.0846	176	185	246
5 – 9 years	0.0974	202	213	284
10 – 14 years	0.1102	229	241	321
15 or more years	0.1231	256	269	358

Length of service is measured from the date of hire or the date of reclassification from Short-Term Employee or Very Part-Time Employee to Full-Time Employee or Part-Time Employee. Use of Unpaid Time Off not related to FMLA or Military Time will reduce the number of hours multiplied by your length of service-based multiplier.

## CARRYOVER OF PTO / CONVERSION TO EXTENDED SICK LEAVE:

The first payroll in November, employees may carry over accrued by unused PTO to the following 12-month periods, up to the maximum number of hours outlined in the following table.

Years of Service	Maximum Possible Hours of PTO to Carryover		
	8 hr shift	12 hr shift	48 hr shift
0 – 4 years	140	148	199
5 – 9 years	162	181	241
10 – 14 years	183	217	289
15 or more years	256	269	358

The first payroll in November, any accrued but unused PTO that is not carried over is converted to Extended Sick Leave (ESL) for the employee. See the Extended Sick Leave policy below for details. Once an employee's ESL balance is 1,040 hours, no more accrued by unused PTO will be converted to ESL until the employee uses some of their ESL, causing the ESL balance to decrease below the 1,040-hour limit. Any accrued but unused PTO that cannot be converted to ESL will be forfeited and not paid.

## SHARED LEAVE (DONATION OF PTO):

The County recognizes that employees and their Immediate Family Members can have Medical Emergencies that severely impact the employee's ability to work, resulting in a need for time off above their available PTO and ESL. To address this need, the County may allow employees to donate accrued PTO to employees in need of additional paid time off. Use of Shared Leave will reduce the number of hours multiplied by your length of service-based multiplier.

Eligible employees will be allowed to donate accrued PTO from their unused balance to an eligible employee in need in accordance with the program. For additional information, please contact Human Resources. All aspects of the program will be kept confidential.

# LEAVE OPTIONS

## PERSONAL LEAVE:

All Full-Time Employees and Part-Time Employees will receive one day of paid personal leave, dependent on the normal scheduled daily shift, per calendar year. The initial personal leave day will be available upon successful completion of the three-month probationary period. There shall be no accumulation, carry-over, or payout of unused personal leave, and it can only be used on one (1) occasion and cannot be broken down into smaller increments. Scheduling of personal leave must be pre-approved by the Supervisor. Personal leave cannot be used in the last two weeks before the separation of employment.

## EMPLOYEE CLINIC LEAVE:

All Full-Time Employees and Part-Time Employees who are enrolled in the Finney County Medical Plan may visit the Employee Clinic (i.e., Grow Well Clinic) without using PTO, so long as the clinic note provided by Grow Well staff is received in Human Resources. All non-exempt employees must clock out and clock back in from the appointment. Once the clinic note is received in Human Resources, the time will be credited back as regular time but classified as Clinic Leave. The clinic note must state the appointment time, and time leaving the clinic to return to work, and then be forwarded to Human Resources immediately following the appointment. Clinic leave appointments will only be approved for the employee or for an appointment of the employee's underage dependent and when the employee is not using other leave.

## BEREAVEMENT LEAVE:

All Full-Time Employees and Part-Time Employees shall receive three (3) working days of paid leave in a calendar year, due to the deaths of one or more Immediate Family Members. "Immediate Family Member" means the employee's or spouse's biological, adoptive, step or foster parents, someone who stood in loco parentis to the employee, a husband or wife, biological, adoptive, step or foster child(ren), and child(ren) of legal guardianship, a biological, step or foster sibling, grandparents, and aunts and uncles. If an employee needs more than 3 days of bereavement leave in a 12-month calendar year, the employee should request PTO or unpaid leave (if PTO is exhausted).

# ADDITIONAL BENEFITS

## DEFERRED COMPENSATION PROGRAM



Nationwide



Deferred Compensation Program on a Pre-Tax basis and After-Tax Roth basis is offered through Nationwide Financial and Empower Financial. For additional information, contact Human Resources:

- Eligibility: All full-time and part-time employees working at least twenty (20) hours a week.
- Effective: The first day of the month following the date of employment. (\$10.00 or \$12.00 min. per pay period)
- Cost: A deferred compensation program, combined with your pension and other retirement savings, can help assure your retirement years are financially secure.

Employer Match Program (401a) is offered through Nationwide Financial and Empower Financial. For additional information, contact Human Resources:

- Eligibility: Full-time and part-time employees working at least twenty (20) hours a week, and participating in the 457b program, at one year and one day of service

### 401a Employer Match

-based amounts

1-5 years	Up to \$30 (bi-weekly) match
6-10 years	Up to \$40 (bi-weekly) match
11-15 years	Up to \$50 (bi-weekly) match
16-20 years	Up to \$60 (bi-weekly) match
21-25 years	Up to \$70 (bi-weekly) match
26-30+ years	Up to \$80 (bi-weekly) match



## SUPPLEMENTAL INSURANCE

Having choice is important. After all, your lifestyle and needs are different from the next person's. For this reason, you have the opportunity to select additional benefits coverage through Aflac, Washington National and BCBSKS.

- Short-Term Disability, Cancer, ICU and Accidental Death policies are available to all regular employees. Additional informational packets are available upon request.

## LEGALSHIELD SERVICES



LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. Below are some of the covered services:

- Legal Advice – unlimited issues
- Letters/calls made on your behalf
- Traffic-Related Issues
- Trial Defense
- IRS Audit Assistance
- Will Preparation
- Online legal forms

### Identity Theft Shield

- Credit Report
- Personal Credit Score Analysis
- Continuous Monitoring with Activity Alerts
- Identity Restoration Services

# ADDITIONAL BENEFITS

## HOLIDAY BENEFIT

- The following holidays may be observed each year: New Year's Day, Martin Luther King, Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day plus the day after, Christmas Eve Day and Christmas Day.
- When a holiday falls on a Saturday, it shall be observed on the preceding Friday. When a holiday falls on a Sunday, it shall be observed on the following Monday.
- Only Full-Time Employees and Part-Time Employees are eligible to receive holiday pay. Short-Term Employees and Very Part-Time Employees are not eligible to receive holiday pay
- When non-exempt employees are required to work on a holiday and/or the day the holiday is observed, they will receive holiday pay plus 1.5 times their normal rate of pay for all hours worked on the holiday and/or the day the holiday is observed.
- Any employee who has provided an active Military ID or DD-214 as proof of being a military veteran or current member of the armed forces will receive a Veteran's Day holiday each year in addition to the above holidays.

## LONGEVITY

- Eligibility: All full-time and qualified part-time employees at the successful completion of every five-year increment of continuous employment with the County.
- Benefit: A longevity payment shall be five percent of an employee's salary for the twelve-month period preceding the incremental anniversary date of employment.

## OTHER BENEFITS

- Direct Deposit (Mandatory)
- Golf Membership (Buffalo Dunes)
- Core Fitness (GC Recreation Center)
- Finney County Fitness Center (Free to Employees & Spouse)
- YMCA Membership
- Holcomb Recreation Wellness Centers

*\* Gym Memberships through payroll deduction may require a minimum of 5 employees enrolled in the gym membership before employees can have payroll deduction on any gym memberships. If the number falls below 5, employees may be notified that the payroll deduction will be suspended until the number returns to 5 enrolled in the gym.*



# CONTACTS

Benefit	Contact Information
<b>Kelly Munyan</b> Director of HR	1.620.272.3522 <a href="mailto:kmunyan@finneycounty.org">kmunyan@finneycounty.org</a>
<b>Medical / Dental</b> BLUE CROSS BLUE SHIELD OF KANSAS	1.800.432.3990 <a href="http://www.bcbsks.com">www.bcbsks.com</a>
<b>Telemedicine</b> AMWELL	1.844.SEE.DOCS <a href="http://www.amwell.com">www.amwell.com</a>
<b>Pharmacy Advocate Program</b> TRIA HEALTH	1.888.799.8742 <a href="http://www.triahealth.com">www.triahealth.com</a>
<b>Choose to Lose Program</b> TRIA HEALTH	<a href="http://www.triahealth.com/ctl-finneycounty">www.triahealth.com/ctl-finneycounty</a>
<b>Vision</b> VSP	1.800.877.7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>FSA</b> EMPOWER FAMILY HEALTH AMERICA	1.800.819.9571 or 1.316.687.3444 <a href="http://www.empowerflex.com">www.empowerflex.com</a>
<b>LTD</b> KPERS/UnitedHealthcare Specialty Benefits LLC	1.888.275.5737 or 1.877.202.5300 <a href="http://www.kpers.org">www.kpers.org</a>
<b>Life / Voluntary Life</b> KPERS/THE STANDARD	1.844.289.2306 <a href="http://www.kpers.com">www.kpers.com</a>
<b>Supplemental Insurance Policies</b> AFLAC	Kaci Wells 1.620.793.9190 <a href="mailto:Kaci_Wells@us.aflac.com">Kaci_Wells@us.aflac.com</a>
<b>Supplemental Insurance Policies</b> WASHINGTON NATIONAL	Lindsay Bazalaki 1.402.304.2856 <a href="mailto:Lindsay.bazalaki@pmagent.net">Lindsay.bazalaki@pmagent.net</a>
<b>Legal / ID Theft</b> LEGALSHIELD	Larry Fahrenbruch 1.785.626.5177 <a href="mailto:lfahrenbruch@hotmail.com">lfahrenbruch@hotmail.com</a>
<b>Deferred Compensation</b> NATIONWIDE	Wendie Arnold 1.719.250.2852 <a href="mailto:arnold2@nationwide.com">arnold2@nationwide.com</a>
<b>Deferred Compensation</b> KPERS/EMPOWER	Joe Hillebrand 1.785.213.7175 <a href="mailto:Joseph.hillerand@empower-retirement.com">Joseph.hillerand@empower-retirement.com</a>
<b>Wellness Membership</b> YMCA	Crystal Ibarra 1.620.275.1199 ext. 206 <a href="mailto:cibarra@ymcaswkansas.org">cibarra@ymcaswkansas.org</a>
<b>Wellness Membership</b> Core Fitness (GC Recreational Center)	Juan Castillo 1.620.277.7894 <a href="mailto:Juan.Castillo@GardenCityKS.US">Juan.Castillo@GardenCityKS.US</a>
<b>Wellness Membership</b> Holcomb Recreational Center	Damon Carr 1.620.277.2152 <a href="mailto:hrcwcdir@wbsnet.org">hrcwcdir@wbsnet.org</a>
<b>Grow Well Clinic</b>	1.620.271.1424 <a href="http://www.growwellclinic.com">www.growwellclinic.com</a>

# NOTICES

## CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15<sup>th</sup> through December 7<sup>th</sup> for coverage to begin January 1<sup>st</sup>.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Option 1, Option 2, Option 3	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

**REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

DATE: January 1, 2026  
NAME OF ENTITY: Finney County  
CONTACT: Kelly Munyan, Director of Human Resources  
ADDRESS: 311 N 9<sup>th</sup> St  
Garden City, KS 67846  
PHONE NUMBER: 620-272-3522

# NOTICES

## NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

## NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	<b>You have the right to:</b> <ul style="list-style-type: none"><li>❖ Get a copy of your health and claims records</li><li>❖ Correct your health and claims records</li><li>❖ Request confidential communication</li><li>❖ Ask us to limit the information we share</li><li>❖ Get a list of those with whom we've shared your information</li><li>❖ Choose someone to act for you</li><li>❖ File a complaint if you believe your privacy rights have been violated</li></ul>
Your Choices	<b>You have some choices in the way that we use and share information as we:</b> <ul style="list-style-type: none"><li>❖ Answer coverage questions from your family and friends</li><li>❖ Provide disaster relief</li><li>❖ Market our services and sell your information</li></ul>
Our Uses and Disclosures	<b>We may use and share your information as we:</b> <ul style="list-style-type: none"><li>❖ Help manage the health care treatment you receive</li><li>❖ Run our organization</li><li>❖ Pay for your health services</li><li>❖ Help with public health and safety issues</li><li>❖ Do research</li><li>❖ Comply with the law</li><li>❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director</li><li>❖ Address workers' compensation, law enforcement and other government requests</li><li>❖ Respond to lawsuits and legal action</li></ul>

# NOTICES

Your Rights	<b>When it comes to your health information, you have certain rights.</b> This section explains your rights and some of our responsibilities to help you.
<b>Get a copy of health and claims records</b>	<ul style="list-style-type: none"> <li>❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li> <li>❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li> <li>❖ We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>❖ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>❖ You can ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>❖ We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>❖ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.</li> <li>❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>❖ We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9.</li> <li>❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>❖ We will not retaliate against you for filing a complaint.</li> </ul>

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>❖ Share information with your family, close friends, or others involved in payment for your care</li> <li>❖ Share information in a disaster relief situation</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<b>In these cases, we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>❖ Marketing purposes</li> <li>❖ Sale of your information</li> </ul>

# NOTICES

Our Uses and Disclosures	How do we typically use or share your health information. We typically use or share your health information in the following ways.	
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.	<b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.	<b>Example:</b> We use health information about you to develop better services for you.
Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	<b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	<b>Example:</b> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov](#).

Help with public health and safety issues	We can share health information about you for certain situations such as: ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone's health or safety
Do research	❖ We can use or share your information for health research
Comply with the law	❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: ❖ For workers' compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

# NOTICES

## Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [Your Rights Under HIPAA | HHS.gov](#).

## NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

### Introduction

If you recently gained coverage under a group health plan (the Plan), this notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."



# NOTICES

## When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.**

## How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

# NOTICES

## If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

# NOTICES

## WELLNESS PLAN

We sponsor a voluntary wellness program for employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for a Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Hemoglobin A1C, Lipid Panel, Thyroid Stimulation Hormone (TSH), and, for men over 40 years old, Prostate Specific Antigen (PSA). You are not required to complete the assessment, blood test, or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$15 per month for completing a biometric screening and all required follow-ups and may receive an additional \$10 per month when spouse completes a biometric screening. Although you are not required to complete the assessment or biometric screening, only employees who do so will receive the incentive.

Additional incentive of up to [TBD] may be available for employees who participate in certain health-related activities [TBD] or achieve certain health outcomes [TBD]. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Kelly Munyan, Director of Human Resources at (620) 272-3522.

The information from your assessment and biometric screening will be used to provide you with information to help you understand your current health and potential risks. You are also encouraged to share your results or concerns with your own doctor.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Finney County may use aggregate information it collects to design a program based on identified health risks in the workplace, our wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you, that is provided in connection with the wellness program, will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice or about protections against discrimination and retaliation, please contact HR.

# NOTICES

## NOTICE: PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored Plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer Plan, your employer must allow you to enroll in your employer Plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer Plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **(866) 444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2025. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

# NOTICES

<b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="http://www.iowamedicaid.com/Health%20and%20Human%20Services">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://www.hawki.org/Healthy%20and%20Well%20Kids%20in%20Iowa%20Health%20and%20Human%20Services">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="http://www.hipp.iowa.gov/Health%20Insurance%20Premium%20Payment%20Program">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	<b>KANSAS – Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b> Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>OREGON – Medicaid and CHIP</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b> Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.childrenshhpa.org">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

# NOTICES

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program</a>   <a href="#">Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program</a>   <a href="#">Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## OMB Control Number 1210-0137 (Expires: 1/31/2026)

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

### For more information, contact:

DATE: January 1, 2026  
NAME OF ENTITY: Finney County  
CONTACT: Kelly Munyan, Director of Human Resources  
ADDRESS: 311 N 9<sup>th</sup> St  
Garden City, KS 67846  
PHONE NUMBER: 620-272-3522





# FINNEY COUNTY

KANSAS



## Benefits Enrollment Guide

*This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over the information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.*