

# COWLEY COLLEGE

## 2023 – 2024 Benefits Guide

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This brochure summarizes the benefit plans that are available to Cowley College eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.**

**Please see page 28-29 for more details.**

## Welcome to your 2023 - 2024 Benefits Guide!

### The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Cowley College has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. Cowley College is committed to providing a comprehensive benefits package to its employees for the 2023-2024 plan year, which are outlined in this benefit guide.

### Eligibility

Full-Time employees scheduled to work at least 30 hours per week are eligible to enroll in benefits.

**New Hires:** Your benefits start on the 1st of the month following 30 days of employment.

Generally, dependents are defined as:

Your legal spouse

Dependent "child" up to age 26. (Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage).

### Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoptions, or loss of coverage. The change must be reported to Human Resources within 30 days of the event. The change must be consisted with the event.

*For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.*

### When and How Do I Enroll?

Open enrollment will be conducted **August 1<sup>st</sup> - August 17<sup>th</sup>, 2023.**

All eligible employees are required to complete the enrollment process through Paycom, even if you're not making any changes. No benefit enrollment or changes are accepted after the enrollment period unless due to a family status change (qualifying life event).

## ENROLLMENT

### Open Enrollment

An open enrollment period is a window of time that happens once a year — typically in August — when you can sign up for benefits or adjust/change your benefit options. It's usually limited to a few days. If you miss it, you may have to wait until the next open enrollment period to make any changes. Elections made during open enrollment become effective on the 1<sup>st</sup> day of the plan year **Sept 1, 2023.**

### Plan Year

A plan year is the 12-month period during which your health plan is effective.  
**September 1<sup>st</sup>, 2023 – August 31<sup>st</sup>, 2024.**

### Special Enrollment

Outside of Open Enrollment, changes to your benefits are only allowed when a qualifying life event occurs (see qualifying life events below).

*For example, getting married, having a baby, or losing health coverage – that can make you eligible for a Special Enrollment Period, allowing you to enroll in health Insurance outside the Yearly Open Enrollment Period.*

If you experience a qualifying life event, please contact your Human Resources if you would like to make changes to your benefit elections within 30 days of the qualifying life event.

### Qualifying Life Events

Marriage  
Divorce  
Legal Separation  
Birth or Adoption  
Change in Employment Status  
Death of Spouse or Dependent  
Gain or Loss of Insurance

**FOR BENEFIT QUESTIONS and/or ELECTIONS**

**Please contact Jenette Hanna, Director of Human Resources**

**Jenette.Hanna@cowley.edu**

**620.441.5214**

## CARE OPTIONS

### TELEHEALTH

- Allergies
- Cold/Flu
- Rash
- Pink Eye
- Sinus Infection
- Ear Infection

#### AVAILABLE 24/7!

Resolve common issues with a virtual visit! Easily speak with a doctor from the comfort of your home via web, phone, or mobile app.

### PRIMARY CARE

- Well Visits & Physicals
- Immunizations for children/Adults
- Follow Up Appointments
- Screenings

#### LOWEST COST

Pay the least amount out of pocket expenses by going to your PCP for non-life-threatening medical issues. Your doctors knows you and has access to your health history and medical records.

### URGENT CARE/WALK IN CLINICS

- Rashes
- Minor Infections
- Scrapes
- Stings, bites
- Abdominal Pain
- Mild Asthma Attacks
- Sore Throat
- Small Cuts
- Strains or Sprains

#### LOWEST COST

If you need immediate, convenient medical care and can't get into your doctor during regular office hours, consider going to an Urgent Care facility or Walk-in Clinic.

### EMERGENCY ROOM

- Chest Pain
- Major Burns
- Sudden Weakness
- Broken Bones
- Large Open Wounds
- Foreign objects in the body

#### HIGHEST COST

If you're in need of immediate medical attention that may result in severe pain, or dysfunction to bodily functions or organs, a visit to the emergency room is necessary.

## TIPS ON HOW TO CONTROL COST

Ways to reduce costs in healthcare cost. This helps our premiums (and employee/employer contributions) go down. It also helps you pay less when receiving medical services.

### SAVE TIME AND MONEY!

- Use In-Network providers and pharmacies.
- Know your care options – ER vs Urgent Care vs. Walk-In clinics.
- Establish relationship with your Primary Care Physician (PCP).
- Learn about and utilize Telemedicine through AMWELL when appropriate.

### BE A SMART CONSUMER!

- Use all resources available – mail order prescription, online cost estimator and other carrier tools.
- Know what's free – Preventive care services are free of charge when you are an in-network provider. See a complete list of covered services at [www.healthcare.gov](http://www.healthcare.gov).
- Never pay provider invoice until you read the Explanation of Benefits (EOB).
- Download carrier's mobile app to allow you to view claims, deductible and other information.

### SAVE ON PRESCRIPTIONS!

- Use generic instead of Brand Name
- Discount Programs – Wal-Mart and Target offer lower cost on many generic drugs.
- Use GoodRx – Compare local pharmacies and save up to 80% on your cost.  
[www.GoodRx.com](http://www.GoodRx.com) (if you use the GoodRx coupon, the cost of prescription will not apply toward your Max- Out-of-Pocket amount).
- Participate in FSA & HSA – using these accounts can save you money because the contributions are made in a - pretax basis.

### STAY HEALTHY

- Exercise & eat right – Eat more whole foods and less processed food.
- Get enough sleep!
- Get your routine preventive services!
- Healthy Habits- Moderate alcohol intake, avoid tobacco use, and limit sweets/sugar.
- Stay hydrated!

## TELEMEDICINE

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 the 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 health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

### Patient Benefits

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

### When Can I Use it?

- Cold or Flu
- Fever
- Rash
- Sinus Infections
- Pink Eye
- Ear Infections
- No travel expenses or time
- Easier if you have a child or elderly person in your care.
- Privacy

### Can My Family Use Telemedicine?

Yes, if your spouse and/or children are covered by your Blue Cross Plan.

### Behavioral Health Services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private appointments available 7 days a week, 6:00 a.m. to 10:00 p.m. CST.

### How Much Does it Cost?

**Option 1 – \$30 Copay**

**Option 2 & 3 – Approximately \$59**

### Three ways to register:

- 1 Download the Amwell app on any mobile device.



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

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





# MEDICAL PLAN OPTIONS



Cowley College will continue to offer medical coverage. The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Description Deductible	Option 1 \$1,000	Option 2 \$1,500	Option 3 HDHP \$3,500
<b>Preventive Care</b> Covered at 100%			
Telehealth Visits	\$30 copay	Approximately \$59	Approximately \$59
Primary Physician Office Visit	\$30 copay	80% after deductible	100% after Deductible
Specialist (includes Eye Exam) Urgent Care	\$50 copay	80% after deductible	100% after Deductible
Emergency Room	\$100 copay then Deductible / Coinsurance	\$100 copay then Deductible / Coinsurance	100% after Deductible
<b>Plan Year Deductible</b>			
Individual / Family	\$1,000 / \$ 3,000	\$1,500 / \$4,500	\$3,500 / \$7,000
Coinsurance	You pay 20% to \$1,000 / \$3,000	You pay 20% to \$1,000 / \$3,000	100%
<b>Out of Pocket Maximum (includes deductible, copays, &amp; coins)</b>			
Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$3,500 / \$7,000
<b>Diagnostic Services</b>			
X-ray and Lab Tests	100% to \$300 then Ded. & Coins	80% after Deductible	100% after Deductible
<b>Retail Prescriptions (34-day Supply)</b>			
Generic	\$20 copay or 30% coins up to \$200 Maximum	80% after Deductible	100% after Deductible
Preferred Brand	\$40 copay or 30% coins up to \$200 Maximum	80% after Deductible	100% after Deductible
Non-Preferred Brand	\$60 copay or 30% coins up to \$200 Maximum	80% after Deductible	100% after Deductible
Specialty Medications Copay assistance available	30% up to a max of \$1,000	80% after Deductible	100% after Deductible
<b>Mail Order Prescriptions (90-day Supply)</b>			
Generic	\$50 copay or 30% coins up to \$500 Maximum	80% after Deductible	100% after Deductible
Preferred Brand	\$90 copay or 30% coins up to \$500 Maximum	80% after Deductible	100% after Deductible
Non-Preferred Brand	\$150 copay or 30% coins up to \$500 Maximum	80% after Deductible	100% after Deductible
<b>Employee Cost</b>			
	Current Rate	Current Rate	Current Rate
Employee	\$753.71 (\$46.29)	\$694.76 (\$105.24)	\$632.18 (\$167.82)
Employee + Spouse	\$964.75 \$164.75	\$889.18 (\$1.24)	\$808.50 \$8.50
Employee + Child(ren)	\$866.77 \$66.77	\$798.76 \$89.18	\$727.12 (\$72.88)
Family	\$1,040.12 \$240.12	\$958.51 \$158.51	\$871.79 \$71.79

**Note:** Option 1 & 2 have a 3-month deductible carryover. (Deductible amounts accumulated in June or July will carry over to September).

Cowley College provides each employee with a \$800/month stipend to be used towards medical and dental premiums.



## CONNECT WITH BLUE

BCBS of Kansas online member portal is the gateway to your health information.

### *Access your information – quickly and securely!*

Our secure online member portal allows you to:

- View benefits, including eligibility and deductible/coinsurance information
- Check your claims
- View, download and monitor medical expenses through your Explanation of Benefits (EOBs)
- View, download or print your digital ID card

### *Registration is quick and simple.*

If you already have a BlueAccess account, log in to view your health plan information. If you don't have an account, registration is easy.

- 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



**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 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.

**5 Blue365** | Exclusive health and fitness deals and discounts.

## Finding a Network Provider is Easy!

Employees can search by name, specialty, or location on our website, through our convenient online Doctor/Hospital Finder.

Plus, they have access to our cost transparency tool that can compare costs before going to the doctor.

[Bcbsks.com/find-a-doctor](https://bcbsks.com/find-a-doctor).





## HEALTH SAVINGS ACCOUNT (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

### Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP) – **Option 3**
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

### 2023 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

#### **2023 HSA Contribution Limits**

**\$3,850 Individual/\$7,750 Family**

*\*If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.*



## FLEXIBLE SPENDING ACCOUNTS (FSA)

The Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

### How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.
- **Minimum contribution \$300 per year**
- **Maximum Contribution \$3,050**
- Eligible medical, dental and vision expenses must be incurred from **September 1 through August 31** each year.

### Important rules to keep in mind:

- Grace period of 2 ½ months following the end of the plan year in which eligible expenses can be incurred.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another account.
- Please plan your FSA contributions carefully. Re-enrollment is required each year.

### Flex Made Easy Login Information

**To set up your online Account:** Go to [flexmadeeasy.com](http://flexmadeeasy.com)

**Customer Service:** (855) 615-3679

**Email:** [info@FlexMadeEasy.com](mailto:info@FlexMadeEasy.com)



#### **Maximum Annual Election**

**Health Care FSA \$3,050**

**Dependent Care FSA \$5,000**

## FLEXIBLE SPENDING ACCOUNTS – DEPENDENT CARE

The **Dependent Care Flexible Spending Account** reimburses you for eligible dependent care expenses with tax-free dollars. This is a valuable plan for employees with children or dependent parents. The maximum you may set aside is **\$5,000 per plan year**, deductions are pre-taxed.

- **Run-out Period:** Plan participants have an extended time after the end of the plan year to submit receipts for reimbursement. You can only get reimbursed for claims with a date of service during the previous plan year. The run-out period is for 90 days after the plan year ends.
- **Expenses** you may claim and be reimbursed with tax-free dollars include:
  - Wages paid to babysitters, whether the care is provided in or outside of your home. The babysitter may not be someone you claim as dependent on your tax return and must be over 18 years of age. Expenses for a babysitter can only be used for services provided during regular working hours. Babysitting costs for social events are not eligible.
  - Services of a day care center, nursery school, or Pre-K (providing the centers comply with state and local laws).
  - Cost for care at facilities away from home, such as family daycare or adult daycare centers, if the dependent returns home for at least 8 hours of a 24-hour day.
  - Wages paid to a caregiver or home aide for providing eligible care.
  - Any other qualified dependent care expenses as defined by the IRS.

Eligible dependents must be under the age of 13, and/or physically or mentally unable to care for themselves and claim as an exemption on your tax return.

If you participate in a Dependent Care Flexible Spending Account, you can elect to have your reimbursements directly deposited. This is the fastest and easiest way to be reimbursed.

### Debit Card

The Visa card can only be used with a Dependent Care provider with a properly registered credit card processing system including the four-digit Merchant Category code of 8351 “Child Care Services” or code 8299 “Schools and Educational Services.” If the merchant’s credit card terminal is not set up this way, the card will not be accepted.

Questions regarding your Flexible Spending Accounts? Contact Flex Made Easy

**Phone:** (855) 615-3679

**Email:** [info@FlexMadeEasy.com](mailto:info@FlexMadeEasy.com)

#### **Maximum Annual Election**

Health Care FSA \$3,050

**Dependent Care FSA \$5,000**



## DENTAL INSURANCE

Cowley College will continue to offer a dental program. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental Insurance Company Dental Plan
<b>Benefit Coverage</b>	<i>In-Network Benefits</i>
<b>Annual Deductible</b>	
Individual	\$25
Family	\$75
<b>Annual Maximum</b>	
Per Person / Family	\$1,500
Preventive	100% - Unlimited Cleanings - Services for children 12 & under paid at 100% Dental Examinations – Limited 2 per year.
<b>Primary Services</b> Oral Surgery Endodontics Simple Extractions	50% - Services for children 12 & under paid at 100%
<b>Major Services</b> Periodontal Onlays Bridges, Crowns	50% - Services for children 12 & under paid at 100%
<b>Orthodontia – Not Covered</b>	

Employee Contributions (Monthly)	
<b>Employee Only</b>	\$38.81
<b>Employee + Spouse</b>	\$71.81
<b>Employee + Child(ren)</b>	\$69.86
<b>Family</b>	\$81.51

### RIGHT START 4 KIDS<sup>SM</sup> (RS4K):

Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.



**Helpful Tip:** Ask your dentist for a pre-determination letter prior to treatment and/or procedure. A treatment plan is usually submitted by a dentist for Delta Dental to review and provide an estimate of benefits before treatment starts. This can help a member budget for dental procedures and predict their out-of-pocket cost.

**PPO & Premier Network:** You may see a dental provider in either the Delta Dental PPO or Delta Dental Premier network. You will see deeper discounts when utilizing a PPO provider but will have the same percentage of coverage with both networks.



## DENTAL PLAN INFORMATION

Cowley College provides you with an opportunity to purchase Dental coverage with Delta Dental Insurance Company. You are eligible for this benefit on the first day of the month following 30 calendar days of employment.

### SUMMARY OF DENTAL BENEFITS

The Dental Plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice – an “in-network” dentist or an “out-of-network” dentist.

For the best savings, use a Delta Dental participating dentist or specialist. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist’s fee and the plan’s payment for the approved service.

Before you get any major dental work, you should talk to your dentist about getting a pretreatment estimate. That is when your dentist sends the plan for your care to Delta Dental. For most procedures, you and your dentist will receive the estimate. The estimate will show the amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It is a great way to be prepared and plan ahead.

### RIGHT START 4 KIDS (RS4K)

The Right Start 4 Kids program removes the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist is seen. If an out-of-network is seen, the underlying contract applies.

### MANAGING MY BENEFITS

- At [deltadentalks.com](http://deltadentalks.com), you can log in to your member account to:
- Print ID cards.
- Check your eligibility and benefit information.
- Check your claim status.
- Sign-up to receive your explanation of Benefits electronically.
- And more!



### FIND A DENTIST

To find a Delta Dental Provider: On the internet, go to [www.deltadentalks.com](http://www.deltadentalks.com). and click on “find a Dentist” or download the mobile app.

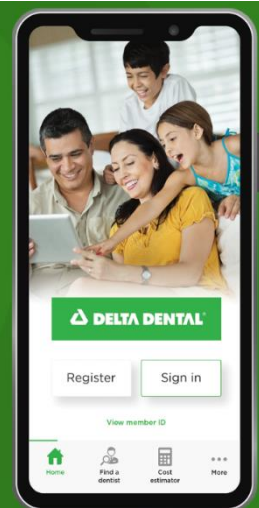


SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

Questions? 800.234.3375  
Delta Dental of Kansas | [DeltaDentalKS.com](http://DeltaDentalKS.com)

### Dental benefits on the go

Need to find a dentist, check your coverage or estimate your out-of-pocket costs? Download the Delta Dental mobile app to do all of this and more.





## VISION INSURANCE

Cowley College provides vision coverage through Vision Care Direct.

The chart below is a brief outline of the plan. Please refer to the summary of benefits for complete plan details.

Benefit Coverage	Vision Care Direct Complete Plan	Vision Care Direct Materials Only Plan
	<i>In- Network</i>	<i>In- Network</i>
Routine Eye Exam		
Exam	\$15 copay	Not covered
Prescription Glasses	\$15 copay	\$15 copay
Standard Lenses / Contacts		
Single	\$15 copay	\$15 copay
Bifocal	\$15 copay	\$15 copay
Trifocal	\$15 copay	\$15 copay
Standard Frame		
Frame Allowance	Up to \$160 allowance; 20% off bal.	
Contacts	Up to \$160 allowance	
Service Frequency		
Routine Eye Exams	Every 12 Months	N/A
Lenses/Contacts	Every 12 Months	Every 12 Months
Standard Frame	Every 24 Months	Every 24 Months
Employee Contributions (Monthly)		
Employee Only	\$13.48	\$9.34
Employee + 1	\$21.57	\$14.94
Employee + Child(ren)	\$24.88	\$17.24
Family	\$42.31	\$29.30

**Note:** Medical plan option 1 includes a routine eye exam with a \$50 copay. Individuals enrolled in Option 1 may consider the materials only vision plan and receive an eye exam through medical insurance.

If you are enrolled in option 2 or 3 (HDHP) eye exams are subject to deductible with medical insurance.

To find a Vision Provider in your area go to: [www.VisionCareDirect.com](http://www.VisionCareDirect.com).





## VOLUNTARY LIFE INSURANCE

You may purchase additional Life and AD&D Insurance through One America. This plan is 100% employee paid via payroll deductions. You may purchase additional life insurance for yourself, spouse, and child(ren).

The cost of Life Insurance will be determined based on your age and the amount of coverage you choose. Please review your coverage options through the Paycom Enrollment Portal or go to [www.benefits-direct.com/cowleycollege](http://www.benefits-direct.com/cowleycollege) to see complete plan details.

Voluntary Life Insurance	
<b>Employee</b>	
Benefit Amount	A flat amount in \$1,000 increments with a <b>Minimum of \$10,000</b> and <b>Maximum of \$150,000</b> not to exceed 5 times your annual base salary.
Guarantee Issue Amount	<b>\$150,000</b>
<b>Spouse</b>	
Benefit Amount	A flat amount in \$500 increments with a <b>Minimum of \$10,000</b> and a <b>Maximum of \$50,000</b> not to exceed 100% of your Life Amount.
Guarantee Issue Amount	<b>\$50,000</b>
<b>Child(ren)</b>	
<b>Plan 1: Employee &amp; Spouse Benefits same as above:</b> Dependent Child Benefit - 6 months to age 19, or 25 if full-time student \$2,500 Live birth to 6 months - \$1,000.	
<b>Plan 2: Employee &amp; Spouse Benefits same as above:</b> Dependent Child Benefit - 6 months to age 19, or 25 if full-time student \$5,000 Live birth to 6 months - \$1,000.	
<b>Plan 3: Employee &amp; Spouse Benefits same as above:</b> Dependent Child Benefit - 6 months to age 19, or 25 if full-time student \$7,520 Live birth to 6 months - \$1,000.	
<b>Plan 4: Employee &amp; Spouse Benefits same as above:</b> Dependent Child Benefit - 6 months to age 19, or 25 if full-time student \$10,000 Live birth to 6 months - \$1,000.	

**\*If you elect more than the guaranteed issue amount, you may be required to answer medical questions and evidence of insurability forms (statement of health form).**



# LIFE INSURANCE MONTHLY RATES



**Payroll Deduction Illustration: Monthly  
Employee Options**

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$ .70	\$ .70	\$ .70	\$ .90	\$1.10	\$1.30	\$1.70	\$2.30	\$4.00	\$5.90	\$11.00	\$27.70	\$27.70
\$20,000	\$1.40	\$1.40	\$1.40	\$1.80	\$2.20	\$2.60	\$3.40	\$4.60	\$8.00	\$11.80	\$22.00	\$55.40	\$55.40
\$30,000	\$2.10	\$2.10	\$2.10	\$2.70	\$3.30	\$3.90	\$5.10	\$6.90	\$12.00	\$17.70	\$33.00	\$83.10	\$83.10
\$40,000	\$2.80	\$2.80	\$2.80	\$3.60	\$4.40	\$5.20	\$6.80	\$9.20	\$16.00	\$23.60	\$44.00	\$110.80	\$110.80
\$50,000	\$3.50	\$3.50	\$3.50	\$4.50	\$5.50	\$6.50	\$8.50	\$11.50	\$20.00	\$29.50	\$55.00	\$138.50	\$138.50
\$60,000	\$4.20	\$4.20	\$4.20	\$5.40	\$6.60	\$7.80	\$10.20	\$13.80	\$24.00	\$35.40	\$66.00	\$166.20	\$166.20
\$80,000	\$5.60	\$5.60	\$5.60	\$7.20	\$8.80	\$10.40	\$13.60	\$18.40	\$32.00	\$47.20	\$88.00	\$221.60	\$221.60
\$100,000	\$7.00	\$7.00	\$7.00	\$9.00	\$11.00	\$13.00	\$17.00	\$23.00	\$40.00	\$59.00	\$110.00	\$277.00	\$277.00
\$120,000	\$8.40	\$8.40	\$8.40	\$10.80	\$13.20	\$15.60	\$20.40	\$27.60	\$48.00	\$70.80	\$132.00	\$332.40	\$332.40
\$150,000	\$10.50	\$10.50	\$10.50	\$13.50	\$16.50	\$19.50	\$25.50	\$34.50	\$60.00	\$88.50	\$165.00	\$415.50	\$415.50

**Spouse Options**

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$ .70	\$ .70	\$ .70	\$ .90	\$1.10	\$1.30	\$1.70	\$2.30	\$4.00	\$5.90	\$11.00	\$27.70	\$27.70
\$20,000	\$1.40	\$1.40	\$1.40	\$1.80	\$2.20	\$2.60	\$3.40	\$4.60	\$8.00	\$11.80	\$22.00	\$55.40	\$55.40
\$30,000	\$2.10	\$2.10	\$2.10	\$2.70	\$3.30	\$3.90	\$5.10	\$6.90	\$12.00	\$17.70	\$33.00	\$83.10	\$83.10
\$40,000	\$2.80	\$2.80	\$2.80	\$3.60	\$4.40	\$5.20	\$6.80	\$9.20	\$16.00	\$23.60	\$44.00	\$110.80	\$110.80
\$50,000	\$3.50	\$3.50	\$3.50	\$4.50	\$5.50	\$6.50	\$8.50	\$11.50	\$20.00	\$29.50	\$55.00	\$138.50	\$138.50

**Child Options**

Life & AD&D	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$2,500	\$1,000	\$0.60
Option 2:	\$5,000	\$1,000	\$1.20
Option 3:	\$7,500	\$1,000	\$1.80
Option 4:	\$10,000	\$1,000	\$2.40

**Note:** Employee and Spouse premiums are based on your age as of 10/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

Please review your coverage options through the Paycom Enrollment Portal or go to [www.benefits-direct.com/cowleycollege](http://www.benefits-direct.com/cowleycollege) to see complete plan details.

## VOL LIFE INSURANCE – Optional Group Life with KPERS (OGLI)

As part of your KPERS benefits, your employer offers Optional Life Insurance, additional coverage beyond KPERS basic life insurance. This is extra coverage to help you protect what matters most – your family, including their financial security. With Optional Life, you decide how much you need and pay your premiums through payroll deduction.

### Employee

**Benefit Amount:** Increments of \$5,000

**Maximum Amount:** \$400,000

**Guarantee Issue Amount:** \$50,000 to \$250,000

### Spouse

**Benefit Amount:** Increments of \$5,000

**Maximum Amount:** \$100,000

**Guarantee Issue Amount:** \$25,000

### Child(ren)

**Benefit Amount:** \$10,000 or \$20,000

**Maximum Amount:** \$20,000

**Guarantee Issue Amount:** \$10,000 or \$20,000

**One Premium covers all eligible children in your family up to the age of 26. No age limit with disabled dependents.**

## SHORT TERM DISABILITY

Cowley College will provide a voluntary disability option to full-time employees with Short Term Disability benefits with OneAmerica through Benefits Direct. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive disability benefits if you are receiving workers' compensation benefits and you may be subject to waiting periods for pre-existing conditions. Long Term Disability coverage is provided through the Kansas Public Employees Retirement System. Long Term Disability begins after 6 months of disability.

	Option 1	Option 2	Option 3
<b>Coverage Amount</b>	70% of your earnings to a maximum \$1,750/week (minimum \$200)		
<b>Elimination Period</b>	Injury: 0 days Sickness: 7 days	Injury: 14 days Sickness: 14 days	Injury: 30 days Sickness: 30 days
<b>Maximum Duration</b>	26 weeks	24 weeks	22 weeks
<b>Pre-Existing Limitations</b>	3 months/12 months *Any condition you were treated for prior to your effective date will not be covered for the first 12 months		

The cost of Short-Term Disability Insurance will be determined based on your age and the amount of coverage you elect. For more information review the brochure or go to [www.benefits-direct.com/cowleycollege](http://www.benefits-direct.com/cowleycollege) to see complete plan details.

### EXAMPLE OF STD RATES ARE DEMONSTRATED BELOW (OPTION 1)

Worksite Short Term Disability Coverage Option 1														
You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,750, in increments of \$50, not to exceed 70% of your weekly pre-disability earnings.														
Elimination Period			Maximum Benefit Duration							Pre-Existing Condition Period				
0 days injury / 7 days sickness			26 weeks							3 months / 12 months				
Option 1 Payroll Deduction Illustration: Monthly														
If your annual salary is at least:	You may select a Weekly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$11,143	\$150	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70
\$14,857	\$200	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60
\$18,571	\$250	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50
\$22,286	\$300	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40
\$29,714	\$400	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20
\$37,143	\$500	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00
\$55,714	\$750	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50
\$74,286	\$1,000	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00
\$111,429	\$1,500	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00
\$130,000	\$1,750	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

When you or a household member need trusted, professional help, **empac** is just a phone call away. For more than 40 years, **empac** has been helping employees thrive in their personal and professional lives by providing caring and compassionate support.

### Free, confidential, **empac** service include:

12 phone, video, or in-person sessions per household per year for personal and professional needs such as:

#### **SERVICES**

Work/Life Balance  
Stress  
Depression  
Anxiety  
Marital Issues  
Grief and Loss  
Substance Abuse  
Work related concerns  
Life-changing events



### **Work Life Services**

- Financial consultation and resources for debt management and consolidation, identity theft, budgeting, and credit report information.
- Legal consultation with an attorney for issues relating to family law, estate planning, traffic citations landlord conflicts, and many others. Discounted legal fees.
- Dependent care resources and referrals.
- Self-help resources on a variety of topics via a member only website.
- Monthly newsletters for employees and supervisors.



**Get Started. Make your free appointment.**

**316.265.9922 | 800.234.0630 | txt 316.710.7374 | [empac-eap.com](http://empac-eap.com)**

## RETIREMENT PLAN 403(b)

Cowley's 403(b) Savings Plan is a tax-deferred retirement plan which allows you to contribute a percentage of your pay before taxes and receive a basic contribution and matching contribution from Cowley College. Distributions generally are only available when you reach age 59 ½. However, distributions can also be available in the event of financial hardship, death or disability.

You can contribute up to 100% of your compensation to this plan, up to the limit allowed under the Internal Revenue Code which is \$22,500 in 2023. The combined employee and employer contribution limit is \$66,000. If you are age 50 or older, you can make a "catch-up" contribution of up to \$7,500 in 2023.

Automatic payroll deduction withdraws your contribution directly from your paycheck after you complete a Salary Deduction Agreement and return it to your financial representative. You may commence making contributions or modify the amount of your current contribution at any time.

You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers and 403(b) investment products located on the Bay Bridge website.

<http://sfr.baybridgeadministrators.com>.

**Ameriprise Financial Services**  
(800) 297-7378  
70100 Ameriprise Financial Cntr  
Minneapolis, MN 55474

**Aspire Financial Services**  
(866) 634-5873  
4010 Boy Scout Blvd, Ste 500  
Tampa, FL 33607

**Voya Retirement Ins**  
PO BOX 3015  
New York, NY 10116  
(888) 410-9482

**Security Benefit (800-888-2461)**  
Ginger Hamilton  
(316) 670-0049  
ginderhamilton@ofgfinancial.com

**Ian Lindstrom**  
(316) 990-8923  
ianlindstrom@ofgfinancial.com

**Leasha Rutschman**  
(316) 461-5063  
Leasharutschman@ofgfinancial.com







## WORKSITE PRODUCTS

### Accident Insurance

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

These benefits are paid directly to you and may be used for any reason, from deductibles and prescriptions to transportation and childcare. This coverage includes 24-hour accidents for yourself or your entire family. Please see brochure or go to [www.benefits-direct.com/cowleycollege](http://www.benefits-direct.com/cowleycollege) to see complete plan details.



### Cancer

This voluntary coverage through Benefits Direct helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer that most medical plans may not cover. This coverage also provides benefits for specified cancer-screening tests.

Please see brochure or go to [www.benefits-direct.com/cowleycollege](http://www.benefits-direct.com/cowleycollege) to see complete plan details.





## CONTACTS

### USI Mobile App – MyBenefits2GO

Cowley College is pleased to offer on-the-go access to key benefit information through the USI Mobile App, **MyBenefits2GO**. Search for “**MyBenefits2GO**” and download the free app on your smartphone. Add your name and email then enter the **code M91455** when prompted.

### Have Questions? Need Help?

Cowley College is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

**The Specialists in the Benefit Resource Center** are available Monday through Friday 9:00am to 5:00pm CST.

at **855-874-0742** or via e-mail at **BRCMT@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on Paycom System. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

### Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
<b>Medical PPO</b> <i>Policy #7684</i>	Blue Cross Blue Shield	(800) 432-3990	<a href="http://www.bcbsks.com">www.bcbsks.com</a>
<b>Telemedicine</b> <i>Amwell</i>	Amwell	(844) 733-3627	<a href="http://www.bcbsks.com/telemed">www.bcbsks.com/telemed</a>
<b>Dental PPO</b> <i>Policy #54036</i>	Delta Dental	(800)733-5823	<a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
<b>Vision</b> <i>Policy #1320</i>	Vision Care Direct	(800-399-9644	<a href="http://www.visioncaredirect.com">www.visioncaredirect.com</a>
<b>Employee Assistance Program</b>	EMPAC	(800) 234-0630	<a href="http://www.Empac-Eap.com">www.Empac-Eap.com</a>
<b>Flexible Spending</b> <i>FSA &amp; Dependent Care</i>	Flex Made Easy	(877-523-0176	<a href="http://www.flexmadeeasy.com">www.flexmadeeasy.com</a>
<b>Benefits Direct</b> <i>Life, STD, Accident &amp; Cancer</i>	Benefits Direct	(877) 523-0176	<a href="mailto:Customersupport@AmeriLifeBenefits.com">Customersupport@AmeriLifeBenefits.com</a>
<b>Human Resources</b> <i>Director of HR</i>	Cowley Collge	(620) 441-5214	<a href="mailto:Jenette.Hanna@cowley.edu">Jenette.Hanna@cowley.edu</a>



## REQUIRED NOTIFICATIONS

### Important Legal Notices Affecting Your Health Plan Coverage

#### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Please see your benefit summary for complete plan details.

#### NEWBORNS ACT DISCLOSURE - FEDERAL

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

#### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your 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 60 days after the marriage, birth, adoption, or placement for adoption.

#### CONTACT INFORMATION

##### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

**Amy Tharp**  
125 S. 2<sup>nd</sup>  
Arkansas City, KS 67005  
620-441-5295  
[Amy.Tharp@cowley.edu](mailto:Amy.Tharp@cowley.edu)

**Jenette Hanna**  
125 S. 2<sup>nd</sup>  
Arkansas City, KS 67005  
620-441-5214  
[Jenette.Hanna@cowley.edu](mailto:Jenette.Hanna@cowley.edu)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

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

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **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.
- 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.

#### **Ask us to correct health and claims records**

- 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.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

**Request confidential communications**

- 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.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- 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.

**Get a copy of this privacy notice**

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.

**Choose someone to act for you**

- 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.
- We will make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- 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 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your choices about what we 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.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*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.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

**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.

**Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: 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.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

### **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: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **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 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.

## 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: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## 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, on our web site (if applicable), and we will mail a copy to you.

## Other Instructions for Notice

- 9/1/2023
- **Jenette Hanna** 620.441.5214 & **Amy Tharp** 620.441.5295

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

## Important Notice from Cowley College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cowley College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Cowley College has determined that the prescription drug coverage offered by the Cowley College is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Cowley College** coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current **Cowley College** coverage, be aware that you and your dependents will be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with **Cowley College** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Cowley College** changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	9/1/2023
Name of Entity/Sender:	Cowley College
Contact--Position/Office:	<b>Jenette Hanna, Director of Human Resources &amp; Amy Tharp, Payroll &amp; Benefits Coordinator</b>
Address:	125 S 2 <sup>nd</sup> St, Arkansas City, 67005
Phone Number:	620.441.5214



### 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 **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. 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)	Website: Health Insurance Premium Payment (HIPP) Program <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	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	LOUISIANA – Medicaid
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:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	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
MONTANA – Medicaid	NEBRASKA – Medicaid
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>	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

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	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. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid 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	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
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
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="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</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 January 31, 2023, 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

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Cowley College		3. Employer Identification Number (EIN) 48-0720889	
4. Employer address 125 S 2 <sup>nd</sup> Street		5. Employer phone number 620-441-5214	
6. City Arkansas City	7. State KS	8. ZIP code 67005	
10. Who can we contact about employee health coverage at this job? Jennet Hanna -Director of Human Resources			
11. Phone number (if different from above) 620-441-5214		12. Email address Jenette.Hanna@cowley.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are: Full-time employees working at least 30 hours per week.

- ☒ Some employees. Eligible employees are: Eligible dependents include legal spouse and dependents to age 26.

- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard\*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

\* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



**9/1/2023 – 8/31/2024**

Jenette Hanna - Director of Human Resources  
125 S. 2nd  
Arkansas City, Kansas 67005



