ALLEN COUNTY

2025-2026 EMPLOYEE BENEFITS OVERVIEW

Plan Year: April 1, 2025 – March 31, 2026

Table of Contents

WELCOME & MEET YOUR BUKATY COMPANIES TEAM….....1

CARRIER CONTACT INFORMATION…..... 2

WELLNESS PROGRAM OVERVIEW….....3-4

MEDICAL INSURANCE PLAN OVERVIEW….....5

DENTAL INSURANCE PLAN OVERVIEW….....6

VISION INSURANCE PLAN OVERVIEW….....7

LIFE, VOL LIFE, STD & LTD PLAN OVERVIEWS….....8

ACCIDENT INSURANCE PLAN OVERVIEW….....9-10

CRITICAL ILLNESS INSURANCE PLAN OVERVIEW….....11-12

HOSPITAL INDEMNITY INSURANCE PLAN OVERVIEW….....13-14

RIGHTS & DISCLOSURES….....15-16

Welcome

Allen County recognizes that our employees are our most valuable resource, your benefits program is extremely important to us. Therefore, it is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our past success and position us well for the future. Thank you for your ongoing commitment as we continue to provide superior service to the citizens of Allen County. We are proud to include all of you as part of the Allen County family.

This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing and other benefit-related questions. Please contact them by phone, or email. They will work to ensure your satisfaction.

Meet the Team

Stephen Euston
Benefits Consultant
seuston@bukaty.com
913.396.0866

Stephen oversees all aspects of your employee benefits program.

Joe Holdenried
Benefits Consultant
jholdenried@bukaty.com
913.647.5538

Joe oversees all aspects of your employee benefits program.

Greg Lichtenauer
New Business/ Renewal Manager
glichtenauer@bukaty.com
913.222.5222

Greg obtains carrier quotes, prepares spreadsheets, and assists clients throughout the enrollment process.

LaNae Solberg
Client Service Manager
lasolberg@bukaty.com
913.647.5541

LaNae is responsible for assisting clients and members with day-to-day administrative and service issues.

Contact Information

Human Resources

Shannon Patterson, Allen County Clerk
Phone: 620-365-1407
Email: coclerk@allencounty.org

Medical: Blue Cross Blue Shield of KS

Group #: 5742406AA0015
Customer Service: 800.432.3990
Web: www.bcbsks.com

KPERS

Retirement, Long Term Disability, Voluntary Life
Contact: Shannon Patterson, Allen County Clerk
Phone: 620-365-1407
Customer Service: 800.232.0024
Web: www.kpers.org

Dental: Guardian

Customer Service: 800.541.7846
Web: http://www.guardianlife.com

Vision: Guardian

Customer Service: 800.541.7846
Web: http://www.guardianlife.com

Life / AD&D: Blue Cross Blue Shield of KS

Customer Service: 800.432.3990
Web: www.bcbsks.com

Short Term Disability: Blue Cross Blue Shield of KS

Customer Service: 800.432.3990
Web: www.bcbsks.com

Accident: Guardian

Customer Service: 800.541.7846
Web: http://www.guardianlife.com

Critical Illness: Guardian

Customer Service: 800.541.7846
Web: http://www.guardianlife.com

Hospital Indemnity: Guardian

Customer Service: 800.541.7846
Web: http://www.guardianlife.com

Allen County Wellness Program

Background

Allen County implemented a wellness program several years ago to benefit all county employees. Our plan's performance, and our subsequent contribution to employee health insurance coverage, is incumbent upon our workforce staying healthy or making efforts to. The program we have adopted is now provided by CHC Well Being (CHC), a full-service workplace wellness provider for over 25 years, and will consist of an on-site biometric screening exam with a Health Risk Assessment. We will continue to offer a participation-based program incentive on the medical insurance plan.

Program Incentive

Allen County will be charging $50.00 per pay period for employees who participate in the County's health insurance plan. If you choose to participate in the biometric screening offered by CHC, you will qualify for a reduction of the health insurance premium you pay for participation in the County's health insurance plan. See the table below for the potential savings for employees.

Semi-Monthly Cost:	CHC Biometric Screening Participant	Non-Participant
Employee:	$0.00	$50.00

Allen County is committed to providing a significant savings for employees who participate in the program. The projected savings per participating employee is **$600.00 per year**. If you cannot participate due to a medical condition (like hemophilia), then a Physician's note must be provided that supports this and a reasonable alternative standard must be completed (see explanation and CHC contact information below).

Reasonable Alternative Standard:

Whether it is the employees first year or subsequent years, premium reduction qualification is dependent on participation or due to a medical condition cannot participate at all in screening, a reasonable alternative standard option is available to qualify for the premium reduction. The reasonable alternative standard, which is offered through CHC, can only be completed during the plan year in which an employee has failed and when course is completed the Participant premium reduction is earned for the rest of the plan year and back to the beginning of the plan year. The employee has six months from screening to complete the reasonable alternative standard. The reasonable alternative standard through CHC is a pass-fail course, completion is passing, you can only fail if you do not complete the course. Proof of completion is provided through CHC and must be provided to your Plan Administrator.

Please note that the criteria for qualification in the County's premium incentive program is clearly outlined in the CHC test result booklet provided to each participating employee. The qualification program will be run by CHC and the County will only receive a list of employees who qualify for the incentive program. This program complies with all applicable State and Federal legislation and HIPAA privacy laws.

CHC Wellbeing

www.chcw.com
Or call:
1.866.373.4242

Medical Plan

Allen County will contribute a monthly allowance toward the cost of medical premiums. A complete summary of benefits is available on the online enrollment platform. New hires are eligible after 60 days following the first of the month.

All copays accumulate toward the out-of-pocket maximum. Once your out-of-pocket maximum is met, all benefits in-network are covered in full.

	Network
Deductible Individual/family (per calendar year)	$1,500 / $3,000
Total Deductible plus Coinsurance	$2,500 / $5,000
Coinsurance	20% after Deductible
Coinsurance Maximum Individual/family	$1,000 / $2,000
Office visit / specialist	$25 / $50 Copay
Preventive Care Services	0%
Adult and child immunizations	0%
Mammograms, PSA, Pap Smear tests	0%
Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	$15 / $50 / $75 / $150 / 20% up to $250
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3 / Level 4	$37.50 / $125 / $187.50 / $375 / Not Covered
Inpatient hospital care	20% after Deductible
Outpatient hospital care	20% after Deductible
Outpatient surgery and scopes	20% after Deductible
Emergency services	$250 Copay, then 20% after Deductible
Emergency Medical Transportation	20% after Deductible

*Out-of-Pocket Maximum for in network services (includes copays, deductible, and coinsurance) $5,000 individual / $10,000 family

Employee Rates per Pay Period (Bi-weekly with 24 deductions)	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Participant	$0	$163.14	$142.74	$203.92
Non-Participant	$25.00	$213.14	$192.74	$253.92

Dental

Guardian

Allen County will contribute a monthly allowance toward the cost of dental premiums. Eligible dependents include your legal spouse who does not have benefits through his/her employer and/or dependent children under age 26. Call 800.541.7846 or visit http://www.guardianlife.com to find a network physician. New hires are eligible after 60 days following the first of the month.

	PDP Plus Network	Non-Network (90th)
Annual maximum benefit	$2,000	$2,000
Deductible for Basic and Major Services (below)	$25	$25
Dependent age limit	26	26
Preventive Dental Services • Oral examinations, once every 6 months • Bitewing x-rays, once every 12 months • Full-mouth x-rays once every 3 years • Dental cleanings, once every 6 months • Fluoride, once every 12 months • Sealants, once every 5 years for dependents under age 18	100%	100%
Basic Dental Services • Problem-focused exams (combined with oral exam frequency) • Fillings, once every 24 months • Emergency palliative treatment • Periodontal maintenance, twice in any benefit period (subject to your cleanings frequency) • Extractions • Endodontics • Periodontics • General anesthesia	90%	80%
Major Dental Services • Tissue conditioning, once every 36 months • Repairs • Consultations, once every 12 months • Oral Surgery • Bridges, once every 10 years • Dentures, once every 10 years • Inlays; onlays; crowns, once every 10 years	60%	50%
Orthodontic dental services	Not Covered	Not Covered

Rates per Pay Period (Bi-weekly with 24 deductions)	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	$0	$16.14	$17.24	$36.57

Voluntary Vision

Guardian

Employees pay the entire cost for vision insurance. To identify participating doctors, you may call Guardian at 800.541.7846 or visit http://www.guardianlife.com to find a physician in the VSP network. New hires are eligible after 60 days following the first of the month.

	Option 1	Option 2
Frames	$25	$10
Contact Lenses	$130 allowance	$150 allowance
Exams	$10	$10
Vision Exam	Every 12 Months	Every 12 Months
Materials - Lenses	Every 12 Months	Every 12 Months
Materials - Frames	Every 12 Months	Every 12 Months

Rates per Pay Period	Option 1	Option 2
Employee Only	$4.75	$5.75
Employee and Spouse	$8.99	$10.88
Employee and Child(ren)	$9.15	$11.08
Employee and Family	$14.50	$17.54

Life and AD&D

Coverage is provided by Allen County and is effective following 60 days of employment.

Benefit amount	$15,000

Voluntary Life and AD&D

You also have the option of purchasing additional life insurance for yourself and your spouse. Age limits may apply. Contact Shannon Patteron for additional detail.

Schedule	Increments	Maximum Amount	Guaranteed Issue*
Employee	$5,000	$400,000	$250,000
Spouse	$5,000	$100,000	$25,000
Child(ren)	$10,000	$10,000 or $20,000	$20,000

** Without medical documentation for newly eligible employee*

Short-Term Disability

Allen County will pay 100% of the cost for you to have short-term disability coverage. This important benefit provides financial security in the event of a short-term illness or accident that doesn't allow you to work. New hires are eligible after 60 days following the first of the month.

Short-Term Disability	
Weekly benefit	60% of salary up to $1,000
Elimination period	0 days due to accident 7 days due to illness
Maximum benefit duration	26 weeks

Long-Term Disability

Long-Term Disability	
Monthly benefit	60% of salary up to $5,000
Elimination period	180 days
Maximum benefit duration	Social Security Normal Retirement Age

Guardian · BUKATY COMPANIES Expertise you experience

An Accidental Injury Can Seriously Cost You

Protect Yourself from Unexpected Medical Costs

If you and your family are active, chances are you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

Financial support to get you back on your feet

No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially.

- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you and you can pay for other expenses like traveling to the hospital, childcare and lost income from missed work.
- "Child Organized Sport" benefit pays you an extra cash benefit for each accident when the dependent child is injured while playing an organized sport.[1]

Here is an example of how Accident Insurance works[2]

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for a follow up visit. See how Accident Insurance offset Sue's expenses:

Ambulance	$200	Knee Brace	$400
Hospital Admission	$2,000	X-Ray	$200
Emergency Room Visit	$300	Knee Cartilage Tear	$500
Hospital Confinement (1 Day)	$400	2 Follow-Up Visits	$100
Medical Resonance Imaging (MRI)	$300		

Total cash benefit paid for covered services: $4,400

Accident Insurance with Guardian is easy

- No health questions to answer and convenient payroll deductions
- Protects your savings when the unexpected occurs
- Take the coverage with you if you change jobs or retire

Accidents happen. How financially prepared are you?

- Over 39 million Americans received emergency room treatment for an accidental injury.[3]
- 63% of Americans with medical insurance used all their savings for out-of-pocket medical costs.[4]
- The average cost of an emergency room visit in the U.S. is up to $3,000.[5]

Monthly Rates	Silver Plan	Gold Plan
Employee	$11.34	$20.24
Employee & Spouse	$18.79	$31.89
Employee & Child	$19.39	$32.49
Family	$26.84	$44.14

Learn more about Accident Insurance at guardianlife.com

The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

2018-57760 (04/20)

1. The child must be insured by the plan on the date the accident occurred. The child must be 18 years of age or younger. 2. For illustrative purposes only. See your plan for specific coverage amounts and details. 3. CDC Centers for Disease Control and Prevention, National Center for Health Statistics, https://www.cdc.gov/nchs/fastats/emergency-department.htm, 2017. 4. Kaiser Family Foundation and the Health Research & Educational Trust, 2016.5. Average Cost of an ER Visit; September 28, 2018,https://www.the .balance.com/average-cost-of-an-er-visit-4176166. .Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Important Notice—This Policy Does Not Provide Coverage For Sickness. Policy Form No. GP-1-ACC-18, GP-1-AC-BEN-12, et al.; GP-1-LAH-12R. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®.

Accident Insurance Benefits	Silver Plan	Gold Plan
Accident Coverage Type	On & Off Job	On & Off Job
Child(ren) Age Limits	Birth to 26 years (26 if full time student); subject to state limitations	Birth to 26 years (26 if full time student); subject to state limitations
Emergency Room Treatment	$100	$300
Accident Follow-up Doctor Visits	$50/day up to 6 visits	$50/day up to 6 visits
Air Ambulance	$250	$500
Ambulance	$100	$200
Medical Appliance	$300	$400
Burns (2nd Degree / 3rd Degree)	9 sq inches to 18 sq inches: $0/$2,000 18 sq inches to 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000	9 sq inches to 18 sq inches: $0/$2,000 18 sq inches to 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000
Burn-Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	$25 per visit up to 6 visits	$50 per visit up to 6 visits
Coma	$7,500	$10,000
Concussion	$150	$300
Diagnostic Exam (Major)	$250	$300
Dislocations	Schedule up to $4,000	Schedule up to $8,000
Eye Injury	$200	$400
Fractures	Schedule up to $5,000	Schedule up to $10,000
Hospital Admission/Hospital Confinement	$1,000/$250/day – up to 1 year	$2,000/$400/day – up to 1 year
Hospital ICU Admission/Hospital ICU Confinement	$2,000/$500/day – up to 15 days	$4,000/$800/day – up to 15 days
Initial Physician's Office/Urgent Care Facility Treatment	$50	$100
Knee Cartilage	$500	$500
Joint Replacement (Hip/Knee/Shoulder)	$1,500/$750/$750	$2,500/$1,250/$1,250
Laceration	Schedule up to $400	Schedule up to $600
Outpatient Therapy	$25/day up to 10 days	$50/day up to 10 days
Rehabilitation Unit Confinement	$150/day up to 15 days	$150/day up to 15 days
Ruptured Disc with Surgical Repair	$500	$500
Surgery (Cranial, Open Abdominal, Thoracic)	$1,000; Hernia: $200	$1,250; Hernia: $250
Surgery Exploratory or Arthroscopic	$150	$250
Tendon/Ligament/Rotator Cuff	1: $250; 2 or more: $500	1: $500; 2 or more: $1,000
Wellness Benefit	$50 per year for routine health screening, also includes registration of a covered child in an organized sport	$50 per year for routine health screening, also includes registration of a covered child in an organized sport
X-ray	$100	$200
Rainy Day Fund	$300, Rollover Maximum: $150, Fund Maximum: $600	$400, Rollover Maximum: $200, Fund Maximum: $800

*The services, exclusions, and limitations listed do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

Summary of plan limitations and exclusions:

This plan will not pay benefits for any injury caused by or related to: • Declared or undeclared war, act of war, or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; Intentionally self inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane • The covered person being legally intoxicated • Treatment rendered or hospital confinement outside the United States or Canada • Travel or flight in any kind of aircraft, including any aircraft owned by or for the employer except as a fare-paying passenger on a common carrier • Participation in any kind of sporting activity for compensation or profit, including coaching or officiating • Riding in or driving any motor-driven vehicle in a race, stunt show or speed test • Participation in hang gliding, bungee jumping, sail gliding, parasailing, parachuting, ballooning, parachuting, and/or skydiving • Job related or on the job injuries • Injuries to a dependent child received during the birth • An accident that occurred before the covered person is covered by this plan • Sickness, disease, mental infirmity or medical or surgical treatment • Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year ; or (b) in an area under travel warning by the U.S. Department of State, subject to state specific variations. • A pre-existing condition includes any condition for which an employee, in the specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply. This applies to the Disability or Hospital Confinement Sickness riders only. • This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your policy.

Guardian · BUKATY COMPANIES Expertise you experience

Protect Your Savings from Life's Unexpected Moments

Because medical insurance doesn't cover everything

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially. Are you prepared to manage these expenses if you or a family member were diagnosed with a serious illness?

Helps protect your savings

- Guardian® Critical Illness Insurance complements your medical plan—no matter what type of coverage you have.
- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke or cancer.
- Also pays a benefit for covered illnesses, as well as offering benefits for a recurring condition.*
- Cash benefits are paid directly to you, so you decide how to use them.

Here's an example of how Critical Illness Insurance works**

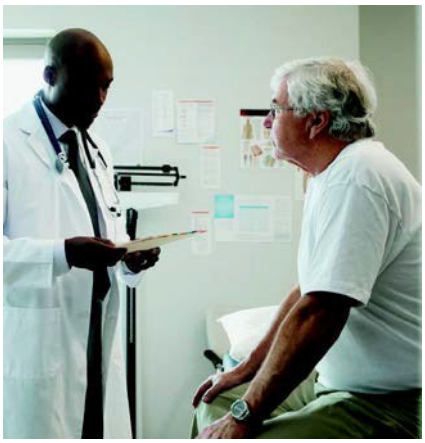
Bob suffers a heart attack and receives a cash payment of $15,000 from his Critical Illness plan. Four years later he has a stroke and receives an additional payment of $15,000 from his plan. During both of these illnesses, his plan provided the financial support to cover a variety of expenses, such as his mortgage and car payments, while he recovered.

Condition	Formula	Benefit
Heart Attack	100% of covered benefit X $15,000	$15,000
Stroke	100% of covered benefit X $15,000	$15,000

Total cash benefit paid: $30,000

Critical Illness Insurance with Guardian is easy

- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire
- Protects your savings when the unexpected occurs



A serious illness may impact you and your family.

- Every 40 seconds, an American will suffer a heart attack or stroke.[1]
- Medical issues account for approximately 65.5% of personal bankruptcies in the US.[2]
- Average out-of-pocket expenses for a cancer diagnosis can be up to $6,500 per year.[3]

Learn more about Critical Illness Insurance at guardianlife.com

The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

2018-58025 (04-20)

Critical Illness Insurance

	Monthly Rates					
Benefit Amounts	**<30**	**30-39**	**40-49**	**50-59**	**60-69**	**70+**
Employee						
$15,000 in coverage	$13.95	$19.05	$35.70	$67.05	$113.10	$192.45
$10,000 in coverage	$9.30	$12.70	$23.80	$44.70	$75.40	$128.30
$5,000 in coverage	$4.65	$6.35	$11.90	$22.35	$37.70	$64.15
Spouse						
$7,500 in coverage	$6.98	$9.53	$17.85	$33.53	$56.55	$96.23
$5,000 in coverage	$4.65	$6.35	$11.90	$22.35	$37.70	$64.15
$2,500 in coverage	$2.33	$3.18	$5.95	$11.18	$18.85	$32.08
Child: Childbirth to 26 years						
Child: 50% of employee benefit						
GuaranteedissueUnderwriting	Employee: $15,000, Spouse: $7,500, Child: All amounts guaranteed					
Pre-Existing Condition Limitation	None					

Covered Conditions*	**First Occurrence**	**Second Occurrence**
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	0%
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Arteriosclerosis	30%	0%
Organ Failure & Kidney Failure	100%	100%
Addison's Disease, Huntington's Disease, Multiple Sclerosis	30%	0%
ALS (Lou Gehrig's Disease) & Parkinson's Disease	100%	0%
Alzheimer's	50%	0%
Coma	100%	0%
Loss of Hearing, Sight or Speech	100%	0%
Permanent Paralysis	50% for 1 limb; 100% for 2 limbs	0%
Severe Burns	100%	0%
Childhood Conditions: Cerebral Palsy, Cleft Lip/Palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida & Type 1 Diabetes	100%	0%
Hospital Admission Benefit	Provides $150 per day for each day employee is hospitalized for a condition other than the critical illnesses listed above. 10 day per year limit after a 2-day elimination period.	

*The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

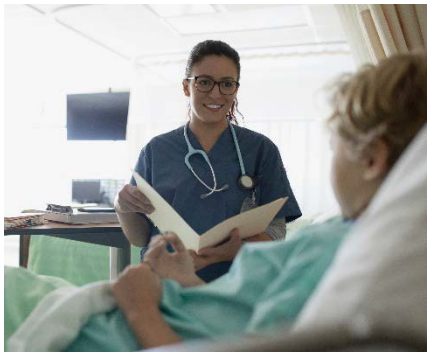
Summary Of Plan Limitations And Exclusions For Critical Illness: The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details. • We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. • We will not pay benefits for a second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor. • We do not pay for a third or later occurrence of a critical illness. • First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. • A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. • If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a preexisting condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. • We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces), committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane, or insane. • In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. • Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. • Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting. • This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

Guardian · BUKATY COMPANIES Expertise you experience

A Trip to the Hospital Can Hurt Your Wallet

Support when you need it most

If you become seriously ill or injured, it's likely you will have a hospital stay. It may be a little scary, as well as expensive. While medical insurance may cover the hospital bills, there will also be non-medical expenses such as transportation to medical treatment or additional child care which could be considerable. If you became hospitalized, could you manage all of these expenses from your savings?



Guardian® helps protect you and your family from unexpected expenses

- Guardian Hospital Indemnity Insurance supplements your medical plan — no matter what type of other coverage you have.
- You receive cash benefits based on your covered sickness or injury, treatments and services.
- The cash benefits are paid directly to you and can be used for any purpose — from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities — you decide how to use them.

How Guardian Hospital Indemnity Insurance works*

Jane became ill and was admitted to the hospital. She had emergency surgery and was there for two days while recovering. Her Hospital Indemnity Insurance paid her a $1,200 cash benefit which helped offset her hospital expense.

Hospital Admission	$1,000
Hospital Confinement (2 days)	$200

Total cash benefit paid: $1,200

Hospital Indemnity Insurance with Guardian is easy

- No health or medical questions to answer
- No deductibles, copays or coinsurance requirements
- Convenient payroll deduction
- Take the coverage with you if you change jobs or retire

Are you financially prepared?

- There are over 36 million hospital stays in the US per year.[1]
- The average cost for a 3 day hospital stay is $30,000.[2]
- 63% of Americans with medical insurance used all their savings for out-of-pocket medical costs.[3]

Learn more about Hospital Indemnity Insurance at guardianlife.com

The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

2018-57880 (04-20)

*All scenarios and names mentioned herein are purely fictional and are for illustrative purposes only, circumstances may vary. See your plan for specific coverage amounts and details. [1]Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, http://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf, October, 2014. [2]Protection from high medical costs, 2016, https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/. [3]Kaiser Family Foundation and the Health Research & Educational Trust, 2015. Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-HI-15. GP-1-HI-15-NM. GP-1-LAH-12R-OR. GC-HI-15-OR. GP-1-HI-15-WA.

Hospital Indemnity Insurance
Monthly Rates

Age Bracket	Employee Only	Employee & Spouse	Employee&Children	Family
Plan 1				
<70*	11.36	$23.45	$19.02	$31.11
Plan 2				
<70*	$18.34	$38.08	$30.33	$50.06

Premiums listed are for Issue Age and will not increase due to an insured aging. Spouse premium is based on the Employee's age.
*Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage.

Benefits**	Plan 1	Plan 2
Hospital/ICU Admission	$500 per admission to a max of 1 admission per year, per insured	$1,000 per admission to a max of 1 admission per year, per insured
Hospital/ICU Confinement	$100/$200 per day to a max of 15 days per year, per insured	$100/$200 per day to a max of 15 days per year, per insured
Treatment of Normal Pregnancy	Hospital Admission & Confinement benefits are not payable for birth within the first 9 months of coverage. See Plan for Limitations & Exclusions section below for details. (Not applicable in NC.)	
Dependent Age Limits	Childbirth to 26 years	
Treatments Covered	Sickness and Injury	

**The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

Summary of Plan Limitations and Exclusions

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian. • The policy has exclusions and limitations that may impact the eligibility for benefits. • A pre-existing condition includes any condition for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a Doctor; (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor; (3) are prescribed or take prescription drugs; or (4) receives other medical care or treatment, including consultation with a Doctor. Please refer to the plan documents for specific time periods. State variations may apply. • If the plan is new (not transferred): During the exclusion period, this Hospital Indemnity plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period. • This Plan will not pay benefits for: ○Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection; ○Suicide or any intentionally self-inflicted injury; ○Elective surgery; ○Surgery to correct vision or hearing, unless a result of a covered Injury, medically necessary surgery for glaucoma, cataracts or other sickness or injury; ○Dental care, dental x-rays, or dental treatment; ○Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit; Rest cures or custodial care, or treatment of sleep disorders; ○Services, treatment or supplies rendered outside the United States or Canada; ○Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: ○on an injured part of the body following infection or disease of the involved part; ○of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or ○on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy; ○Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain; ○Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed; ○Care or treatment for mental or nervous disorders; ○Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; ○Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person, Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union; ○Surgery and treatment, procedures, products or services that are experimental or investigative. ○Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness ○Treatment of a Covered Dependent Child's Children; ○Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

Rights and Disclosures

This information is intended to be shared by employees with their spouse and dependents

Special Enrollment Rights

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your dependents other coverage). However, you must request enrollment within 30 days after your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent because 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 to obtain more information, contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

COBRA Rights in the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely
fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of
29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months.
The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying

event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, 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.

Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. 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. (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.

Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

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.

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 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 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. You should contact your State for further information on eligibility.

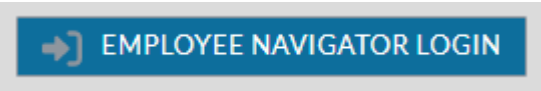
Kansas - Medicaid
kdheks.gov/hcf/
1.800.967.4660

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

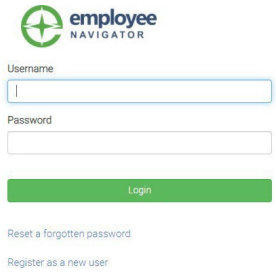
STEP 1.
LOG IN

Go to https://www.bukaty.com/online-enrollment.

Click the "Employee Navigator Login" button.



Returning Users: Log in with the username and password you created.



New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)

COMPANY IDENTIFIER: Allen County

STEP 2.
BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

STEP 3.
UPDATE PERSONAL INFO

After clicking **Start Enrollment,** you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

STEP 4.
ELECT YOUR BENEFITS

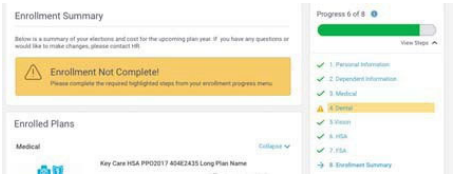
You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

STEP 5.
ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

STEP 6.
REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything looks correct to complete your enrollment. You may login and view your online summary at any point during the year.



Scan me for Employee Navigator access at your fingertips!

For help contact:
enrollmentsupport@bukaty.com
913.345.0440

Allen County Enrollment Form 2025

Employee Information

Address Change in Last Year? Yes ☐ No ☐

Employee's Name	Job Title/Salary				
Address: Street	City	State	Zip Code	Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married
SSN	Date of Birth ___/___/___	Date of Hire ___/___/___	Home Phone ( )		

☐ Open Enrollment ☐ New Hire ☐ Qualifying Event:_____

Dependent Information

Name	*SSN*	*Date of Birth*	*Gender*	*Relationship*
		___/___/___	☐ Male ☐ Female	
		___/___/___	☐ Male ☐ Female	
		___/___/___	☐ Male ☐ Female	
		___/___/___	☐ Male ☐ Female	
		___/___/___	☐ Male ☐ Female	

Coverage Options

Benefit	*Employee Only*	*Employee + Spouse*	*Employee + Child(ren)*	*Family*	*Waive*
Medical	☐	☐	☐	☐	☐
Dental	☐	☐	☐	☐	☐
Vision: Base ☐ Buy-Up ☐	☐	☐	☐	☐	☐
Critical Illness	$5,000 ☐ $10,000 ☐ $15,000 ☐	Spouse: ☐ **Automatically half of employees election*	Child: ☒	N/A	☐
Accident: Silver ☐ Gold ☐	☐	☐	☐	☐	☐
Hospital Indemnity: Plan 1 ☐ Plan 2 ☐	☐	☐	☐	☐	☐
Basic Life and AD&D	☒				
Group Paid STD	☒				

LIFE BENEFICIARY INFORMATION

Primary Beneficiary(ies) Name (Last, First, MI)	Address	SSN	Birth Date	Relationship	Percentage
Secondary Beneficiary(ies) Name (Last, First, MI)	**Address**	**SSN**	**Birth Date**	**Relationship**	**Percentage**

EMPLOYEE SIGNATURE

I hereby authorize my employer to deduct the appropriate premium contributions from payroll based on my benefit election choices and where applicable on a before tax basis.

Employee Signature:_____ Date:___/___/___