



Allen County 2013 Plan Year Employee Benefits Overview



Employee Benefits

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.

Bukaty Companies Service Team



Phil Drescher
Benefits Consultant
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Phil oversees all aspects of your employee benefits program.



Stephen Euston
Benefits Consultant
seuston@bukaty.com

Stephen is the primary contact for Allen County benefits program.



Emily Gibson
Client Service Manager
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Emily is responsible for the day-to-day administrative and service issues including claims, billing, ID card requests, enrollment issues and employee terminations.



Michelle Santoyo
Renewal Manager
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Michelle is responsible for sending information to carriers for competitive quotes. She also helps employees through the enrollment process and functions as Emily's backup.

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Rights & Disclosures

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

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 30 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 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.

Notice of pre-existing condition limitations

Your plan *may* impose a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy or to a child who is under the age of 19.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage. All questions about the pre-existing condition exclusion and creditable coverage should be directed to Bukaty Companies at 888.657.0440.

Plan participants may be subject to more favorable limitations based on applicable state law in which the employer group is located.

Woman's Health and Cancer Rights Act (WHCRA) of 1998

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.

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.

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 to 36 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.

A detailed explanation of COBRA rights and procedures is available in the Plan's Summary Plan Description.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

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
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

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.

Medical Overview



Administrator: BMI

www.bmikansas.com - 800.290.1368

Network: First Health

www.firsthealth.com

Base Plan	Network	Non-Network
Deductible Individual/Family (per plan year)	\$1200/\$2400	\$1500/\$3000
Out-of-Pocket max. (does not include deductible) Individual/Family (per plan year)	\$1000/\$2000	\$1500/\$3000
Co-insurance	80%	50%
Preventative Care	100%	50% after deductible
Office Visit	\$25	50% after deductible
X-ray and Lab Services	1 st \$300 paid then 80% after deductible	50% after deductible
Allergy Injections	\$25	50% after deductible
Retail Pharmacy Drug Coverage Generic / Brand Name	\$15 / \$30	N/A
Mail order Pharmacy Drug Coverage Generic / Brand Name	\$30 / \$60	N/A
Inpatient Hospital Care	80% after deductible	50% after deductible
Outpatient Hospital Care	80% after deductible	50% after deductible
Hi-tech diagnostics- including but not limited to MRI, MRA, CT, PET scans, Cardiac catheterizations, echo cardiograms, thallium scans and ultra sounds	1 st \$300 paid then 80% after deductible	50% after deductible
Emergency Services (copay waived if admitted)	\$100 Co-pay then 80% after deductible	\$100 Co-pay then 50% after deductible
Ambulance	80% after deductible	80% after in-network deductible
Skilled Nursing Facility (60 day calendar year max)	80% after deductible	50% after deductible
Durable Medical Equipment	80% after deductible	50% after deductible
Physical therapy, occupational therapy and speech therapy (limited to 20 visits per calendar year)	80% after deductible	50% after deductible
Lifetime Maximum	Unlimited	Unlimited

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Base Plan	\$0	\$436.13	\$286.63	\$874.69



Dental Overview



BMI

PPO Network	
Type I - Preventative *	100%
Type II - Basic *	80%
Type III - Major *	50%
Type IV - Orthodontic *	N/A
Calendar year benefit maximum	\$2,000

*limitations apply, see full plan summary document for more information

**age limit 26

Rates Per Pay Period	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Dental Plan	\$0	\$17.75	\$16.73	\$26.22

Vision: Vision Care Direct



Annual eye exams are important to your overall health. During your eye exam, a VCD doctor will look for vision problems and signs of other health conditions like diabetic eye disease, high blood pressure, and high cholesterol. You are eligible for benefits on the first of the month following your hire date. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) up to age 26.

To identify participating doctors, you may call VCD at 877.488.8900 or visit their website at www.visioncaredirect.com.

The Vision Plan is completely voluntary. Choose an Option below (1, 2, 3, 4, 5, or 6). Then find your per pay period cost on the chart at the bottom.

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Frames	\$100	\$100	\$130	\$130	\$160	\$160
Contact Lenses	\$100	\$100	\$130	\$130	\$130	\$130
Exams	\$15	\$15	\$15	\$15	\$15	\$15
Group Voluntary	Gold Complete 100	Gold Materials 100	Gold Complete 130	Gold Materials 130	Gold Complete 160	Gold Materials 160
Vision Exam:	Every 12 Months	n/a	Every 12 Months	n/a	Every 12 Months	n/a
Materials - Lenses:	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Materials - Frames:	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months

Benefit Plans & Rates (per pay period)						
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Group Voluntary	Complete 100	Materials 100	Complete 130	Materials 130	Complete 160	Materials 160
Employee Only:	\$6.51	\$4.40	\$7.56	\$5.45	\$8.62	\$6.50
Employee + 1:	\$10.41	\$7.03	\$12.10	\$8.72	\$13.78	\$10.41
Employee + Child(ren):	\$12.01	\$8.12	\$13.96	\$10.06	\$15.91	\$12.01
Employee + Family:	\$20.43	\$13.8	\$23.74	\$17.12	\$27.05	\$20.43

Basic Life/AD&D Overview

RELIANCE STANDARD

Coverage is provided by Allen County through Reliance Standard and is effective after you complete 90 days.

Life/AD&D Amount	\$15,000
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Voluntary Worksite Products: Aflac



You also have the option of purchasing additional life insurance for yourself, your spouse, and your eligible dependents.

- Accident,
- Critical Illness/Cancer
- Short Term Disability
- Hospital

For more information on these products or to enroll, please contact:

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