City of Kirksville

2026 Benefits Guide

Welcome

We recognize that our employees are our most valuable resource and your benefits program is extremely important to the City of Kirksville. 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 success and position us well for the future. Thank you for your ongoing commitment. We are proud to include all of you as part of the City of Kirksville family.

Please take the time to review this entire packet and utilize our consultants to verify or reaffirm your elections.

This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. 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

Joe Holdenried
Benefits Consultant
913.647.5538
jholdenried@bukaty.com
Joe oversees all aspects of your employee benefits program.

Clare Lester
Account Manager
913.647.5543
clester@bukaty.com
Clare is responsible for assisting clients and members with day- to-day administrative and service issues.

BUKATY COMPANIES
Expertise you experience®

Contact Information

Human Resources
Krystle Daniels, Human Resources Director
Phone: 660-627-1458
Email: kdaniels@kirksville.gov

Medical: Cigna
Group #: 241149
Customer Service: 800-997-1654
Provider Search: hcpdirectory.cigna.com

FSA: NueSynergy
Phone: 855-890-7239
Website: www.nuesynergy.com

Dental: Delta Dental of Missouri
Group #: MO2239
Phone: 800-335-8266
Provider Search: www.deltadental.com/us/en/find-a-dentist.html

Vision: Delta Dental of Missouri
Group #: 220010181
Phone: 800-335-8266
Provider Search: www.deltadentalmo.com

Group Life, Voluntary Life, and Disability: Mutual of Omaha
Group #: G000B443
Phone: 800-228-7104
Website: www.mutualofomaha.com

GLOSSARY

Coinsurance - The portion you pay after the deductible is met.

Copays - A small fee you pay each time you use a specific service. This fee does not go toward meeting your deductible but does count towards our out-of-pocket maximum.

Deductible - The amount of money you must pay each year to cover your medical care expenses before the Plan starts paying. Deductibles do not apply where a copay is noted but does count towards your out-of-pocket maximum.

Emergency Room - Services you receive from a hospital for any serious condition requiring immediate care.

EOB (Explanation of Benefits) - Receipt from the insurance carrier outlining your services and fees (what your insurance is paying for, what you are responsible to pay, etc.)

In-Network - This is your insurance company's list of doctors or providers. They've negotiated lower costs with these doctors so if you use them, you're considered "In-Network" and your cost is lower.

Lifetime Benefit Maximum - Medical plans are required to have an unlimited lifetime maximum.

Out-of-Network - Doctors or providers that are not in your insurance company's approved list. If you choose one of these doctors, there are no negotiated prices and you'll pay more.

Out-of-Pocket Maximum - The maximum amount you will spend out of your own pocket for eligible health care expenses during any calendar year.

Preauthorization - A process by the carrier to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Preventive Services - All services coded as Preventive are covered 100% without a deductible, coinsurance, or copayments.

UCR (Usual, Customary and Reasonable) - The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

Telehealth - Healthcare that is specifically through technology; examples: cellphone or zoom

Medical Plan

The City of Kirksville will contribute a monthly allowance toward the cost of medical premiums. Coverage as provided is effective on the first day of the month following 30 days of employment. Visit iaatpa.com to locate a network provider through your account. Note: A more thorough listing of benefits can be found on Employee Navigator.

IAA-Cigna	Network	Non-Network
Deductible Individual/family (per calendar yr.)	$750 / $2,250	$1,500 / $4,500
Out-of-pocket max. individual/family (includes deductible.)	$4,000 / $8,000	$8,000 / $16,000
Co-insurance	20% After Deductible (AD)	50% After Deductible (AD)
Primary Care Office visit (Telehealth is covered at the same cost as in office)	$20 Copay ($0 under age 19)	Deductible, then 50% Coinsurance
Specialist (Telehealth is covered at the same cost as in office)	$50 Copay	Deductible, then 50% Coinsurance
Preventive Care Services	0%	Deductible, then 50% Coinsurance
Adult and child immunizations	0%	Deductible, then 50% Coinsurance
Preventive Mammograms, PSA, Pap Smear tests	0%	Deductible, then 50% Coinsurance
Pharmacy prescription drug coverage: Level 1/ Level 2 / Level 3	$15 / $40 / $75	Not Covered
Mail order prescription drug coverage: Level 1 / Level 2 / Level 3	2.5x Retail Pharmacy	Not Covered
Urgent care facility	$75 Copay	Deductible, then 50% Coinsurance
Inpatient hospital care	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Outpatient hospital care	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Outpatient facility x-rays and lab services	$0	Deductible, then 50% Coinsurance
Outpatient surgery and scopes	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Emergency services	$300 Copay, then Deductible & Coinsurance	$300 Copay, then Network Deductible & Coinsurance
Skilled nursing facility, outpatient rehabilitation, Inpatient rehabilitation (combined 60-day calendar yr. max.)	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Durable medical equipment	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Rehabilitation service office visits (occupational/physical therapy, cognitive/ cardiac/pulmonary rehabilitation) Number of visits covered varies on service.	$20 Copay	Deductible, then 50% Coinsurance
Routine Vision Exam (One exam per 24 mos)	$20 Copay	Deductible, then 50% Coinsurance
Lifetime maximum	Unlimited	Unlimited

Note: Bukaty Companies has made every attempt to ensure the accuracy of the information presented in this packet. If there is a discrepancy between this packet and the carrier's SBC or coverage certificate, the carrier's information will rule.

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employer Contribution (per month)	$1,087.34	$1,718.00	$1,560.34	$2,190.99
Employee Pays (2x monthly)	$0	$228.34	$171.26	$399.60

Please note: In 2025, the City covered a larger portion of medical premiums (62%) to help minimize the impact of rising costs. The 2026 contributions reflect a return towards the standard 50/50 cost-sharing structure. This adjustment supports the long-term balance and sustainability of the benefits program.

FIND A HEALTH CARE PROVIDER

Better value. Better together.

With a growing nationwide PPO network* of more than 1 million health care professionals and more than 6,300 facilities, Cigna offers you a range of quality choices to help you stay healthy.

Three ways to find what you need

There are three ways to find a network provider:

- Visit **IAATPA.com** login to your account and select **Network Provider** from your **Welcome Page**.
- Visit **Cigna.com** and click "Find a Doctor, Dentist, or Facility." Be sure to select PPO. Note: the network name may appear differently in different geographical areas.
- Call **Insurance Administrator of America, Inc.** during business hours.

Features on myCigna.com allow you to:

- Narrow your results by distance, specialty and more.
- Email a copy of your search results.
- Find doctors in 22 different medical specialties, who meet certain quality and cost-efficiency measures and have been awarded the Cigna Care Designation.
- Estimate procedure costs based on Cigna's historical data.

Cigna

Log in to myCigna.com

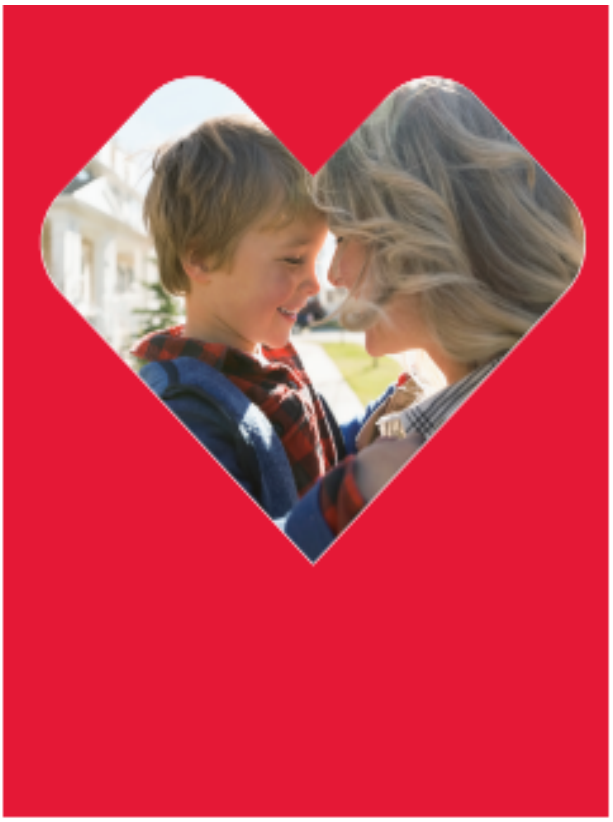
1. Visit **Cigna.com** - click "Find a Doctor, Dentist, or Facility" (upper right)
2. Choose "Employer or School"
3. Enter the geographic location you want to search and select the search type
4. Continue as a "Guest"
5. Fill in the "I Live in" field
6. Select PPO Network (Note: the network name may appear differently in different geographical areas)

Together, all the way.®

CVS caremark

RxBenefits

Mobile app



Manage your Rx on your own time

We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Keep an eye on drug costs and check for lower-cost alternatives that may save you money.

Order and track refills – even get timely refill reminders – so you never miss a dose.

Stay on top of order status so you know when to pick up your medication or watch for delivery by mail.

Access your Rx list, member ID cards and Rx history at your doctor's office or anytime you need them.

For savings opportunities and personalized support, visit **Caremark.com** (after your benefits begin).

TELADOC

Getting started with Teladoc®

Teladoc's U.S. Board Certified Doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account so when you need care a Teladoc doctor is just a call or click away.

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at **Teladoc.com,** click **"Set up Account"** and provide the required information. You can also call Teladoc for assistance.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

ONLINE: Log into Teladoc.com and click **"My Medical History"**.

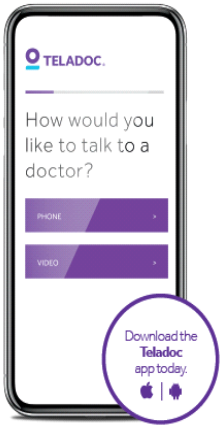
MOBILE APP: Visit **Teladoc.com/mobile** to download the app. Log into your account and complete the **"My Health Record"** section.

CALL TELADOC: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for Free

WHEN CAN I USE TELADOC?

* When you need care now.
* If you're considering the ER or Urgent Care for non-emergency care.
* When you're away from home, on vacation or a business trip.
* When there is a wait to see your doctor.



GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

* Cold & Flu symptoms
* Allergies, Bronchitis
* Urinary Tract Infection
* Respiratory Infection
* Sinus problems and more!

Teladoc.com
Facebook.com/Teladoc
1-800-Teladoc
Teladoc.com/mobile
Download the app:

Flexible Spending Account

The City of Kirksville has set the health FSA reimbursement limit at **$3,400.** The amount you choose to contribute is taken out of your paycheck in equal amounts semi-monthly. Visit https://nuesynergy.com/ or call 913-653-8381 for assistance.

Why Enroll?

If you could save 25% or more on your medical, dental, vision, and dependent care expenses, would you? The FSA can help you do just that.

Healthcare FSA

With this account you can pay for out-of-pocket eligible medical, dental, prescription and, vision expenses. Eligible expenses include but are not limited to:

- Co-pays, coinsurance & deductible
- Hearing aids
- Dental (excludes cosmetic)
- Laser surgery
- Eyeglasses & contact lenses
- Prescriptions
- Over-the-counter (OTC) items*
- Orthodontics
- Physical therapy & chiropractic care

*OTC medicines and drugs require a prescription from your doctor in order to be reimbursed through an FSA. There are, however, many OTC items that do not require a prescription to be reimbursed such as:

- Contact lens supplies
- Braces & supports
- Band-aids, elastic bandages
- Denture adhesive
- Insulin & diabetic supplies
- Reading glasses
- Ostomy products
- First aid supplies

$680 Carryover

You may carryover up to **$680** of remaining FSA balances at the plan-year end to use during the next plan year. You may still contribute up to the maximum amount if you rollover funds from the previous year.

Dependent Care FSA

If you have dependent care costs for a child under the age of 13 or a spouse or dependent, who is unable to care for themselves, you should consider the dependent care FSA.

If both spouses or custodial parents are employed, you can contribute up to **$7,500** pre-tax per calendar year to pay for expenses such as:

- Day care (child & adult)
- Summer day camp
- Nursery school & preschool
- Before and after school programs

Tools and Resources

eClaims Manager

Sign up for eClaims Manager after you login to NueSynergy.com to have FSA reimbursements simplified. Follow the eClaims Manager prompts, and claims data for medical and dental carriers elected will be sent electronically to your NueSynergy portal. Claim forms are pre-filled for easy online claim submission and the data is used also for automatic debit card claim substantiation for expenses paid using your FSA debit card.

NueSynergy Mobile

A free mobile app provides access to your benefit account anywhere at any time. Participants are able to securely:

- File a claim and submit documentation
- Check balances and transaction history
- View plan communications

NueSynergy Benefits Debit Card

Your NueSynergy debit card is a convenient way to pay for eligible expenses directly from your designated benefit account, rather than paying out-of-pocket and waiting for reimbursement.

- Online and mobile account access to conveniently manage transactions
- Ability to access multiple benefit accounts with one card

NueSynergy
CUSTOMER FOCUSED & TECHNOLOGY DRIVEN

Your Flexible Spending Account

What is a FSA?
Your Employer provides you with the opportunity to enroll in a Flexible Spending Arrangement or FSA. The FSA allows you to set aside money on a pre-tax basis to pay for eligible medical, dental, and vision expenses. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period. There are two types of FSAs available to help you save – a healthcare FSA and a dependent care FSA.

Why Enroll?

If you could save 25% or more on your medical, dental, vision, and dependent care expenses, would you? The FSA can help you do just that.

Savings Can Add Up

An employee earns $32,000 annually, which is $1,333.33 per bi-monthly payroll. This employee elects $250 per pay period (pre-tax) to cover the cost of insurance, health and daycare expenses.

	Without FSA	With FSA
Gross Earnings	$1,333.333	$1,333.333
FICA, Fed/State Taxes	$275.48	$203.24
Insurance Premiums	$50.00	$50.00
Health & Daycare Exp.	$200.00	$200.00
NET EARNINGS	$807.85	$880.09
Savings Per Paycheck		$72.24
Savings Per Month		$144.48
Savings Per Year		$1,733.76

Dependent Care FSA

If you have dependent care costs for a child under the age of 13 OR a spouse or dependent, who is unable to care for themselves, you should consider the dependent care FSA.

As long as both spouses or custodial parents are employed, you can contribute up to $5,000 pre-tax per calendar year to pay for expenses such as:

- Day care (child & adult)
- Summer day camp
- Nursery school & preschool
- Before and after school programs

Healthcare FSA

With this account you are able contribute up to 3,400 to pay for eligible medical, dental, prescription, vision not covered by insurance. Eligible expenses include but are not limited to:

Copays, coinsurance & deductibles | Prescriptions Dental (excludes cosmetic) | Orthodontics
Over-the- counter (OTC) items* | Vision Items

*Most OTC items require a prescription. Below are OTC items that do not require prescription:

Contact lens supplies | Braces & Supports
Band-aids, elastic bandages | Denture adhesive
Insulin & diabetic supplies | Reading glasses
Ostomy products First aid supplies

Tools and Resources

NueSynergy Mobile
A free mobile app that provides access to your benefit account anywhere at any time.

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NueSynergy Benefits Debit Card

Provides participants a convenient way to pay for eligible expenses directly from their designated benefit account, rather than paying out-of-pocket and waiting for reimbursement.

- Online and mobile account access to conveniently manage transactions
- Able to access all bene it accounts with one card

NueSynergy
CUSTOMER FOCUSED & TECHNOLOGY DRIVEN

Eligible FSA Expenses

HEATLH CARE EXPENSES	DEPENDENT CARE FSA EXPENSES
Acupuncture	After school program
Ambulance service	Au Pair
Artificial limb/teeth	Babysitting (work-related, in your home or someone else's home)
Bandages, Band-Aids, wraps, and splints	Babysitting by your relative who is not a tax dependent (work-related)
Birth control pills (Norplant, ovulation kits)	Before or after school programs
Chiropractor professional fees	Child care
Contact Lenses/solution	Dependent care (while you work, to enable you to work or look for work)
Contraceptives	Extended care (supervised program before or after regular school hours)
Crutches/braces & supports	Housekeeper who cares for child (only portion of payment attributable to work-related child care)
Dental treatment	Nanny
Diagnostic services and tests	Nursery school
Drugs (prescriptions)	Payroll taxes related to eligible care
Eye Surgery (includes cataract, LASIK, etc.)	Preschool
Physical therapy	Registration fees (required for eligible care, after actual services are received)
Pregnancy test kits	Sick child care
Psychologist fees	Summer day camp
Schools and education (for mentally impaired or physically disabled person – see IRS publication 502	Transportation to and from eligible care (provided by your care provider
Speech Therapy	Tutoring
Stop-smoking program	Adult day care center
Therapy, physical or speech	Elder care (while you work, to enable you to work or look for work)
Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)	Elder care (in your home or someone else's)
Hearing aids and batteries	Senior day care
Hospital services	
Insulin, syringes	
Laboratory fees	
Orthodontia	
X-ray fees	

Dental

The City of Kirksville will contribute a monthly allowance toward the cost of dental premiums. Coverage is effective on the first day of the month following 30 days of employment. Both Premier and PPO providers accept contractual reimbursement as payment in full and will not balance bill. PPO providers typically offer the greatest discounts, which means you pay less out-of-pocket on basic and major services. Visit https://www.deltadental.com/us/en/find-a-dentist.html to find a network dentist. Contact Delta directly by calling 800-335-8266.

	Delta Premier and PPO Networks	Non-Network
Annual maximum benefit	$1,500	$1,500
Deductible for basic and major services (below)	$25 / $75 (Family)	$25 / $75 (Family)
Dependent age limit	26	26
A - Preventive dental services • Oral examinations, twice per calendar year • Bitewing x-rays, two sets every six months • Full-mouth x-rays, once every 36 months • Cleanings, twice per calendar year • Periodontal maintenance, twice per year (combined with cleanings frequency limitation) • Fluoride, once every calendar year for dependent children under age 19 • Spacers, once in 5 years for dependent children under age 16	100%	100%
B - Basic dental services • Fillings • Sealants, once in 5 years for dependent children under age 18 • Root canals • Emergency palliative treatment • Fillings • General anesthesia • Extractions • Labs • Non-surgical periodontics • Endodontics (e.g. root canals)	80%	80%
C - Major dental services • Bridges, once every 5 years • Dentures, once every 5 years • Oral surgery (excluding extractions) • Inlays; onlays; crowns, once every 5 years	50%	50%
Orthodontic dental services • Orthodontia for dependent children under age 19	50% up to $1,000 lifetime maximum	50% up to $1,000 lifetime maximum

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employer Pays (per month)	$30.76	$46.13	$42.30	$53.83
Employee Pays (2x monthly)	$0	$7.70	$5.77	$11.54

Vision

The City of Kirksville will contribute a monthly allowance toward the cost of vision premiums. Coverage is effective of the first day of the month following 30 days of employment. Delta Dental will use the Insight Network. Contact Delta directly by calling 800-335.82366.

Insight Vision Plan	In-Network	Out-of-Network	Frequency
Routine eye exam	$10 copay	Up to $40 reimbursement	Once every calendar year
Eyeglass Frames	$0 Copay $130 allowance, then 20% off any balance	Up to $52 reimbursement	Once every two calendar years
Standard plastic lenses: • Single vision lenses • Bifocal lenses • Trifocal lenses	 $25 copay $25 copay $25 copay	 Up to $20 reimbursement Up to $40 reimbursement Up to $60 reimbursement	Once every calendar year (instead of contact lenses)
Progressive lenses: • Standard • Premium Tier 1/2/3 • Premium Tier 4	 $75 Copay $110/$120/$135 Copay $90 copay; 20% off retail price less $120 allowance	 Up to $40 reimbursement Up to $40 reimbursement Up to $40 reimbursement	Once every calendar year (instead of contact lenses)
Eyeglass lens enhancements: • Photochromic – Non-glass • Standard polycarbonate • Factory scratch coating	 $60 copay $40 copay $15 copay	 Not Covered	 Same as covered eyeglass lenses
Contacts • Elective conventional • Elective disposable • Medically necessary	 $25 Copay; 15% off balance over $130 allowance $25 Copay; plus balance over $130 allowance Covered in full	 Up to $78 reimbursement Up to $78 reimbursement Up to $250 reimbursement	 Once every calendar year (instead of eyeglass lenses)

Rates per Pay Period	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employer Pays (per month)	$4.67	$8.76	$9.95	$14.49
Employee Pays (2x monthly)	$0	$1.03	$1.32	$2.46

Voluntary Disabilities

Short-Term Disability and Long-Term Disability

City of Kirksville provides active employees working at least 30 hours per with the option to purchase short- and long-term disability income benefits through payroll deduction. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability	
Weekly benefit	60% of salary up to $1,500
Elimination period	8 days — due to injury or illness
Maximum benefit duration	12 weeks

Long-Term Disability	
Monthly benefit	60% of salary up to $6,000
Elimination period	90 days
Maximum benefit duration	Under 68: 2 years 68: to age 70 69 and over: 1 year

Life and AD&D

Basic Life/AD&D

Coverage is provided by City of Kirksville and is effective on the first day of the month following 30 days of employment.

Group Life and AD&D	
Benefit amount	1x Annual Salary to $125,000 Maximum
Reduction schedule	Benefits reduce by: • 35% at age 65 • 50% at age 70 Benefits terminate at retirement

Voluntary Life/AD&D

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

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue*	Benefit reduction/termination
Employee	$10,000	$500,000 or 7 times annual earnings, whichever is less	$150,000	Benefits reduce 35% at 65; 50% at 70
Spouse	$5,000	$250,000 not to exceed 100% of employee election	$25,000	Coverage terminates at age 70
Child(ren)	$2,000	$10,000	$10,000	Coverage terminates at 26

* *Without medical documentation*

Voluntary Life/AD&D Rates

Upon termination of this coverage, a term life portability plan is available. Contact Human Resources.
Your spouse's rate is based on your age.

Rate Per Semi-Monthly	Employee – $10,000	Spouse - $5,000	Child
Under 24	$0.44	$0.22	Life $2,000 = $0.09
25 - 29	$0.55	$0.28	Life $4,000 = $0.19
30 - 34	$0.60	$0.30	Life $6,000 = $0.28
35 – 39	$0.75	$0.38	Life $8,000 = $0.37
40 - 44	$1.00	$0.50	Life $10,000 = $0.47
45 - 49	$1.55	$0.78	AD&D $2,000 = $0.02
50 - 54	$2.25	$1.13	AD&D $4,000 = $0.05
55 - 59	$4.00	$2.00	AD&D $6,000 = $0.07
60 - 64	$7.00	$3.50	AD&D $8,000 = $0.09
65 - 100	$11.25	$5.63	AD&D $10,000 = $0.12
70 - 74	$11.25	Terminates at age 70	Terminates at age 26
AD&D Semi-Monthly Rate	**$0.20**	**$0.06**	**See Above**

If you enroll for even the minimum amount of coverage during your initial enrollment, you can enroll for additional coverage at your next enrollment by up to $40,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. You get married or have a child).

Online Enrollment

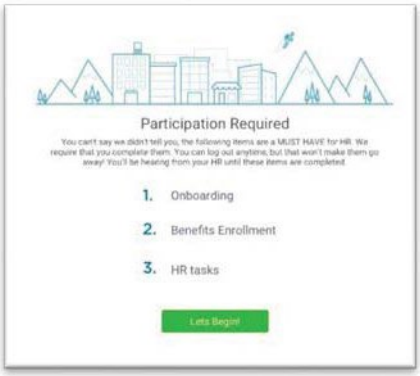
Your enrollment selection will be completed using an online enrollment tool. Below is helpful information to guide you through the process.

Step 1: Log In

- Go to: www.bukaty.com/online-enrollment
- **Returning users:** Log in with the username and password you selected. Click ***Reset a forgotten password***.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or ***Register as a new user***. Create an account and create your own username and password.
- **Your Company Identifier is: Kirksville**

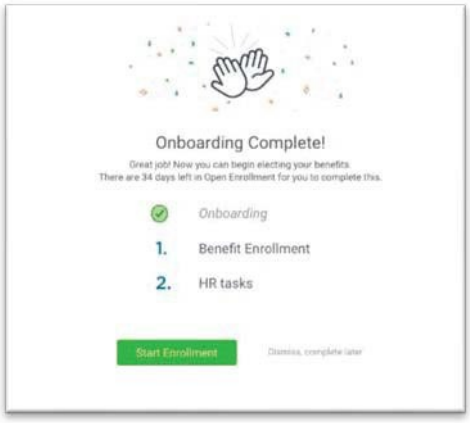
Step 2: Welcome!

- After logging in, click ***Let's Begin*** to complete your required tasks.



Step 3: Onboarding (For first time users, if applicable)

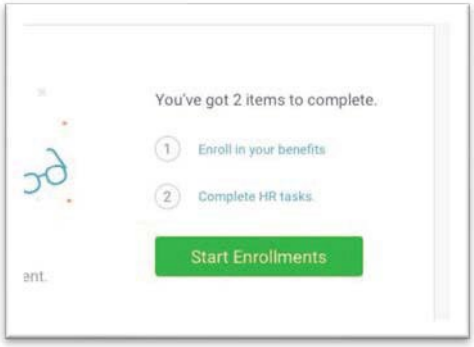
- Complete any assigned onboarding tasks before enrolling in your benefits.
- Once you've completed your tasks click ***Start Enrollment*** to begin your enrollments.



- **Tip:** if you hit ***Dismiss, complete later*** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking ***Start Enrollments***.

Step 4: Start Enrollments

- After clicking ***Start Enrollment***, you'll need to complete some personal and dependent information before moving to your benefit elections.

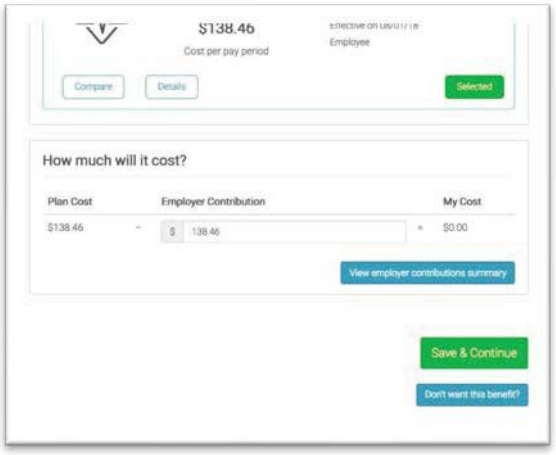


- **Tip:** Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

- To enroll dependents in a benefit, click the checkbox next to the dependent's name under ***Who am I enrolling?***

- Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click ***Select Plan*** underneath the plan cost.
- Click ***Save & Continue*** at the bottom of each screen to save your elections.



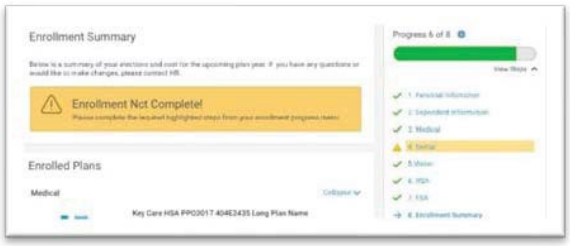
- If you do not want a benefit, click ***Don't want this benefit?*** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

- If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review and Confirm Elections

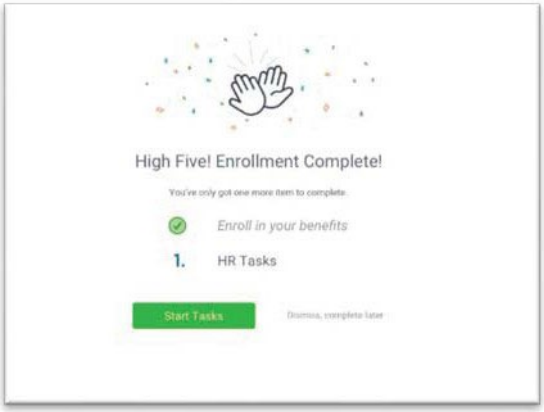
- Review the benefits you selected on the enrollment click ***Sign & Agree*** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



- ***Complete*** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Step 8: HR Tasks (if applicable)

- To complete any required HR tasks, click ***Start Tasks***. If your HR department has not assigned any tasks, you're finished!



For help with enrollment, please contact enrollmentsupport@bukaty.com or call 913.345.0440.

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 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.

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 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.

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.

Missouri - Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573.751.2005