



2021  

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2022



## EMPLOYEE BENEFIT GUIDE

YOUR FAMILY.  
YOUR HEALTH.  
YOUR BENEFITS.

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We recognize the value each employee brings to our organization. That is why we offer our employees a comprehensive array of benefits that are competitive and so you may choose those benefits that best fit you and your family's needs. This benefits overview provides information on the benefit plans and programs available to eligible employees of TrueCare Nursing.

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**IF YOU AND/OR YOUR DEPENDENTS HAVE MEDICARE OR WILL BECOME ELIGIBLE FOR MEDICARE IN THE NEXT 12 MONTHS, A FEDERAL LAW GIVES YOU MORE CHOICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE. SEE PAGES 14-15 FOR MORE DETAILS.**

# ELIGIBILITY & ENROLLMENT

## WHO IS ELIGIBLE?

- Full-time employees working 30 or more hours per week
- Legal Spouse
- Dependent Children up to age 26

## WHEN DOES COVERAGE BECOME EFFECTIVE?

- New hires—coverage is effective the first of the month following **date of hire**
- Open enrollment elections—Coverage is effective **October 1, 2021—September 30, 2022**

## HOW TO ENROLL?

If you are a new hire, **you must make your benefits election prior to your effective date of coverage or you will not be eligible to elect benefits until the next annual enrollment period.** Current employees may enroll during the annual enrollment period for benefits beginning the following **October 1st.**

All employees **must** complete an enrollment form to be enrolled in the Group Benefit Plan. If you do not wish to be covered, you **must** sign a waiver on your enrollment form and indicate the reason you are declining coverage. Once you have made your elections you will **not** be able to change them until the next open enrollment period unless you experience a qualified life event.

## WHEN CAN I MAKE CHANGES?

Generally, you may change your benefit elections only during the **annual open enrollment** period. However, you may change your benefit elections during the year if you experience a qualified life event, including, but not limited to the list below. Any change to your election must be consistent with the life event.

- Marriage or divorce
- Birth of your child, adoption of or placement for adoption of your child
- Death of your spouse or dependent child
- Change in employment status of employee, spouse or dependent child that causes a change in eligibility for other coverage
- Change in eligibility for Medicare or Medicaid

## PLEASE NOTE:

**You must notify HR within 30 days of the qualified life event.** If you do not contact HR within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event). Depending on the type of event, you may be asked to provide proof of the event. **Enrollment forms are due back to HR within 30 days of the qualified life event.**

## PRE-TAX PREMIUMS

Premiums for all benefits (except life insurance and short-term disability) will be deducted from your pay pre-tax. If you fail to elect coverage within the annual open enrollment or new hire eligibility period, you will be deemed to have voluntarily waived eligibility for the respective coverages for the entire year. Once made, pre-tax benefit elections are irrevocable and remain in effect for the plan year unless you have a “Qualified Life Event”.

# MEDICAL & RX

TrueCare Nursing offers medical insurance through Blue Cross Blue Shield of Kansas. The benefits illustrated below reflect in-network costs/allowances.

DEDUCTIBLE / COINSURANCE / ANNUAL MAXIMUM	
<b>Deductible</b> Individual / Family	\$1,000 / \$2,000
<b>Coinsurance</b> (member portion for most services)	20% of allowed amounts after deductible has been met
<b>Annual Maximum Out-of-Pocket</b> Individual / Family	\$5,000 / \$10,000
<i>(Annual MOOP includes deductible, copays, &amp; coinsurance; after the annual out-of-pocket amount as been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period)</i>	
DOCTOR'S OFFICE VISITS	
<b>Home &amp; Office Visits</b>	\$35 Primary Care office visit copay / \$70 Specialist office visit copay
<b>Telehealth Visits</b>	AmWell providers \$35 copay per visit Non-AmWell providers same as face-to-face visit
<b>Preventive Care</b> (defined by ACA)	Paid at 100% of allowable charge; some of the services include: Routine screenings Preventive immunizations Well women visits / screenings Contraceptive methods
DRUG COVERAGE	
<b>Prescription Drugs &amp; Mail Order</b> (generic/formulary/non-formulary)	BlueRx Card \$15 / \$50 / \$75 / \$150 or 20% up to \$250; Mail Order is 2 1/2 x copay; Designated Specialty Pharmacy; The quantity per prescription shall be the greater of a 34-day supply or 100 unit dosage, if defined as a maintenance drug. Designated Specialty Pharmacy use required.
MENTAL / BEHAVIORAL HEALTH	
<b>Inpatient Services</b> (requires pre-admission certification)	Subject to deductible/coinsurance
<b>Outpatient Services</b>	\$35 copay per visit
RECOVERY / SPECIAL NEEDS	
<b>Outpatient Rehabilitation</b>	Subject to deductible/coinsurance
<b>Hospice</b>	Subject to deductible/coinsurance
<b>Home Social Work Visits</b>	Subject to deductible/coinsurance



MEDICAL SERVICES	
Emergency Room	\$250 copay then subject to deductible/coinsurance
Emergency Medical Transportation	Subject to deductible/coinsurance
Inpatient Physician/Surgical	Subject to deductible/coinsurance
Outpatient Physician/Surgical	Subject to deductible/coinsurance
Outpatient Lab, Radiology & Advanced Imaging	Pays 100% to a combined max of \$300 for each covered person per benefit period, then subject to deductible/coinsurance
Accidental Injury Services	Subject to deductible/coinsurance

*This is a brief summary of the coverage available - refer to the policy for the exact provisions and exclusions.*

## FIND A PROVIDER

You have the freedom to use the doctor or hospital of your choice. However, maximum benefits are available when services are received from in-network providers. Blue Choice is the name of the provider network. To verify if a provider is an in-network provider, visit [bcbsks.com](http://bcbsks.com) > **Find a Doctor/Hospital** > **Choose Blue Choice Preferred-Care Blue Network** or log into your **BlueAccess** account.

## PRESCRIPTION DRUG INFORMATION

Use link below to find out if your prescription drug is covered by searching Prime Therapeutic's drug formulary/preferred medication list. To get results specific to your coverage, log in to your BlueAccess® account and click on Rx Drugs. [https://www.bcbsks.com/CustomerService/PrescriptionDrugs/drug\\_list/](https://www.bcbsks.com/CustomerService/PrescriptionDrugs/drug_list/)

## HOW TO REGISTER IN BLUE ACCESS

For access to valuable tools and resources to enhance your membership with BCBSKS, you will want to establish a BlueAccess® account. Follow the steps below to get your account your set-up.

1. Go to [bcbsks.com/blueaccess](http://bcbsks.com/blueaccess). Select "Register for a BlueAccess account."
2. On the next page, click "Sign up for a personal BlueAccess account".
3. Create your account. Provide the information requested and click "Continue." (have your ID card handy!)
4. Finish your registration by following the prompts.

MONTHLY MEDICAL PREMIUMS			
OPTION A	Employee Cost	Employer Contribution	Total Premium
Employee	\$228.89	\$265.00	\$493.89
Employee + Spouse	\$795.59	\$265.00	\$1,060.59
Employee + Child(ren)	\$734.64	\$265.00	\$999.64
Family	\$1,301.35	\$265.00	\$1,566.35



# TELEHEALTH

Telemedicine connects you with a doctor anytime, anywhere and is a fast, convenient way to see a doctor virtually. Members with Blue Cross and Blue Shield of Kansas (BCBSKS) coverage can have a live visit on their computer or mobile device with a doctor at a time that works for them. BCBSKS provides telemedicine services through Amwell®. With Amwell, members register for **FREE**, and the cost per visit is less than an emergency room. It's easy-to-use, affordable, private and secure.

## PATIENT BENEFITS

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

## HOW TO USE AMWELL?

1. Download the Amwell app on any mobile device.
2. On a computer? Sign up at [www.amwell.com/cm](http://www.amwell.com/cm). Simply fill in the contact information and set up a username and password to get started.

## WHY USE AMWELL?

- Select your own physician from a list of board-certified doctor and therapist profiles
- Available nationwide, 24/7/365
- Convenient prescriptions
- Easy payment options. Pay for the visit with credit, debit or HSA/FSA cards.
- A complete record of each visit is securely maintained and can be accessed by the patient.

## HOW MUCH DOES AMWELL COST?

The out-of-pocket cost of an Amwell doctor or therapist visit is **\$35**. Other covered services include consultation visits with a dietician, social worker, behavioral health professional and psychiatrist at their respective costs.

## WHEN TO USE AMWELL?

As an innovative patient consultation service, telehealth lets you interact with a doctor at your convenience for common conditions such as:

- Cold
- Flu
- Fever
- Rash
- Sinus infection
- Allergies
- Ear infection
- Pink eye



# BCBSKS RESOURCES

## HEALTHY OPTIONS

BCBSKS has partnered with WebMD and Blue365 to provide members with exclusive access to health information and other wellness resources. As an added bonus with your BCBSKS coverage, you have access to these great wellness programs at no additional cost to you.

### BEHAVIORAL HEALTH

Help for anxiety, depression and other behavioral health issues is just a few clicks away.

### CASE MANAGEMENT

Assistance with coordination of services and benefits for your complex medical conditions.

### WELLNESS MANAGEMENT

Registered nurses provide you with the tools you need to manage stress, become tobacco-free or lose weight.

### DISEASE MANAGEMENT

Registered nurses help you manage your asthma, COPD, diabetes, heart disease, high blood pressure and high cholesterol.

### WebMD HEALTH ASSESSMENT

Your resource for unlimited access to doctor-designed, powerful online tools, including a personalized health risk assessment and more.

### MEMBER NEWSLETTERS

Member newsletters provide insights on healthy living and BCBSKS information.

### BLUE 365

Access to weekly deals/discounts related to fitness and healthy eating. Sign up for weekly email reminders so you never miss a valuable deal!

### WELLNESS MEDIA LIBRARY

Review videos, webinars, timely articles and more to help you live your best life.

# DENTAL



COVERED SERVICES	IN-NETWORK
<b>Annual Deductible</b> (Individual / Family)	\$50 / \$150
<b>Annual Maximum</b> (per covered person)	\$1,500
<b>Diagnostic &amp; Preventive Care</b> <ul style="list-style-type: none"> <li>• Oral evaluations - twice per calendar year</li> <li>• Bitewing x-rays - twice per calendar year for dependents under age 18; once each 12 months for adults age 18 and over</li> <li>• Full mouth or panoramic x-rays - once each 5 years</li> <li>• Cleanings - UNLIMITED!</li> <li>• Topical fluoride - twice per calendar year for dependents under age 19</li> <li>• Space Maintainers - for dependents under age 14</li> <li>• Sealants - once per tooth, per lifetime for dependents under age 16</li> </ul>	Covered at 100%
<b>Basic Services (subject to deductible)</b> <ul style="list-style-type: none"> <li>• Ancillary - 1 emergency exam per plan year for relief of pain</li> <li>• Oral surgery - includes pre &amp; post operative care</li> <li>• Fillings</li> <li>• Periodontics</li> <li>• Endodontics - root canal treatments and root canal fillings</li> </ul>	Covered at 80%
<b>Major Services (subject to deductible)</b> <ul style="list-style-type: none"> <li>• Bridges - includes repairs &amp; adjustments</li> <li>• Crowns</li> <li>• Partial and complete dentures</li> </ul>	Covered at 50%

## RIGHT START 4 KIDS PROGRAM

Children, **age 12 and under**, receive coverage at 100% for all services covered under the plan. Not subject to deductible, but the plan's annual maximum and frequencies/limitations apply. Excludes orthodontics. Must see an in-network provider or the plan's underlying contract applies including deductibles and coinsurance levels.



Dental benefits are offered through **Delta Dental of Kansas**. When you receive services from a Delta Dental PPO provider, you receive discounts on your dental care, meaning you save money on your portion of the cost of services, and your annual maximum goes further. To locate a dentist in-network, download the Delta Dental mobile app, visit [www.deltadentalks.com](http://www.deltadentalks.com) or call customer service at **800.234.3375**.

## MANAGING MY BENEFITS

At [deltadentalks.com](http://deltadentalks.com), you can log in to your member account to:

- Print ID cards
- Check your eligibility and benefit information
- Check your claim status
- Sign-up to receive your Explanation of Benefits electronically
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Utilize the Dental Care Cost Estimator
- Schedule a dentist appointment
- Check your coverage and claims
- And more!



## DENTAL CARE COST ESTIMATOR

Find out what to expect to pay at an upcoming dental appointment with our Dental Care Cost Estimator. This easy-to-use tool provides estimated out-of-pocket costs based on the selected dentist and the individual's specific dental plan! Use the Dental Care Cost Estimator on the Delta Dental mobile app or online through your member account at [deltadentalks.com](http://deltadentalks.com).

### Here's How it Works:

1. **Log in** to the Delta Dental mobile app or your online member account at [deltadentalks.com](http://deltadentalks.com)
2. Once logged in, select the **Dental Care cost Estimator** tool.
3. **Fill out the form**—select who the estimate is for, your zip code, the treatment you would like to look up and your dentist. To find your dentist, start typing in their last name, and then tap the search button to the right and select your dentist. When finished, select **Get Cost Estimate**.
4. You will see a screen that will show you **Your Responsibility**. You will also see if your deductible is applied, and how much of your maximum is remaining.

MONTHLY DENTAL PREMIUMS	
Tier of coverage	Employee Cost
Employee	\$35.11
Employee + Spouse	\$69.47
Employee + Child(ren)	\$69.73
Family	\$118.12

# VISION

TrueCare Nursing offers vision coverage through **Surency Vision**. The summary below reflects in-network costs/allowances. Please refer to the plan summary for out-of-network allowances.

## HOW TO FIND AN IN-NETWORK PROVIDER

Surency Vision is proud to collaborate with EyeMed. EyeMed has a large, diverse network with retail chains and independent private practitioners that offer quality, convenience, and choice. The Comprehensive Plan will use the “Eyemed Insight Network.” Locate a provider at **www.surency.com** or download the Surency Vision mobile app.

COMPREHENSIVE VISION PLAN	IN-NETWORK MEMBER COST	FREQUENCY
<b>Vision Exam</b> (with dilation as necessary) Retinal Imaging	\$10 copay \$39	Once every calendar year
<b>Frames</b> <sup>1</sup> (in lieu of contact lenses)	\$150 allowance; 20% off balance over \$150	Once every calendar year
<b>Lenses (standard) per pair</b> Single Vision Bifocal Trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Once every calendar year
<b>Lens Options</b> Standard polycarbonate UV Coating Tint (solid & gradient) Standard Scratch-Resistance Standard Anti-Reflective Coating Standard Progressive (includes copay) Premium Progressive (includes copay) Other Add-Ons & Services	Adults: \$40 Dependents under 19: \$0 \$15 \$15 \$15 \$45 \$90 <i>see benefit summary for tiered pricing</i> 20% off Retail Price	Once every calendar year
<b>Contact Lens Fitting</b> Standard Premium	\$40 Copay 10% off retail	Once every calendar year
<b>Contact Lenses</b> <sup>1</sup> (in lieu of frames) Conventional Disposable Medically Necessary	\$150 allowance; 15% off balance over \$150 \$150 allowance \$0	Once every calendar year

1. Allowance available for frames or contact lens, **not both** in the same calendar year.

MONTHLY VISION PREMIUMS	
Tier of Coverage	Employee Cost
<b>Employee</b>	\$9.05
<b>Employee + Spouse</b>	\$19.02
<b>Employee + Child(ren)</b>	\$16.31
<b>Family</b>	\$30.50

## ADDITIONAL SAVINGS

- 40% off Additional pair of eyeglasses or sunglasses
- 20% off non-covered items such as cleaning cloths and solutions
- 15% off retail price of Laser Vision Correction
- 15% off conventional contact lenses





TrueCare Nursing **pays the full cost** of a Basic Life and Accidental Death and Dismemberment policy for all eligible employees. Coverage is guaranteed issue and each employee will receive a flat **\$25,000** policy amount for both Life and Accidental Death and Dismemberment insurance. Coverage reductions apply beginning at age 65.

## **ACCIDENTAL DEATH AND DISMEMBERMENT**

Accidental death and dismemberment insurance pays a benefit in the case of an insured's accidental death or dismemberment. Dismemberment includes the loss—or the loss of use—of body parts or functions (e.g., limbs, speech, eyesight, and hearing). If an insured's death is due to the cause of an accident, both life and accidental death and dismemberment policies will pay a benefit to the insured's beneficiary.

## **ACCELERATED BENEFIT**

The Accelerated Benefit, also known as the Living Benefit, allows a terminally ill insured employee to request a portion of their group life insurance while still *living*.

Since it is an advance partial payment of the group life insurance in force, it reduces the face amount of the coverage available under the policy when paid. The balance of the available coverage is called the reduced face amount.

For example, an insured employee's group life insurance benefit is \$25,000 and a living benefit payment of \$5,000 is applied for and payment in this amount is issued to them prior to death. The remaining group life insurance of \$20,000 is called the Reduced Face Amount. The reduced face amount of \$20,000 then becomes the group life benefit payable to the insured employee's beneficiary at death.

Payment of the living benefit does not affect the amount of accidental death and dismemberment insurance, if applicable, under the group policy.

# LEGAL NOTICES

## **CONTINUATION OF HEALTH PLAN COVERAGE**

A federal law, commonly referred to as COBRA (for Consolidated Omnibus Budget Reconciliation Act) gives you and your covered dependents the right to continue health plan coverage in certain circumstances when it would otherwise end. These include termination of employment or reduction in hours causing loss of plan eligibility of the covered employee, as well as for covered dependents, the death of the covered employee, a divorce or legal separation from the covered employee, or ceasing to be an eligible dependent child of the employee.

## **IT IS VERY IMPORTANT THAT YOU NOTIFY HUMAN RESOURCES IF YOU EXPERIENCE A DIVORCE/ LEGAL SEPARATION OR HAVE A DEPENDENT WHO NO LONGER MEETS THE ELIGIBILITY RULES OF THE PLAN.**

If you do not notify Human Resources of one of these events within 60 days, your covered dependents will lose the right to continue their coverage under COBRA. More details are available in the COBRA notification material sent to new health plan participants.

## **NOTICE OF SPECIAL ENROLLMENT PROVISIONS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, provided that you request enrollment within 30 days after you or your dependents lose eligibility for that other coverage (or employer contributions toward that coverage end). 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment, contact your Human Resources Department.

## **HIPAA PRIVACY**

The Medical Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about the uses of protected health information (PHI) and your privacy rights. PHI use and disclosure by The Medical Plan is regulated by federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A paper copy may be requested through the Human Resources Department.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

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

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications during all stages of the mastectomy, including lymphedemas.

These benefits will be provided, subject to the same deductible, copays, and coinsurance applicable to other medical and surgical benefits under the plan.

## **SPECIAL RULES FOR MOTHERS AND NEWBORNS**

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

## **NOTICE OF CHIPRA POLICY**

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.

## **KANSAS – Medicaid**

Website: <http://www.kancare.ks.gov/>

Phone: 1-800-792-4884

**For additional state information or for more information on special enrollment rights, you can contact:**

### **U.S. Department of Labor**

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

### **U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Ext. 61565

## **HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS & YOUR HEALTH COVERAGE**

### **PART A: GENERAL INFORMATION**

When key parts of the health care law took effect in 2014, it established a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### **IS MY CURRENT HEALTH INSURANCE COVERAGE CHANGING THROUGH MY EMPLOYER?**

**NO.** The Health Insurance Marketplace is another option for obtaining health insurance coverage.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage.

Also this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

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

### **CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?**

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



# LEGAL NOTICES

## **DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than **9.83** percent of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

## **HOW CAN I GET MORE INFORMATION?**

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

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area

## **PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER**

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

Employer Name:	TrueCare Nursing
Employer EIN:	82-5431596
Employer Address:	9415 E Harry St STE 105   Wichita, KS 67207
Employer Phone:	(316) 220-8702

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

- ⇒ We offer a health plan to all employees working 30+ hours per week
- ⇒ We offer coverage to eligible spouses and dependent children to age 26

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

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

## **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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

# LEGAL NOTICES

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

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

## **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you decide to drop your current creditable coverage with TrueCare Nursing since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?**

If you decide to join a Medicare drug plan, your current TrueCare Nursing coverage will not be affected. You may keep your TrueCare Nursing coverage and this plan may coordinate with Part D coverage. In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be able to keep these important benefits if you choose to enroll in a Medicare prescription drug plan. If you do decide to join a Medicare drug plan and drop your current TrueCare Nursing coverage, be aware that you and your dependents may not be able to get this coverage back.

## **WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

You should also know that if you drop or lose your current coverage with TrueCare Nursing and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

## **FOR MORE INFO ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:**

Contact Human Resources at **(316) 220-8702**. NOTE: You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TrueCare Nursing changes. You also may request a copy of this notice at any time.

## **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:**

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

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

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

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

## BLUE CROSS BLUE SHIELD OF KANSAS

### SUMMARY OF BENEFITS AND COVERAGE

[\* For more information about limitations and exceptions, see the plan or policy document at [www.bcbsks.com](http://www.bcbsks.com).]

**Questions:** Call **1-800-432-3990** or visit us at **[www.bcbsks.com](http://www.bcbsks.com)**.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at **[www.cciio.cms.gov](http://www.cciio.cms.gov)** or call **1-800-432-3990** to request a copy.

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## Comprehensive Major Medical

MPN: 235805414  
Ins:

Coverage Period: Beginning on or after 10/1/2021

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual/Family | Plan Type: PPO



**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsks.com/blueaccess](http://www.bcbsks.com/blueaccess) or call 1-800-432-3990. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.bcbsks.com/blueaccess](http://www.bcbsks.com/blueaccess) or call 1-800-432-3990 to request a copy.**

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,000 person / \$2,000 family. Doesn't apply to In-Network preventive care.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes, preventive care.	For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No. There are no other specific deductibles.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$5,000 person / \$10,000 family. 20% non PPO penalty applies annually up to \$2,000 person / \$4,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.bcbsks.com/providerdirectory">www.bcbsks.com/providerdirectory</a> or call 1-800-432-3990 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.
All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.		



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 copay/visit	\$35 copay/visit	_____none_____
	Specialist visit	\$70 copay/visit	\$70 copay/visit	_____none_____
	Preventive care/screening/immunization	\$0. Preventive is without cost share.	Deductible then 20% coinsurance	Immunizations as identified by the Center of Medicare and Medicaid Services.
If you have a test	Diagnostic test (x-ray, blood work)	\$0 up to \$300 person, deductible then 20% coinsurance	\$0 up to \$300 person, deductible then 20% coinsurance	_____none_____
	Imaging (CT/PET scans, MRIs)	\$0 up to \$300 person, deductible then 20% coinsurance	\$0 up to \$300 person, deductible then 20% coinsurance	_____none_____
	Generic drugs	\$15 copay	\$15 copay	_____none_____
If you need drugs to treat your illness or condition	Preferred brand drugs	\$50 copay	\$50 copay	_____none_____
	Non-preferred brand drugs	\$75 copay	\$75 copay	_____none_____
	Specialty drugs	Preferred: \$150 copay Non-Preferred: 20% coinsurance not to exceed \$250	Not Covered	Specialty Drugs must be obtained from the Blue Cross and Blue Shield of Kansas Designated Specialty Pharmacy. If a Specialty Prescription Drug is obtained from a Pharmacy other than our Designated Specialty Pharmacy, the drug will not be eligible for benefits.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	Physician/surgeon fees	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
If you need immediate medical attention	Emergency room care	\$250 copay then deductible and 20% coinsurance	\$250 copay then deductible and 20% coinsurance	_____none_____
	Emergency medical transportation	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Urgent care</a>	Copay is applicable to the provider type	Copay is applicable to the provider type	Same as office visit.
	Facility fee (e.g., hospital room)	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
If you have a hospital stay	Physician/surgeon fees	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	Outpatient services	\$35 copay/visit, other outpatient services subject to deductible then 20% coinsurance	\$35 copay/visit, other outpatient services subject to deductible then 20% coinsurance	_____none_____
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	Office visits	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
If you are pregnant	Childbirth/delivery professional services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	Childbirth/delivery facility services	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	<a href="#">Rehabilitation services</a>	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	<a href="#">Habilitation services</a>	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	<a href="#">Skilled nursing care</a>	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
	<a href="#">Durable medical equipment</a>	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Hospice services</a>	Deductible then 20% coinsurance	Deductible then 20% coinsurance	_____none_____
If your child needs dental or eye care	Children's eye exam	Copay is applicable to the provider type	Copay is applicable to the provider type	Vision screening for children under 5 years is covered at 100% as preventative.
	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a>.)</b>	
<ul style="list-style-type: none"> <li>◆ Acupuncture</li> <li>◆ Dental care (Adult)</li> <li>◆ Weight loss programs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Bariatric surgery</li> <li>◆ Hearing aids</li> <li>◆ Cosmetic surgery</li> <li>◆ Long-term care</li> </ul>
<b>Other Covered Services (Limitation may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)</b>	
<ul style="list-style-type: none"> <li>◆ Infertility treatment</li> <li>◆ Routine eye care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Non-emergency care when traveling outside the U.S. See <a href="http://www.bcbs.com/already-a-member/coverage-home-and-away.html">www.bcbs.com/already-a-member/coverage-home-and-away.html</a></li> <li>◆ Private-duty nursing</li> <li>◆ Routine foot care</li> <li>◆ Spinal manipulations</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Blue Cross and Blue Shield of Kansas Customer Service at 1-800-432-3990. You may also contact your state insurance department, Kansas Insurance Department, 1300 SW Arrowhead Road, Topeka, Kansas 66604, Phone: 800-432-2484, or visit [insurance.kansas.gov](http://insurance.kansas.gov), or the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Customer Service at 1-800-432-3990 or you can visit [www.bcbsks.com/blueaccess](http://www.bcbsks.com/blueaccess), or the Kansas Insurance Department, 1300 SW Arrowhead Road, Topeka, Kansas 66604, Phone: 800-432-2484, or visit [insurance.kansas.gov](http://insurance.kansas.gov), or the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the Marketplace.

**Language Access Services:**

- Spanish (Español): Para obtener asistencia en Español, llame al 1-800-432-3990
- Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-432-3990
- Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-432-3990
- Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-800-432-3990

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section.



## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- Specialist coinsurance \$70
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Specialist office visits (prenatal care)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (ultrasounds and blood work)  
 Specialist visit (anesthesia)

**Total Example Cost \$12,700**

**In this example, Peg would pay:**

Cost Sharing	
Deductibles	\$1,000
Copayments	\$10
Coinsurance	\$2,300
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,370</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist coinsurance \$70
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (including disease education)  
 Diagnostic tests (blood work)  
 Prescription drugs  
 Durable medical equipment (glucose meter)

**Total Example Cost \$5,600**

**In this example, Joe would pay:**

Cost Sharing	
Deductibles	\$1,000
Copayments	\$1,100
Coinsurance	\$40
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,160</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist coinsurance \$70
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Emergency room care (including medical supplies)  
 Diagnostic test (x-ray)  
 Durable medical equipment (crutches)  
 Rehabilitation services (physical therapy)

**Total Example Cost \$2,800**

**In this example, Mia would pay:**

Cost Sharing	
Deductibles	\$1,000
Copayments	\$400
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,600</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

# CONTACTS

CUSTOMER SERVICE	WEBSITE	PHONE
<b>Blue Cross Blue Shield of KS</b> <i>Medical</i>	www.bcbsks.com	800-432-3990
<b>Amwell</b> <i>Telemedicine</i>	www.amwell.com	844-733-3627
<b>Delta Dental of KS</b> <i>Telemedicine</i>	www.deltadentalks.com	800-234-3375
<b>Surency Vision</b> <i>Vision</i>	www.surency.com	316-462-3321
<b>BCBSKS Advance</b> <i>Life &amp; AD&amp;D</i>	www.advanceinsurance.com	800-530-5989
BENEFITS CONSULTANT	CONTACT	PHONE
<b>Hays Companies</b>	Jessica Cox   jcox@hayscompanies.com	316-448-5113
HUMAN RESOURCES	CONTACT	PHONE
<b>TrueCare Nursing</b>	Briana Botteron   bbotteron@truecarenursing.com	316-337-5559





**Disclaimer:** The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.