

LAKEMARY CENTER

2025 BENEFIT GUIDE

OUR MISSION: EMPOWERING CHILDREN AND ADULTS WITH
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO
ACHIEVE THEIR INDIVIDUAL POTENTIAL.



LAKEMARY
CENTER

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This guide highlights the main features of many of the benefit plans sponsored by Lakemary. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Lakemary reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2025 Benefits

The following pages provide details about each our benefit offerings. Enrollment is completed via [Gravie for Medical coverage and Paycom for all other benefits.](#)

Please find the enrollment instructions for both included in this guide.

Eligibility

You are eligible to enroll in Lakemary's benefit plans if you are a regular, full-time employee scheduled to work at least 30 hours per week.

Dependent Eligibility

Employees who enroll in Lakemary's benefit programs may also enroll their eligible dependents including:

- Your legal spouse
- Your children up until age 26, regardless of student status
- Disabled children of any age

Initial Enrollment

Newly hired employees are eligible for benefits after 60 days. You have 31 days to enroll yourself and your dependents for benefits. Your coverage will begin on the first of the month following 60 days of hire. If you do not enroll within 31 days of becoming eligible, you will automatically be enrolled in the Lakemary paid benefits: Basic Life, Accidental Death & Dismemberment (AD&D), Short Term Disability, Long Term Disability, and Employee Assistance Program. You will need to wait until the next annual Open Enrollment to enroll for other benefits and make changes to coverage.

Annual Open Enrollment

Open Enrollment is held each fall and coverage takes effect on January 1 of the following year.

Making Changes to Coverage

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment. Unless you have a Qualifying Life Event or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a Qualifying Life Event you can make changes during the plan year. However, you must contact HR and make your enrollment change within 30 days of the event. If you do not, you will have to wait until the next Open Enrollment to make new elections.

Qualifying Life Events include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches age 26)
- Change in legal marital status: marriage, divorce, death of a spouse
- Loss of other coverage

Medical Enrollment
Log in to: member.gravie.com/login

Medical Plan

Lakemary partners with Gravie to offer an Individual Coverage Health Reimbursement Arrangement (ICHRA). ICHRA is an alternative type of group health program that gives you the freedom to select a medical plan and provider network of your choice through the Health Insurance Marketplace®, also known as the Exchange.

Gravie Pay is a virtual bank account that will be used to make premium payments to you selected medical carrier each month. Lakemary also contributes to this account to offset monthly medical premiums. These funds can be used to enroll you and your eligible dependents.

Enrolling with Gravie

1. Before you start you will need to be ready to provide this information for yourself and all dependents you plan to enroll:
 - a. Birth Date(s)
 - b. Social Security Number(s)
 - c. Provider names and preferred hospitals/clinics
 - d. Names and dosages of prescription drugs
 - e. A list of upcoming medical procedures
2. Create your Gravie account at member.gravie.com/login
3. Complete the “Get Started” page using your personal and family information, if relevant. This profile information will be used to complete your enrollment forms and applications.
4. Shop for your medical plan. View and compare plans to find the coverage that’s best for you. [Have questions? Call Gravie Care: 800.501.2920, weekdays, 7 a.m. to 7 p.m. CT.](tel:800.501.2920)

5. Finalize your enrollment and verify the following for the plan you've chosen:
 - a. Monthly premium
 - b. Prescription coverage
 - c. If your preferred providers are in-network
 - d. Deductibles and out-of-pocket maximums
 - e. How typical appointments will be covered
- a. If you choose an Easy Enroll plan, you can complete your enrollment online after choosing your plan. You will receive a confirmation within 24 hours of checkout confirming your enrollment.
- b. If you selected a Self-Enroll* plan, you will need to follow the list of instructions shown at checkout to ensure you complete your enrollment through your chosen carrier.
 - i. Follow the exact instructions to submit your application. This is required to complete enrollment in your selected medical plan.
 - ii. Upload a screenshot of your enrollment confirmation to your Gravie member portal.

*Depending on the carrier you've chosen, the email you'll receive from Gravie will prompt you to follow one of these two processes to set up autopay using your Gravie Pay account:

- Scenario 1: Set up autopay as part of the application process. Enter your Gravie Pay account details while completing your application directly with your insurance carrier.
- Scenario 2: Set up autopay with your carrier after you've submitted your application and before the deadline. First, you'll submit your medical plan application directly with the carrier on their enrollment site. Then, you'll provide your Gravie Pay account details to the carrier while your application is being processed. In this case, you'll need to pay attention to your carrier's specific payment deadline to set up autopay in time to activate your coverage.

3

Please Note

Medical Enrollment

Log in to: member.gravie.com/login

All Other Benefits Enrollment & Review

Log in to: [Paycom.com](https://paycom.com) or the Paycom app

For enrollment instructions for Paycom, please refer to the How to Enroll in Benefits section of this booklet

Medical Flexible Spending Account

Lakemary partners with P&A Group to offer a Medical Flexible Spending Account (FSA). An FSA can be used for eligible health, dental, and vision expenses. You have access to your annual amount even before you have made all the contributions. Choose your annual amount carefully because if you do not use all the funds by the end of the year, you will lose them. The IRS annual maximum election for 2025 is \$3,300.

Examples of Eligible Expenses

- Acupuncture
- Bandages
- Chiropractic services
- Contact lens expenses
- Crutches
- Dental expenses (non-cosmetic)
- Diagnostic/X-Ray/lab fees
- Doctor fees
- Eyeglasses/eye surgery
- Hearing aids
- Hospital services
- Insulin
- Orthotic inserts
- Prescription medications
- Prosthesis
- Surgical/therapy fees
- Vision expenses

Examples of Eligible Over-the-Counter Medications

- Acid controllers
- Allergy/sinus medications
- Cold, cough, and flu medications
- Pain relief medications
- Sleep aids and sedatives
- Stomach remedies

Ineligible Expenses

- Cosmetic treatment and supplies
- Hair transplants
- Health/fitness club fees
- Non-prescription medication and drugs
- Nutritional/vitamin supplements

For a full listing of eligible please visit: IRS publication 502

Download the “P&A Group - MyBenefits” app to help manage your account.

Dental Plan

Lakemary’s Dental Plan is administered by Delta Dental of Kansas. There are two types of network dentists- Delta Dental PPO and Delta Dental Premier. If you receive care from one of the network dentists, you’ll pay less for your care. If you choose an out-of-network dentist, your share of costs will generally be higher and you may need to file your own claims. For a list of preferred dentists, [Click Here](#) or go to www.DeltaDentalKS.com

Dental Plan Summary

	PPO/Premier	Out-of-Network
Annual Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Annual Benefit Maximum	\$1,500	\$1,500
Preventive Services (Routine cleanings, fluoride treatments, sealants, x-rays)	100%	80%
Basic Services (Fillings, root canals, periodontal services)	90%	60%
Major Services (Crowns, bridges, dentures)	60%	40%
Orthodontia*	50%	50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000

*Orthodontia coverage is for dependent children to age 19.

Contributions

	Cost Per-Pay Period
Employee Only	\$8.50
Employee + Spouse	\$26.50
Employee + Children	\$21.50
Family	\$42.00

Download the “Delta Dental Mobile App” to find a dentist, view ID card, estimate costs, review coverage and claims.

Vision Plan

Lakemary’s Vision Plan is administered by Surency utilizing the EyeMed Insight network. This plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses, as well as additional discounts on glasses and even LASIK surgery. For a list of preferred providers, [Click Here](#)

Vision Plan Summary

In-Network	
Eye Exam	
Comprehensive Exam	\$10 Copay
Retinal Imaging	Up to \$39 Copay
Lenses	
Single / Lined Bifocals / Lined Trifocals / Lenticular	\$20 Copay
Frame Allowance	
Provider Office/featured frame brands	\$130 Allowance 20% off balance over \$130
Contact Lenses (In Lieu of Glasses)	
Contact Lens Fit & Follow-Up	\$40 Copay
Conventional	\$130 Allowance, 15% off balance over \$130
Disposable	\$130 Allowance
Benefit Frequency	
Exam	Once every Calendar Year
Frames	Once every two Calendar Years
Contact Lenses & Lenses	Once every Calendar Year

Contributions

	Cost Per-Pay Period
Employee Only	\$1.50
Employee + Spouse	\$3.00
Employee + Children	\$3.50
Family	\$5.00

Download the “Surency Vision Mobile” app to find a doctor, view ID card, order contacts, review coverage and claims.

Life & AD&D Insurance

Lakemary provides \$25,000 of Basic Life and Accidental Death and Dismemberment (AD&D) coverage through Mutual of Omaha to you at no cost. You are automatically enrolled in this coverage the first of the month after 60 days of employment. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that impacts your earning ability.

Voluntary Life Insurance

When your needs call for more than Basic Life and AD&D coverage, additional Voluntary Life and AD&D coverage is available for purchase for you, your spouse and your dependent children. This coverage is provided by Mutual of Omaha. You must elect coverage to purchase spouse or child coverage.

Benefit	Employee	Spouse	Child(ren)
Minimum Benefit	\$10,000	\$5,000	\$10,000
Maximum Benefit	5x Annual Salary up to \$500,000	100% of Your Election, up to \$250,000	\$10,000
Increments	\$10,000	\$5,000	\$10,000
Guarantee Issue	5x Annual Salary up to \$150,000	100% of Your Election, up to \$50,000	\$10,000

Note: At Annual Enrollment, if you are currently enrolled in coverage for yourself, you have the opportunity to increase your election by \$10,000, up to \$150,000, without having to complete Evidence of Insurability.

Short Term Disability & Long Term Disability

Lakemary provides Short Term Disability and Long Term Disability insurance at no cost to you through Mutual of Omaha. You are automatically enrolled in this coverage the first of the month after 60 days of employment. Short Term Disability coverage replaces your income when you are unable to work due to illness or injury, including pregnancy. If your disability exceeds 13 weeks, then you would transition to Long Term Disability.

Short Term Disability Benefit	
Weekly Benefit	60% of your salary
Maximum Weekly Benefit	\$2,000
Minimum Weekly Benefit	\$15
Benefits Begin	Injury: 1 st Day, Illness 8 th Day
Maximum Benefit Period	13 weeks

Long Term Disability Benefit	
Monthly Benefit	60% of your salary
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Benefits Begin	After 90 Days
Maximum Benefit Period	If Prior to Age 62, Benefits are Payable to Age 65 (SSNRA)

Accident Insurance

Accidental coverage pays you directly if you or your enrolled family members experience a covered accident and seek medical treatment. Covered accidents include fractures, dislocations, burns, or lacerations. Additional benefits extend to accidental death or dismemberment.

- Four categories of claim types include: common injuries, emergency care, hospital care, and follow-up care
- Fully portable at the same premiums and you own the policy
- Wellness Screening Benefit of \$100 per year for each covered person. Submit proof of immunizations, well exam with provider, cancer screening, and more to receive payment.

Accident Coverage	Benefit
Ambulance (Ground/Air)	\$400 / \$2,000
Hospital Admission/ICU Admission	\$1,500 / \$3,000
Hospital / ICU Confinement	\$200 per day
ER Treatment	\$100
Follow-Up Physician Visits	\$100
Physical Therapy	\$50
<i>Dislocations:</i> ankle, collarbone, elbow, hip, jaw, knee, shoulder, etc.	Up to \$10,000 surgical / \$6,000 nonsurgical
<i>Fractures:</i> collarbone, foot, forearm, hand, heel, hip, neck, pelvis, rib, skull, thigh, upper arm, vertebra, wrist, etc.	Up to \$16,000 surgical / \$8,000 nonsurgical

	Cost per pay period
Employee Only	\$3.87
Employee + Spouse	\$6.79
Employee + Children	\$7.98
Family	\$10.90

Critical Illness Insurance

Critical Illness pays you directly if you or your covered family members is diagnosed with a covered illness after coverage is in effect.

- All coverage levels/plan maximums are guarantee issue; evidence of insurability (EOI) is never required.
- A lump sum payment when first diagnosis of a covered condition is submitted.
- Wellness Screening Benefit of \$100 per year for each covered person. Submit proof of immunizations, well exam with provider, cancer screening, and more to receive payment.
- Critical Illness rates are based on your age and your benefit amount. Log in to determine your cost per pay period.

Critical Illness	Benefit
Benefit Amounts	Employee: \$10,000, \$20,000, \$30,000 or \$40,000 Spouse: \$10,000, \$20,000, \$30,000 or \$40,000 Not to exceed 100% of your coverage amount Child(ren): 25% of your coverage
Covered Conditions: Stroke, End Stage Kidney Failure, Major Organ Failure, Benign Brain or Spinal Cord Tumor, Coma, Paralysis, Blindness, Invasive Cancer, and Progressive Neurological Conditions, etc.	100%
Additional Conditions: Coronary Artery Disease, Non-Invasive Cancer, Skin Cancer*	50% *Skin Cancer – 5%

For more detailed information on covered conditions and qualifications for payment, visit sunlife.com/ciconditions

Hospital Indemnity Insurance

Hospital Indemnity pays you directly if you or your enrolled family members, to help cover costs associated with a hospital admission, including deductible, copays, coinsurance.

Benefits are payable for hospital stays due to:

- Sickness
- Accidents (within 365 days of accident)
- Pregnancy
- Mental & Nervous Disorders
- Substance Abuse

Accident Coverage	Benefit
First Day Hospital/ICU Admission	\$1,500
Hospital Confinement	\$100 per day up to 30 days
ICU Confinement	\$100 per day up to 15 days
Rehabilitation Unit Confinement	\$100 per day up to 60 days

	Cost per pay period
Employee Only	\$7.94
Employee + Spouse	\$16.83
Employee + Children	\$13.20
Family	\$22.09

Employee Assistance Program (EAP)

Lakemary offers you access to the Mutual of Omaha EAP to help with the unexpected challenges of life. You and your family have access to **three free sessions** per year for support.

Mutual of Omaha has a network of over 10,000 licensed clinical providers and 24/7 service that can help with issues related to family, financial, work/life, emotional, and much more. You can access care anytime throughout the year, and your EAP professionals can direct you to the resources and care you need by developing a personalized care plan.

The EAP offers support in multiple languages and can be access by calling **800-316-2796** or visiting mutualofomaha.eapintake.com to submit a form.

Travel Assistance

Mutual of Omaha offers you Travel Assistance coverage free of charge through AXA Assistance USA. AXA helps with Pre-Trip Assistance, Emergency Travel Support, Medical Assistance, and ID Theft Support.

- US Domestic: Call 312-935-3658
- Worldwide: Call 1-800-856-9947

Will Preparation

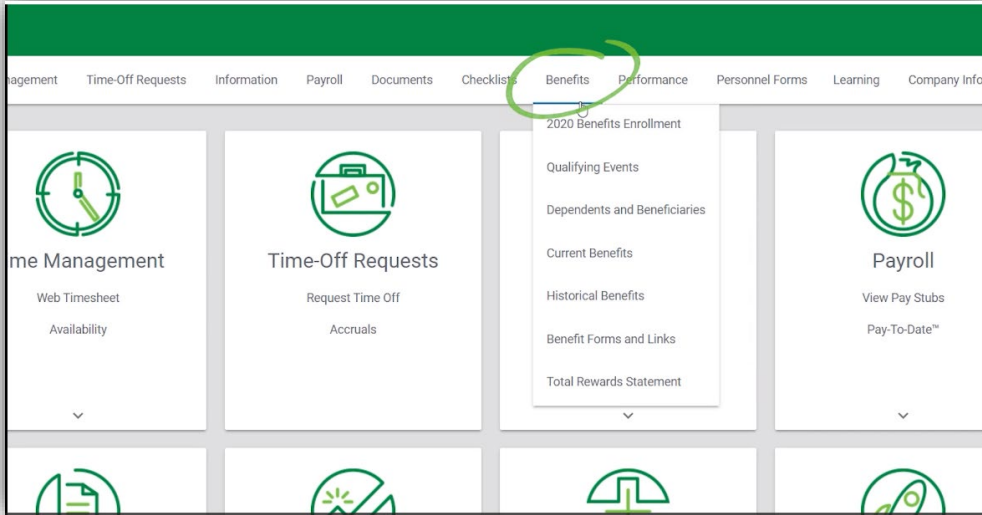
Mutual of Omaha also offers will preparation services to you free of charge through EPOQ. Documents provided include the Last Will and Testament, Power of Attorney, Healthcare Directive, and Living Trust.

Log in to willprepservices.com and use the code MUTUALWILLS to register

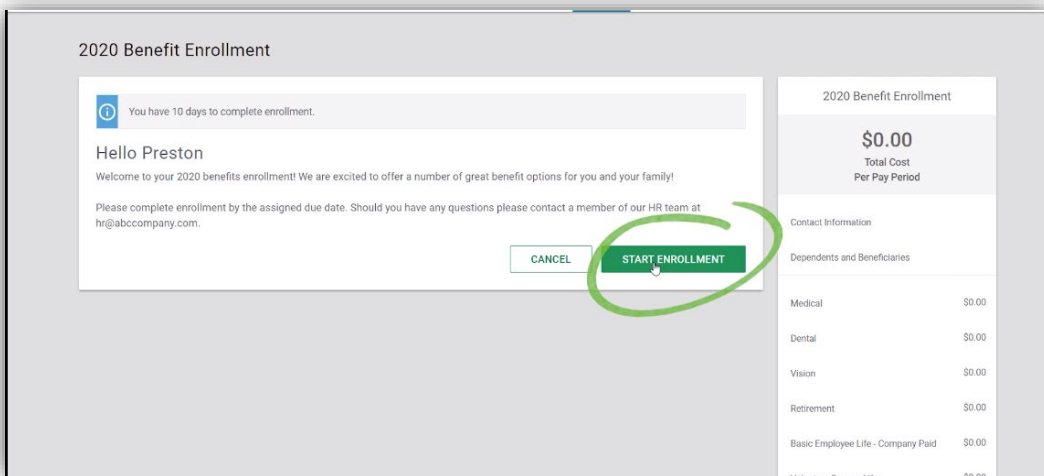
How to Enroll in Paycom

Once you have been notified, log in to Paycom.com or the Paycom app and navigate to your Benefits in Employee Self Service.

To begin you will select Benefits and the plan year you will be enrolling in.



Before you start you will need to ensure you have all the information you may need for any dependents or beneficiaries you would like to add into Paycom. Once you are ready, you will choose “start enrollment”.



Verify all your information is correct and select “next”

Contact Information

Employee Name: ENGLE, PRESTON
Birth Date: 05/25/1977

Tobacco User:
 Yes
 No

Primary Phone: 2145551234
Street Address: 7894 CINDERELLA LANE

City: DALLAS
State: Texas
Zip: 75229

2020 Benefit Enrollment
Total Cost Per Pay Period: \$0.00

Contact Information
Dependents and Beneficiaries

Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Retirement	\$0.00

The next step will be to add or edit any dependents or beneficiaries. Make sure to select if they are only a beneficiary or if they are also a dependent you will be covering with your selected benefit plans.

Dependents and Beneficiaries

Pre-Enrollment Questions
Do you want to re-enroll in the same benefits you did last year? *
 No
 Yes

You may add or edit dependents and beneficiaries at anytime. Only dependents and beneficiaries not associated with an active plan can be deleted.

ADD

Name	Relationship	Dependent	Beneficiary	Social Security Number	Documents
No Records Found					

2020 Benefit Enrollment
Total Cost Per Pay Period: \$0.00

✓ Contact Information
Dependents and Beneficiaries

Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Retirement	\$0.00
Basic Employee Life - Company Paid	\$0.00

Once you have added all dependents and beneficiaries – you will click “save and next”

Dependents and Beneficiaries

Pre-Enrollment Questions
Do you want to re-enroll in the same benefits you did last year? *
 No
 Yes

You may add or edit dependents and beneficiaries at anytime. Only dependents and beneficiaries not associated with an active plan can be deleted.

ADD

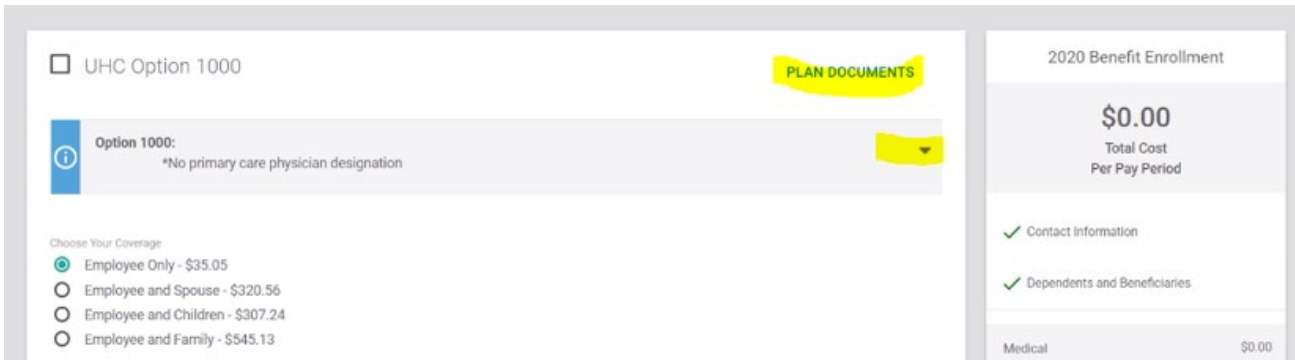
Name	Relationship	Dependent	Beneficiary	Social Security Number	Documents
Jennifer Engle	Spouse	✓	✓	0	

2020 Benefit Enrollment
Total Cost Per Pay Period: \$0.00

✓ Contact Information
✓ Dependents and Beneficiaries

Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Retirement	\$0.00
Basic Employee Life - Company Paid	\$0.00

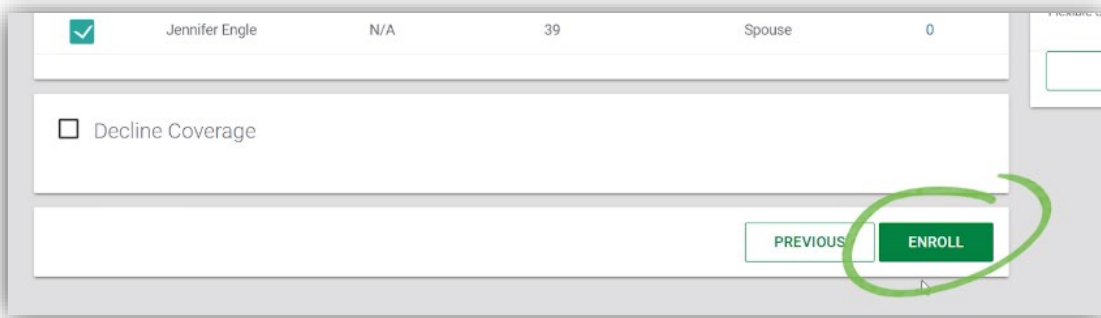
You will then begin to move through the offered benefits. Plan information will be listed under plan documents, including web links for every plan. Use the arrow to expand each Note section for detailed notes added by your Employer.



Check the plan you are choosing to enroll in and then select the coverage level. If covering dependents, select them now.



Once you are ready to enroll in the selected plan – click enroll.



You will then be prompted to the next offered benefit.

Note a green check mark will appear next to the completed selections.

You can click on a previous benefit in the side bar if needing to go back and change a previous selection.

When declining a benefit, a red X will appear by the benefit to track which benefits you are enrolling in and which you are opting out of.

As you navigate and make your choices, your per pay period amount will calculate in the top right hand corner.

2020 Benefit Enrollment

\$320.56
Total Cost
Per Pay Period

- ✓ Contact Information
- ✓ Dependents and Beneficiaries
- ✓ Medical \$320.56
- Dental \$0.00
- Vision \$0.00

Network	Out-of-Network
25.00	55.00

Once you have completed choosing your up-and-coming benefits, you will then select “finalize”. You will also sign and submit these elections to be approved.

- ✓ Dental \$25.00
- ✓ Vision \$4.73
- ✓ Retirement \$250.00
- ✓ Basic Employee Life - Company Paid \$0.00
- ✓ Voluntary Spouse Life \$23.08
- ✓ Short Term Disability \$20.00
- ✓ Flexible Spending Account \$65.22

REVIEW FINALIZE

Enrollment Submission

Please review your enrollment. When complete, press sign and submit. This will complete enrollment.

CANCEL SIGN AND SUBMIT

Glossary of Insurance Terms

Balance Billing

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Coinsurance

The percentage of costs of a covered health care service shared between insurance carrier and the insured after you pay your deductible.

Copayment

A fixed amount you pay for a covered health care service.

Deductible

The amount you pay for applicable out-of-pocket covered health care services before your insurance plan starts to pay.

Emergency Services

Sudden and unexpected accident or illness that requires advanced or immediate medical treatment.

Formulary

A list of prescription drugs that are covered by your health insurance plan. Depending on the type of brand, drugs are categorized into tiers, which may affect how much you pay for each drug. This is sometimes referred to as Prescription Drug List (PDL).

Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider and will have more administrative responsibility.

Out-of-Pocket Maximum

The maximum amount you can pay during a plan year for your share of the costs of covered services. This includes deductibles, copays, and coinsurance, but not premiums. After you meet this limit, the plan will pay 100% of the allowed amount.

Prior Authorization

Certain services or procedures may require written permission or recommendation from a health care professional to validate medical necessity to be covered by your insurance.

Preferred Provider

A provider who has a contract with your insurer or plan to provide services to you at a discount. Preferred providers will file claims on your behalf and will not balance bill.

Premium

The amount that must be paid for your insurance plan each month. This amount may be shared by you and your employer.

Specialist

A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care

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

Important Contacts

Benefits Plan	Carrier	Phone Number	Website
Medical & Rx	Gravie	800-501-2920	member.gravie.com
Dental	Delta Dental of Kansas	800-234-3375	deltadentalks.com/member.com
Vision	Surency	866-818-8805	surency.com/our-products/vision
FSA	P&A Group	716-852-2611	www.padmin.com
Life/Vol. Life/STD/LTD	Mutual of Omaha	800-316-2796	mutualofomaha.com
Voluntary Benefits	Sun Life	800-247-6875	sunlife.com/us
EAP	Mutual of Omaha	800-316-2796	mutualofomaha.com/eap

Lakemary Center 2025 Annual Compliance Notices

You will find the following Notices and reminders included in this document. Please read through the information below as some of the notices may directly affect you now while others will be more important at other times in your life. Many of the Notices are required by law and it is important to keep track of these forms whether they apply to you at this time or not. These are required communications and are information only; no action is required on your part.

The notices included in this guide are:

- ***Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)***
- ***Health Insurance Marketplace Coverage Options and Your Health Coverage***
- ***Notice of Privacy Practices***
- ***COBRA Rights Notice***
- ***Notice of Special Enrollment Rights***
- ***Women’s Health and Cancer Rights Act***
- ***Newborn & Mothers Health Protection Notice***

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. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx E-mail: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://hcpf.colorado.gov/child-health-plan-plus HIBI: https://www.mycohibi.com/	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/dfr/ All other Medicaid: https://www.in.gov/medicaid	1-800-403-0864 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: http://dhs.iowa.gov/Hawki HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov/agencies/dms KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP E-mail: KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov	1-855-459-6328 1-877-524-4718

State	Website/E-mail	Phone
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HSSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: https://chip.utah.gov/ Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/	1-888-222-2542
Vermont (Medicaid)	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia (Medicaid and CHIP)	https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another 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 Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% 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.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Gravie at 800-501-2920.

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, including 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. This information is numbered to correspond to the Marketplace application.

3. Employer name Lakemary Center, Inc		4. Employer Identification Number (EIN) 48-0732570	
5. Employer address 100 Lakemary Dr.		6. Employer phone number 913-557-4000	
7. City Paola	8. State Kansas	9. ZIP code 66071	
10. Who can we contact about employee health coverage at this job? Brent Kaempfe			
11. Phone number (if different from above)		12. E-mail address brent.kaempfe@lakemary.org	

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

- As your employer, we offer a health plan to some employees.

Eligible employees are:

- Fulltime Associates as defined by Lakemary Center, Inc.

- With respect to dependents, we do offer coverage.

Eligible dependents are:

- Legal spouses as defined by Lakemary Center, Inc.
- Dependent children as defined by Lakemary Center, Inc.

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

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

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

LAKEMARY CENTER, INC WELFARE BENEFITS PLAN NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the *Lakemary Center, Inc Welfare Benefits Plan* (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on *10/15/2024*.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. *Lakemary* requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted by law*. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required by law*, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of *Lakemary* for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

*Brent Kaempfe
Lakemary Center, Inc.
100 Lakemary Drive
Paola, KS 66071
913-557-4000*

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 after the qualifying event occurs. You must provide this notice to: Lakemary.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum 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 COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. 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.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. 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 YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

10/15/2024

Lakemary Center, Inc.

100 Lakemary Drive, Paola, KS 66071

913-557-4000

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to provide a special enrollment opportunity to an employee (or COBRA enrollee) upon the occurrence of specific events. This Chart summarizes the qualifying events and the corresponding special enrollment rights. This notice is being provided to insure that you understand your right to apply for the Ameri-National Corporation Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

EVENT	SPECIAL ENROLLMENT RIGHT
Acquisition of New Dependent(s) due to Marriage	<ul style="list-style-type: none"> Employee may enroll the employee (if not previously enrolled). Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren).
Acquisition of New Child due to birth or adoption (including placement for adoption)	<ul style="list-style-type: none"> Employee may enroll the employee (if not previously enrolled). Employee may also enroll spouse and/or newly-eligible child(ren).
Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP	<ul style="list-style-type: none"> Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance.
Loss of Other Health Coverage if due to: <ul style="list-style-type: none"> Loss of eligibility. <ul style="list-style-type: none"> Death of spouse; divorce, legal separation Child loses status (e.g. reaches age limit) Employment change (e.g. termination, reduction in hours, unpaid FMLA) Expiration of COBRA maximum period Moving out of HMO plan's service area Other employer terminates its plan (or discontinues employer contributions) 	<ul style="list-style-type: none"> Employee may enroll the employee (if not previously enrolled). Employee may also enroll spouse and/or children who have lost other health coverage. <p>Note: Person losing the Other Health Coverage must have had the other coverage since the date of this employer plan's most recent enrollment opportunity.</p>
Loss of Medicaid or CHIP coverage	<ul style="list-style-type: none"> Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement.

Notes:

- HIPAA Special Enrollees must be given 30 days (from the date of the event) to enroll.
- For events related to Medicaid/CHIP, the special enrollment period is 60 days.
- Special enrollment, if elected, must take effect no later than the first day of the month following the enrollment request. If the event is the birth or adoption of a child, the special enrollment must take effect retroactively on the date of birth or adoption (or placement for adoption).

To request special enrollment or obtain more information, please contact:

10/15/2024
 Lakemary Center, Inc.
 100 Lakemary Drive, Paola, KS 66071
 913-557-4000

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact your medical plan administrator.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).



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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.