



2024 - 2025 BENEFITS GUIDE

HEALTH
INSURANCE





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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. Please see page 22 for more details.

Eligibility



Eligible Employees:

You may enroll in the Cowley College Employee Benefits Program if you are a Full-Time employee working at least 30 Hours per Week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, Generally, dependents are defined as:

Your legal spouse, Dependent “child” up to age 26. (Child means the employee’s natural child or adopted child and any other child as defined in the certificate of coverage).

When Coverage Begins:

The effective date for your benefits is September 1, 2024. Newly hired employees and dependents will be effective in Cowley College’s benefits programs First of Month Following 30 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent’s eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

FOR BENEFIT QUESTIONS and/or ELECTIONS

Please contact

Amy Tharp | HR Coordinator

amy.tharp@cowley.edu

620.441.5295

Telemedicine



What is Telemedicine?

Telemedicine is an alternative to in-person visits. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

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

When to use Amwell?

Common Conditions such as:

- Cold
- Sinus Infection
- Flu
- Allergies
- Fever
- Ear Infection
- Rash
- Pink Eye

How Much does it Cost?

Medical Plan **Option 1** - \$30 copay

Medical Plan **Option 2 & 3** - \$Approx. \$59

Three ways to register:

- 1 Download the Amwell app on any mobile device.



- 2 Visit bcbsks.com/telemed

- 3 Call toll-free **844-733-3627**

Behavioral Health Services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private appointments available 7 days a week, 6:00 a.m. to 10:00 p.m. CST.



Health Coverage Terms to Know



When choosing a health plan, you may run across terms and phrases that are unfamiliar to you. Understanding these common health coverage terms can help as you decide on coverage for the coming year.

Premium - Your premium, also known as your employee contribution, is the amount you pay for health care coverage, and is deducted from your paycheck.

Deductible - Your deductible is what you pay up-front for care and is a set amount for the year. For most services, you will have to pay the full cost until you hit your deductible amount. After that, your health plan kicks in and shares costs for the rest of the year.

Copay - A copay is a fixed amount that you pay when you receive care. How this works with your deductible: Typically, you don't need to meet your deductible for the copay amount to apply, and the money you spend on copays doesn't count toward your deductible. For example: If your plan has a \$30 copay for every in-network specialist visit, you will owe \$30 when you go in for your visit.

Coinsurance - Coinsurance is a varying amount that you pay when you receive care and is calculated as a percentage of the allowed amount for a service. **How this works with your deductible:** Typically, coinsurance doesn't kick in until you've met your deductible. **For example:** You've met your deductible of \$1,000. If your plan has a 10% coinsurance for every in-network specialist visit, and your recent visit is \$100, you will owe \$10.

Out-of-Pocket-Maximum - The out-of-pocket maximum is the most you'll pay for care during your plan year before your health insurance begins to pay 100 percent of any allowed amounts. It's important to note that this amount does NOT include your premium, balance-billed charges, or healthcare services your plan doesn't cover.

Preventative Care - Preventive care is an important part of staying healthy and avoiding potentially serious health conditions by obtaining an early diagnosis and treatment plan. Your plan pays 100% of certain preventive care services with no out-of-pocket costs to you. Preventive care is routine health care that includes screenings, checkups and patient counseling to help prevent illnesses, disease or other health problems.

Medical Plan Options

	Option 1 \$1,000	Option 2 \$1,500	Option 3 HDHP \$3,500			
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%			
Telehealth Visits	\$30 copay	Approximately \$59	Approximately \$59			
Office Visit	\$30 copay	80% after deductible	100% after Deductible			
Specialist (includes Eye Exam) Urgent Care	\$50 copay	80% after deductible	100% after Deductible			
Emergency Room	\$100 copay then Deductible / Coinsurance	\$100 copay then Deductible / Coinsurance	100% after Deductible			
Plan Year Deductible						
Individual / Family	\$1,000 / \$ 3,000	\$1,500 / \$4,500	\$3,500 / \$7,000			
Coinsurance	You pay 20% to \$1,000 / \$3,000	You pay 20% to \$1,000 / \$3,000	100%			
Out of Pocket Maximum (includes deductible, copays, & coins)						
Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$3,500 / \$7,000			
Diagnostic Services						
X-ray and Lab Tests	100% to \$300 then Ded. & Coins	80% after Deductible	100% after Deductible			
Retail Prescriptions (34-day Supply)						
Generic	\$20 copay or 30% coins up to \$200 Maximum	80% after Deductible	100% after Deductible			
Preferred Brand	\$40 copay or 30% coins up to \$200 Maximum	80% after Deductible	100% after Deductible			
Non-Preferred Brand	\$60 copay or 30% coins up to \$200 Maximum	80% after Deductible	100% after Deductible			
Specialty Medications Copay assistance available	30% up to a max of \$1,000	80% after Deductible	100% after Deductible			
Mail Order Prescriptions (90-day Supply)						
Generic	\$50 copay or 30% coins up to \$500 Maximum	80% after Deductible	100% after Deductible			
Preferred Brand	\$90 copay or 30% coins up to \$500 Maximum	80% after Deductible	100% after Deductible			
Non-Preferred Brand	\$150 copay or 30% coins up to \$500 Maximum	80% after Deductible	100% after Deductible			
	Current Rate	EE Cost	Current Rate	EE Cost	Current Rate	EE Cost
Employee	\$831.59	(\$58.41)	\$761.62	(\$128.38)	\$692.57	(\$197.43)
Employee + Spouse	\$1,064.44	\$174.44	\$974.48	\$84.48	\$885.46	(\$4.54)
Employee + Child(ren)	\$956.33	\$66.33	\$875.54	(\$14.46)	\$796.49	(\$93.51)
Family	\$1,147.60	\$257.60	\$1,050.97	\$160.97	\$955.29	\$65.29

Note: Option 1 & 2 have a 3-month deductible carryover. (Deductible amounts accumulated in June or July will carry over to September). Cowley College provides each employee with a **\$890/month** stipend to be used towards medical and dental premiums.

Dental Insurance

Cowley College will continue to offer a dental program. Effective 9/1/2024 your dental plan will be administered through Blue Cross Blue Shield of Kansas.

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.



Dental Plan – Delta Dental of KS (Policy 54036)	
Annual Deductible	
Individual	\$25
Family	\$75
Annual Maximum	\$1,500
Dependent Children Covered – up to age 26. Services for children 12 & under paid at 100%	
Preventive	
Dental Exams – 2 per year	100%
Primary Services	
Oral Surgery, Endodontics, Simple Extractions	50%
Major Services	
Periodontal Onlays Bridges, Crowns	50%
Orthodontia	Not Covered
Employee Contributions (Monthly)	
Employee Only	\$32.24
Employee + Spouse	\$69.30
Employee + Child(ren)	\$63.58
Family	\$100.28



Vision Insurance

Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

Cowley College provides Vision Insurance through Vision Care Direct. To access a listing of providers (private practice and retail centers) logon to www.visioncaredirect.com



Note: Medical plan option 1 includes a routine eye exam with a \$50 copay. Individuals enrolled in Option 1 may consider the materials only vision plan and receive an eye exam through medical insurance. If you are enrolled in option 2 or 3 (HDHP) eye exams are subject to deductible with medical insurance.

Flexible Exam Benefit: In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.

	Vision Care Direct Complete Plan 1320	Vision Care Direct Materials Only Plan 1320
Routine Exams (Annual)	\$15 copay	Not covered
Vision Materials		
Materials Copay	\$15 copay	\$15 copay
Lenses (covered every 12 months)	Benefit varies by type of lens.	Benefit varies by type of lens.
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level (covered every 12 months)	\$160 allowance; 20% off balance	\$160 allowance; 20% off balance
Frames (covered every 24 months)	\$160 allowance	\$160 allowance
Employee Contributions (Monthly)		
Employee Only	\$13.48	\$9.34
Employee + Spouse	\$21.57	\$14.94
Employee + Child(ren)	\$24.88	\$17.24
Family	\$42.31	\$29.30

Voluntary Life Insurance

Cowley provides Voluntary Life Insurance and AD&D benefit administered by One America. You also have the choice to purchase life insurance for your spouse and dependents. Your cost for this coverage is based on the amount you elect and your age. To view more information, go to www.benefits-direct.com/cowleycollege.



If you elect more than the guaranteed issue amount, you may be required to answer medical questions and evidence of insurability forms (statement of health form).

Coverage	Available Benefit	Guarantee Issue Amount
Employee \$1,000 increments	\$10,000 to \$150,000	\$150,000
Spouse \$500 increments	\$10,000 to \$50,000	\$50,000
Dependent Child(ren) Plan 1: Employee & Spouse Benefits same as above: Dependent Benefit - 6 months to age 19, or 25 if full-time student Live birth to 6 months.	\$2,500 \$1,000	\$2,500 \$1,000
Dependent Child(ren) Plan 2: Employee & Spouse Benefits same as above: Dependent Benefit - 6 months to age 19, or 25 if full-time student Live birth to 6 months.	\$5,000 \$1,000	\$5,000 \$1,000
Dependent Child(ren) Plan 3: Employee & Spouse Benefits same as above: Dependent Benefit - 6 months to age 19, or 25 if full-time student Live birth to 6 months	\$7,520 \$1,000	\$7,500 \$1,000
Dependent Child(ren) Plan 4: Employee & Spouse Benefits same as above: Dependent Benefit - 6 months to age 19, or 25 if full-time student Live birth to 6 months	\$10,000 \$1,000	\$10,000 \$1,000

Optional Group Life with KPERS (OGLI)

As part of your KPERS benefits, your employer offers Optional Life Insurance, additional coverage beyond KPERS basic life insurance. This is extra coverage to help you protect what matters most – your family, including their financial security. With Optional Life, you decide how much you need and pay your premiums through payroll deduction.

Employee

Benefit Amount: Increments of \$5,000

Maximum Amount: \$400,000

Guarantee Issue Amount: \$50,000 to \$250,000

Spouse

Benefit Amount: Increments of \$5,000

Maximum Amount: \$100,000

Guarantee Issue Amount: \$25,000

Child(ren)

Benefit Amount: \$10,000 or \$20,000

Maximum Amount: \$20,000

Guarantee Issue Amount: \$10,000 or \$20,000

One Premium covers all eligible children in your family up to the age of 26. No age limit with disabled dependents.

Voluntary Disability Offerings

Short-Term Disability Insurance

Cowley College offers a short-term disability option with OneAmerica through Benefits Direct. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive disability benefits if you are receiving workers' compensation benefits and you may be subject to waiting periods for pre-existing conditions. Long Term Disability coverage is provided through the Kansas Public Employees Retirement System. Long Term Disability begins after 6 months of disability.

The cost of Short-Term Disability Insurance will be determined based on your age and the amount of coverage you elect. For more information review the brochure or go to www.benefits-direct.com/cowleycollege to see complete plan details.

	Option 1	Option 2	Option 3
Coverage Amount	70% of your earnings to a maximum \$1,750/week (minimum \$200)		
Elimination Period	Injury: 0 days Sickness: 7 days	Injury: 14 days Sickness: 14 days	Injury: 30 days Sickness: 30 days
Maximum Duration	26 weeks	24 weeks	22 weeks
Pre-Existing Limitations	3 months/12 months *Any condition you were treated for prior to your effective date will not be covered for the first 12 months		

Worksite Short Term Disability Coverage Option 1

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,750, in increments of \$50, not to exceed 70% of your weekly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
0 days injury / 7 days sickness	26 weeks	3 months / 12 months

Option 1 Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a Weekly benefit of:													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$11,143	\$150	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70
\$14,857	\$200	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60	\$19.60
\$18,571	\$250	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50	\$24.50
\$22,286	\$300	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40
\$29,714	\$400	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20	\$39.20
\$37,143	\$500	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00
\$55,714	\$750	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50
\$74,286	\$1,000	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00
\$111,429	\$1,500	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00	\$147.00
\$130,000	\$1,750	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50	\$171.50



Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a special service provided for benefits-eligible employees and their dependents at no charge. The EAP provides information, short-term counseling, advice, and referrals from licensed professionals who understand the typical stresses we all face day in and day out.

Employee assistance programs can help employees address the following:

Mental health issues, including stress, anxiety, depression, family or workplace conflicts, substance misuse, and related personal concerns.

Legal issues, including wills, estate planning, divorce, and real estate.

Financial issues, such as learning how to budget, pay off debt, plan for retirement, and prevent or recover from identity theft.

Work-life responsibilities, such as childcare, eldercare, adoption, or services to support a family member with special needs, such as education, transportation, and housing. EAP services also include pet care referrals.

Empac Services Include:

12 phone, video, or in-person sessions per household per year for personal and professional needs.

NATIONAL TOLL-FREE 800 NUMBER Available 24 hours a day, 365 days a year, the EAP toll-free number is answered by a master's level experienced EAP specialist.



Empac-eap.com

316.265.9922

800.234.0630

Txt 316.710.7374

Retirement Plan 403(b)

Cowley's 403(b) Savings Plan is a tax-deferred retirement plan which allows you to contribute a percentage of your pay before taxes and receive a basic contribution and matching contribution from Cowley College. Distributions generally are only available when you reach age 59 ½. However, distributions can also be available in the event of financial hardship, death or disability.

You can contribute up to 100% of your compensation to this plan, up to the limit allowed under the Internal Revenue Code which is \$22,500 in 2023. The combined employee and employer contribution limit is \$66,000. If you are age 50 or older, you can make a "catch-up" contribution of up to \$7,500 in 2023.

Automatic payroll deduction withdraws your contribution directly from your paycheck after you complete a Salary Deduction Agreement and return it to your financial representative. You may commence making contributions or modify the amount of your current contribution at any time.

You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers and 403(b) investment products located on the Bay Bridge website.

<http://sfr.baybridgeadministrators.com>.

Ameriprise Financial Services
 (800) 297-7378
 70100 Ameriprise Financial Cntr
 Minneapolis, MN 55474

Aspire Financial Services
 (866) 634-5873
 4010 Boy Scout Blvd, Ste 500
 Tampa, FL 33607

Voya Retirement Ins
 PO BOX 3015
 New York, NY 10116
 (888) 410-9482

Security Benefit (800-888-2461)
 Ginger Hamilton
 (316) 670-0049
 ginderhamilton@ofgfinancial.com

Ian Lindstrom
 (316) 990-8923
 ianlindstrom@ofgfinancial.com
Leasha Rutschman
 (316) 461-5063
 Leasharutschman@ofgfinancial.com

Worksite Plans

Accident Insurance

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.



These benefits are paid directly to you and may be used for any reason, from deductibles and prescriptions to transportation and childcare. This coverage includes 24-hour accidents for yourself or your entire family. Please see brochure or go to www.benefits-direct.com/cowleycollege to see complete plan details.

Cancer Plan through SunLife

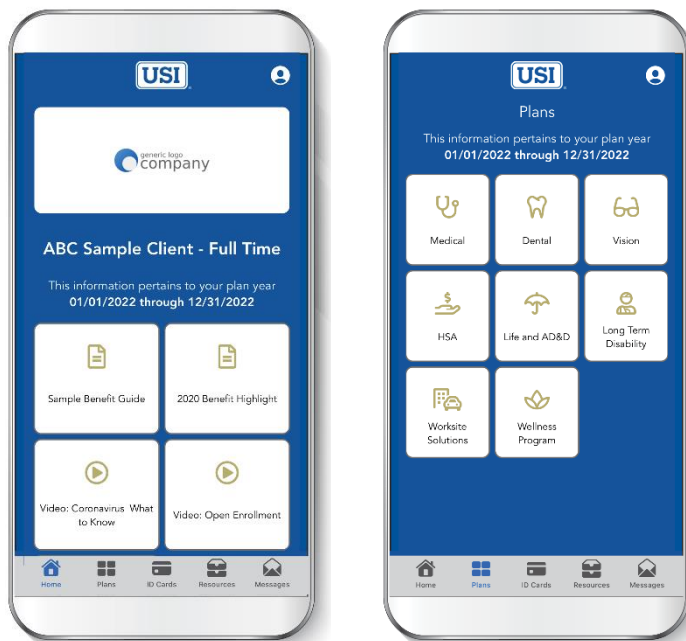
The cancer plan is moving from Prosperity to SunLife. This plan pays in addition to major medical and pay benefit directly to the insured. Benefits payables include initial diagnosis benefit, radiation, chemotherapy, surgery, transportation and lodging, wellness benefit, and many more. Also, coverage for hospital intensive care with actual ambulance charges paid. Please see brochure for a full list of benefits, exclusions, and premiums.



USI Mobile App

The USI mobile app provides a quick and simple way for you and your benefit plan participants to access benefit summaries and other important information about your group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. Our app is free, available for iPhone and Android.

MyBenefits2GO!



To access the upcoming plan year information, download the new **MyBenefits2GO** app to view plan contact information, key plan documents and more.

Cowley College

Enter this code when prompted:

M91455

HIGHLIGHTS OF THE MyBenefits2GO APP

- Stay Organized – Access all your plan information and cards in one place
- Stay Up To Date – Receive the most updated plan information automatically
- Lighten Up Your Wallet – Store your cards in the app
- Get In Touch – Convenient contact information

Benefit Resource Center (BRC)

Cowley College offers employees access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00 AM to 8:00 PM CST. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.



Call Toll Free 855-874-0742 Monday through Friday 8:00am to 8:00pm CST or email BRCMT@usi.com.



This guide is provided to you by Cowley College and USI



These pages summarize the benefits of the plan(s). The Subscriber Certificate(s) and applicable riders define the terms and conditions of these benefits in greater detail. Should any questions arise, the certificate(s) and riders will govern.

Contact Numbers & Websites

We encourage all our employees and their families to become familiar with and use the resources offered.

Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most cases, you can register to securely access your benefit information online. This will enable you to review important information about your coverage, locate a doctor, view your claims history and research various health related topics.

	CARRIER	PHONE NUMBER	WEBSITE /EMAIL
Medical Plan <i>Policy #07684</i>	BlueCross BlueShield of Kansas	(800) 232-2345	www.bcbsks.com
Telemedicine	Amwell	(844) 733-3627	Bcbsks.com/telemed
Dental Plan <i>Policy #07684</i>	BlueCross BlueShield of Kansas	(800) 232-2345	www.bcbsks.com
Vision Plan <i>Policy #1320</i>	Vision Care Direct	(800) 399-9644	www.visioncaredirect.com
Employee Assistance Program	Empac	(800) 234-0630	www.empac-eap.com
Benefit Resource Center (BRC)	USI	(855) USI-0742	Email: BRCMT@USI.com
Life, STD, Accident & Cancer	Benefits Direct	(877) 523-0176	Customersupport@AmeriLifeBenefits.com

Required Notifications

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Please see your benefit summary for complete plan details.

NEWBORNS ACT DISCLOSURE - FEDERAL

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 from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Amy Tharp
125 S. 2nd
Arkansas City, KS 67005
620-441-5295
Amy.Tharp@cowley.edu

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

9/1/2024

Amy Tharp (620) 441.5295

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Cowley College 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 Cowley College 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.

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. Cowley College has determined that the prescription drug coverage offered by the Cowley College is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore 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 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also 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 **Cowley College** coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current **Cowley College** coverage, be aware that you and your dependents will 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 [Insert Name of Entity] 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 creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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
- 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, 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).

Date: 9/1/2024
Name of Entity/Sender: Cowley College
Contact--Position/Office: Amy Tharp, Payroll & Benefits Coordinator
Address: 125 S 2nd St, Arkansas City, 67005
Phone Number: 620.441.5295

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 January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid

Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, 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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 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 new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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.¹

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.

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.

¹ 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.

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 Cowley College	3. Employer Identification Number (EIN) 48-0720889	
4. Employer address 125 S 2 nd Street	5. Employer phone number 620-441-5214	
6. City Arkansas City	7. State KS	8. ZIP code 67005
10. Who can we contact about employee health coverage at this job? Jennet Hanna -Director of Human Resources		
11. Phone number (if different from above) 620.441.5295	12. Email address Amy.tharp@cowley.edu	

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

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are: Full-time employees working at least 30 hours per week.

- Some employees. Eligible employees are: Eligible dependents include legal spouse and dependents to age 26.

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

- We do not offer coverage.

- 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, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)