



# 2026

***BENEFIT GUIDEBOOK AND BENEFIT EDUCATIONAL TOOL***

*JANUARY 1, 2026 - DECEMBER 31, 2026*

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# WELCOME TO YOUR CITY OF ALLIANCE BENEFITS GUIDE!

We are committed to providing a benefits package that supports the well-being of you and your family. Our goal is to offer you choices to find what best fits your personal and healthcare needs.

We understand that healthcare costs are steadily increasing, making it more important than ever to be proactive and informed when it comes to managing your benefits. By making smart choices, you can help control costs while maximizing the value of the coverage available to you.

In this guide, you'll find an overview of your benefit options. Remember, any changes you make during open enrollment will take effect in January of the following year. Take the time to review your options carefully and reach out to HR if you have any questions.

We're here to help you make the best decisions for you and your loved ones!

**OPEN ENROLLMENT IS FROM  
DECEMBER 1 TO DECEMBER 15**

This guide and the materials that accompany it are intended to provide only a general overview of the benefit programs for eligible City of Alliance employees. This guide is not a summary plan description and does not provide, nor is it intended to provide, complete details of any of the benefit plans. The plans are governed by legal plan documents and insurance contracts. If this guide (and/or the materials that accompany it) and the plan documents or insurance contracts do not agree, the plan documents or the insurance contracts will rule. This guide is not intended as a promise of continued benefits or employment. The City reserves the right to change or end the plans at any time and for any reason.

## WHO IS ELIGIBLE?

- Medical, FSA, and HSA benefits are available to all active full-time employees who work a minimum of 30 hours per week on average.
- Designated part-time employees are eligible for single dental and vision coverage as well as supplemental benefits with Colonial Life.
- For those enrolling during Open Enrollment, most benefits will be effective on January 1.
- In other instances, coverage is effective for active employees on the 1st day of the month following 30 consecutive days of employment.

## ELIGIBLE DEPENDENTS

Eligible dependents include the following:

- Your legal spouse
- Your children under age 26, regardless of marital, student, or tax-dependent status
- An unmarried dependent grandchild under the age of 26 that resides with the Employee, for which the Employee is financially responsible and can be claimed as an income tax deduction
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

To make sure you receive the coverage best suited for you and your dependents, read this information carefully. Once you have familiarized yourself with the City of Alliance benefits program, you are ready to make your decisions and enroll.

## SPECIAL ENROLLMENT RIGHTS

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying life event. Qualifying events include, but are not limited to:

- Birth, legal adoption, or placement for adoption
- Change in Marital Status
- Change in dependent/spouse work status, resulting in loss or gain of medical coverage
- Death of a covered dependent
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or CHIP
- Court-ordered change

Notification and changes to your coverage due to a qualifying life event must be made to Human Resources within 31 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss/gain of coverage letter). For more information on qualifying events, refer to the Medical and Dental Plan Document.

## HOW TO ENROLL

To get the most comprehensive experience, log in to the Paylocity **website** from your computer, or scan the QR code to the right from your smart device.

Login at: [www.paylocity.com](http://www.paylocity.com)  
Company ID: 167196



## BOOK APPOINTMENT WITH HR

Scan the QR code to book an appointment with HR if you'd like help with your 2026 Open Enrollment!



# MEDICAL



Your health and the physical well-being of your family are important because our community depends on your work. The City of Alliance offers you and your eligible dependents medical insurance administered through Regional Care, Inc. (RCI). All employees who work at least 30 hours per week on average are eligible for medical insurance. This benefit begins on the first date of the month following thirty (30) consecutive days of work. Our plan offers comprehensive healthcare benefits, including free in-network preventive services!

TTY: 800-795-7772  
Email: [customerservice@regionalcare.com](mailto:customerservice@regionalcare.com)

This plan utilizes the Midlands Choice network. You can look up providers at: [www.midlandschoice.com/Find-a-Provider](http://www.midlandschoice.com/Find-a-Provider) or at [providerlocator.firsthealth.com/fcom](http://providerlocator.firsthealth.com/fcom) or scan one of the QR codes below.

**Midlands Choice  
Network Providers**



**First Choice  
Network Providers**



### Network Services

This medical plan balances affordability with the freedom to go outside the network. You receive the maximum benefit under the plan and pay a smaller amount out of your pocket when you seek medical treatment from a network provider. Participating providers have agreed to provide services at a discounted fee. For out-of-network care, you are responsible for more costs.

This is a brief summary of your benefits. See Plan Document for details.

<p>The City of Alliance offers this benefit at the following <b>monthly</b> rates:</p>	<b>EMPLOYEE ONLY</b>	\$72.00
	<b>FAMILY</b>	\$221.00

PLAN HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> (single/family)	\$3,400/\$5,800	\$3,600/\$6,720
<b>Out-of-Pocket Maximum</b> (single/family)	\$4,000/\$8,000	\$8,000/\$16,000
<b>Co-Insurance</b>	10% after deductible	40% after deductible
<b>Preventive Care</b>	10% (No deductible)	40% after deductible
<b>Primary Care Visit</b>	10% after deductible	40% after deductible
<b>Specialist Visit</b>	10% after deductible	40% after deductible
<b>Urgent Care</b>	10% after deductible	40% after deductible
<b>Emergency Room</b>	10% after deductible	
<b>Prescription Drugs</b>	10% after deductible	10% after deductible

### CREATE A MEMBER PROFILE ON RCI

RCI is currently in the process of launching a new client portal. Upon its completion, employees will be able to create a member profile. Check back at [www.regionalcare.com](http://www.regionalcare.com) for project updates.

## SPOUSAL SURCHARGE

If your spouse already has health insurance available through their own employer, but you still choose to include them on your City medical plan, an additional fee called a spousal surcharge will apply. The reason for this charge is that covering a spouse who has access to their own employer's insurance generally results in higher costs for the City's plan. The surcharge is designed to help manage those additional costs. However, if your spouse does not have coverage available through their own job, the surcharge does not apply. The surcharge is currently \$50 per month and is subject to future changes. During the open enrollment period, employees who cover a spouse will provide documentation as to their spouse's employment and coverage status.

## WAIVER OF COVERAGE

If you have medical insurance from another source, such as your spouse, the City offers you an option to decline (or waive) the City's medical insurance. Upon proof of other insurance coverage, the City will provide \$4,200 per year (\$175 distributed over 24 pay periods) as a taxable benefit. If you lose coverage through the other source during the plan year, you may be eligible to enroll in the City's Plan under a Special Enrollment or Open Enrollment provision. This amount is not guaranteed and is subject to change and plan restrictions. If employees waive medical coverage, they will still receive life insurance coverage and can elect dental and vision coverage.

## EXAMPLE OF MEDICAL COVERAGE

**Single Plan Example:** The single plan has a 90/10 co-insurance provision, a \$3,400 deductible, and a \$4,000 out-of-pocket maximum.

Imagine you need a procedure that costs \$9,000 early in the year. Since you haven't met your deductible and the procedure is in-network, you pay the first \$3,400 to cover the deductible. After that, you are responsible for 10% of the remaining balance, which is \$560. This brings their total out-of-pocket costs to \$3,960. Since the out-of-pocket maximum is \$4,000, you only need to pay an additional \$40 throughout the rest of the year for medical or prescription expenses, and the City covers the rest. What's even better is you can use your HSA pre-tax dollars, including the City's funds, to pay your bills!

**Family Plan Example with Embedded Deductible:** For family coverage, let's consider a family of five where one member requires a major procedure costing \$30,500. The family member pays the first \$3,400 to cover the individual embedded deductible. They then pay 10% of the remaining amount (co-insurance), up to the out-of-pocket maximum of \$4,000. This comes to an additional \$600.

In this case, the City covers the remaining balance of \$26,500. This individual is now covered at 100% for the rest of the plan year, with no more costs for medical or prescription expenses. However, the rest of the family would still work towards meeting the remaining family deductible of \$1,800 (\$5,800 family deductible minus the \$4,000 individual deductible already met). After that, co-insurance (90/10) applies until the family reaches the out-of-pocket maximum of \$8,000.

**Why Embedded Deductibles Matter:** The embedded deductible allows a single family member to reach their own deductible without requiring the entire family deductible to be met first. This means faster access to benefits for that individual and significant cost savings for families if one member has high medical expenses. This setup helps protect families from high costs in situations where only one member requires extensive medical care.

# PRESCRIPTION SAVINGS



## GOODRX — THE FREE RX SAVING SOLUTION

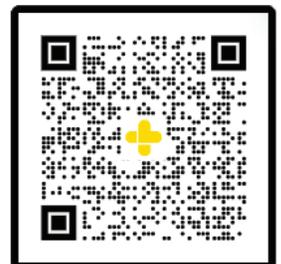
Drug prices vary widely between pharmacies. GoodRx finds the lowest prices and discounts. Stop paying too much for prescriptions.

### How does GoodRx find the lowest prices and discounts?

1. GoodRx collects and compares prices for every FDA-approved prescription drug at more than 70,000 U.S. pharmacies.
2. GoodRx finds free coupons to use at the pharmacy.
3. GoodRx shows you the lowest price at each pharmacy near you.

### Put the power of GoodRx in your pocket

Download the GoodRx app to keep track of prescriptions, store savings, and even earn rewards. Search "GoodRx" in your app store or scan this QR code.



You can also access GoodRx on the web at [www.goodrx.com](http://www.goodrx.com).

# GLOSSARY OF TERMS

**Coinsurance** - After you meet your deductible, you pay coinsurance, which is your share of the costs of a covered healthcare service. For example, if the plan's allowed amount for lab work is \$100 and your coinsurance is 90%, once you meet your deductible, you will pay 10% of \$100, which is \$10. The health plan will pay the remaining amount (\$90).

**Deductible** - The amount that you must pay each calendar year for covered health services before the insurance plan will begin to pay.

**High-Deductible Health Plan** – This is a type of plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

**In-Network** – A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with our medical plan provider. You pay a negotiated rate for services when you use in-network providers.

**Out-of-Network** – Care received from a doctor, hospital, or other provider that is not part of the plan agreement. You'll pay more when you use these providers since they don't have a negotiated rate with your plan provider.

**Out-of-Pocket Maximum** - The most you will pay for covered health services during the calendar year. All copay, deductible, and coinsurance payments count toward the out-of-pocket maximum. Once you've met your out-of-pocket maximum, your insurance plan will pay 100% of covered health services.

**Preventive Care** - Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups, and patient counseling to prevent illnesses, diseases, or other health problems. In-network preventive care is covered 100% by the medical plans.



# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for your qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions based on your needs. You can also accumulate sizeable balances if you use your HSA strategically since the account you create is a lifetime account with an opportunity to build long-term balances. An HSA is only available to participants enrolled in the City's HDHP Medical Plan.



**Phone: 308-761-1120**  
**Address: 420 Box Butte Ave. Alliance, NE 69348**

CONTRIBUTE TO YOUR HSA	USE FOR QUALIFIED EXPENSES
<ul style="list-style-type: none"> <li>· Contribute to your HSA through pre-tax payroll deductions</li> <li>· The City of Alliance will also contribute to your HSA monthly in the amount of:               <ul style="list-style-type: none"> <li>· Single: \$100</li> <li>· Family: \$140</li> </ul> </li> <li>· You must contribute \$25 per pay period to your HSA to be eligible for the Employer contribution</li> <li>· IRS annual maximums (Your contribution + City's contribution)               <ul style="list-style-type: none"> <li>· Single: \$4,400</li> <li>· Family: \$8,750</li> </ul> </li> <li>· Age 55+ can contribute another \$1,000</li> </ul>	<ul style="list-style-type: none"> <li>· You can use the funds in your HSA to help pay for qualified healthcare expenses</li> <li>· Funds left over at the end of the year roll over to the next year</li> <li>· Your HSA belongs to YOU</li> <li>· If you leave the City, all funds in your HSA go with you, including employer contributions.</li> </ul>
SAVE FOR FUTURE COSTS	INVEST IN YOUR FUTURE
<ul style="list-style-type: none"> <li>· You can save for future healthcare costs, even in retirement</li> <li>· Unlike an FSA, your HSA is not a “use it or lose it” program</li> <li>· The balance in your HSA never expires and the account is yours to keep</li> <li>· The balance of your HSA can even be distributed for non-qualified expenses (taxed as ordinary income)</li> </ul>	<ul style="list-style-type: none"> <li>· .50% Interest Rate (.50% Annual Percentage Yield) on balance</li> <li>· Free Debit Card</li> <li>· Free Online Banking</li> <li>· Earning on these investments are tax-free while held in the account</li> <li>· Distributions are also tax-free when used on qualified medical, dental, and vision expenses</li> </ul>

## FIND OUT MORE

If you don't utilize your HSA account for expenses incurred during the calendar year, your money rolls over to the next and will be available until you need it. Scan the QR code for more information about HSA accounts provided by Sandhills State Bank as well as a video tutorial on Health Savings Accounts.



# FLEXIBLE SPENDING ACCOUNTS

A flexible spending account (FSA) is an account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck. Once enrolled, you may only change or cancel your elections during the City's annual open enrollment period or if you have a special qualifying event.



TTY: 800-795-7772  
 Email: [rci-flex@regionalcare.com](mailto:rci-flex@regionalcare.com)

With the Health Care and Limited Purpose FSA, you can access your full annual contribution on the first day of the plan year. While an FSA is a “use it or lose it” plan (meaning your unspent dollars do not roll over to the next plan year), you have 90 days after the plan year ends to submit claims for expenses incurred in the previous plan year. You’ll want to save your receipts. The FSA program has an annual sign-up.

HEALTH CARE FSA	DEPENDENT CARE FSA	LIMITED PURPOSE FSA
<p>Only Employees who waive medical coverage, or who do not participate in an HSA may enroll.</p> <p>An individual who participates will utilize a debit card or be reimbursed for qualified medical, dental, vision, or prescription expenses, as well as deductibles and copayments up to your annual contribution.</p> <p>The maximum contribution allowed by the IRS is \$3,400 for the 2026 plan year.</p>	<p>You may use pre-tax dollars from your Dependent Care FSA to pay for the care of a dependent child, spouse, or elderly parent inside your home from a qualified provider, and expenses outside your home, such as babysitters, nursery schools, or daycare centers. This includes ARC After School, School Day Out, and ARC Summer Camp.</p> <p>You may contribute up to \$7,500 annually (or \$3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.</p>	<p>The Limited Healthcare FSA allows employees also using an HSA to set aside up to \$3,400 pre-tax dollars annually to cover out-of-pocket dental (including orthodontia) and vision expenses that are not reimbursed by insurance. Medical expenses are not eligible for reimbursement.</p> <p>To be eligible for this FSA, employees must be enrolled in an HDHP.</p>

### FSA EXPENSES



IRS PUBLICATION 502

### FSA STORE



OR [FSASTORE.COM](http://FSASTORE.COM)

# HSA AND FSA COMPARISON

	HEALTH SAVINGS ACCOUNT	FLEXIBLE SPENDING ACCOUNT
<b>Who owns this account?</b>	<b>You</b>	<b>The City of Alliance</b>
<b>Do I need to open and maintain a bank account?</b>	Yes, and you will receive a debit card to access available funds	No, but you will receive a debit card to access your funds
<b>How is the account funded?</b>	You and the City of Alliance contribute to your account through pre-tax payroll contributions	You fund through pre-tax payroll contributions
<b>What can I pay for using this account?</b>	Eligible medical, dental, prescription, and vision expenses, COBRA, and Medicare premiums/expenses	Eligible medical, dental, prescription, and vision expenses
<b>Are their annual contribution limits?</b>	Single: \$4,400 Family: \$8,750	\$3,400
<b>Does this account go with me if I terminate my employment?</b>	Yes, this account belongs to you	No
<b>Do my funds roll over every year?</b>	Yes	No. This account is “use it or lose it.” The IRS only allows a certain amount annually to roll over. Rollover up to \$680 from 2026 to 2027.

## PRE-TAX SAVINGS IN ACTION

Jill enrolled in a Flexible Spending Account (FSA) to manage her healthcare expenses. She contributes \$1,500 per year, which effectively lowers her taxable income from \$30,000 to \$28,500. This reduction results in her paying less taxes, ultimately boosting her take-home pay by \$460.

Additionally, she has \$1,500 set aside in her FSA specifically for healthcare costs. The advantage of making pre-tax contributions is that it decreases your taxable wages, allowing you to retain more of your earnings. While it’s still your money, contributing to an FSA, HSA, or any other pre-tax benefit means using funds that aren’t taxed. Overall, this strategy assists Jill in managing her health expenses but also enhances her financial well-being.

## EXAMPLE OF MONEY SAVED (SOMEONE WITH \$1,500 OF ELIGIBLE FSA EXPENSES)

	WITHOUT FSA	WITH FSA	SAVINGS WITH FSA
<b>Annual Compensation</b>	\$30,000	\$30,000	
<b>Estimated Tax Free Expenses</b>	\$0	\$1,500	
<b>Taxable Income</b>	\$30,000	\$28,500	
<b>FICA Tax (7.65%)</b>	\$2,295	\$2,180	\$115
<b>Federal Tax (18%)</b>	\$5,400	-\$5,130	\$270
<b>State Tax (5%)</b>	\$1,500	-\$1,425	\$75
<b>Net Paycheck After Tax Expenses</b>	\$20,805 -\$1,500	\$19,765 \$0	
<b>Actual Take Home Pay</b>	\$19,305	\$19,765	<b>\$460</b>

*Savings will vary for each participant depending on marital status, number of exemptions, and tax bracket. Consult with a tax advisor to determine your actual potential savings. Because FSA expenses are deducted pre-tax, the amount reported for Social Security is reduced. But tax savings are generally greater than the loss to social security.*

# DENTAL



The City of Alliance offers Dental Insurance administered through RCI for you and your eligible dependents. All employees who work at least 30 hours per week and certain designated part-time positions are eligible for dental insurance. This benefit begins on the first day of the month following thirty (30) consecutive days of work.

TTY: 800-795-7772  
 Email: [customerservice@regionalcare.com](mailto:customerservice@regionalcare.com)

The City recognizes that good dental care is an important part of your overall health. A routine dental examination can detect symptoms of many diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis, and kidney disease. Using your dental insurance for regular checkups can improve your overall health and save you money if more serious dental treatments are needed.

The City of Alliance offers this benefit at the following <b>monthly</b> rates:	<b>EMPLOYEE ONLY</b>	\$20.00
	<b>FAMILY</b>	\$50.00

PLAN HIGHLIGHTS	
<b>Deductible</b>	\$50 Individual \$150 Family
<b>Benefit Year Maximum</b>	\$2,000
<b>Orthodontia Maximum</b>	\$2,000
<b>Preventative Services</b>	100%
<b>Basic Restorative Services</b>	90%
<b>Major Restorative Services</b>	60%
<b>Orthodontia (no deductible)</b>	60%

**SAMPLE DENTAL PROCEDURE LISTING**

**Preventative Services:** Routine Exam, Bitewing X-rays, Full Mouth/Panoramic X-rays, Space Maintainers, Fluoride Treatment, Emergency Palliative Treatment for Pain, Sealants

**Basic Restorative Services:** Dental X-rays not included in Class A, Oral Surgery, Periodontics (gum treatment), Endodontics (root canals), Extractions, Re-cementing Bridges, Crown or Inlays, Fillings, General Anesthesia, Antibiotic Drugs

**Major Restorative Services:** Gold Restorations (including Inlays, Onlays and Foil Fillings), Installation of Crowns, Bridges, and Dentures, Repair of Crowns, Bridgework and, Removable Dentures, Rebasng or Relining of Dentures

# DENTAL

## EXAMPLE OF DENTAL COVERAGE

You hadn't been to the dentist in a while, so you scheduled an appointment with Dr. Smile for a routine check-up. As you sat in the chair, they couldn't help but feel a bit nervous, but you were relieved to know your dental plan has you covered.

### Step 1: Preventive Care – A Routine Check-Up

Dr. Smile performed a thorough examination, took X-rays, and gave you a professional cleaning. The total cost for these preventive services was \$300. You braced for a bill but were pleasantly surprised to hear, "You're all set!"

- Cost for Preventive Care: \$300
- What You Paid: \$0 – Because the plan covers 100% of preventive services.

### Step 2: Basic Services – A Small Cavity

During the exam, Dr. Smile discovered a small cavity that needed filling.

- Cost for Filling: \$150 - Since your dental plan has a \$50 deductible, you paid this first. After that, the plan covered 90% of the remaining \$100.
- What You Paid: \$50 (deductible) + \$10 (remaining 10% of \$100) = \$60
- What the Plan Paid: \$90

### Step 3: Major Services – A Needed Crown

As you were about to leave, Dr. Smile mentioned that a tooth showing signs of wear would need a crown soon to prevent future issues. You decided to go ahead with the procedure, which cost \$1,000.

- Cost for Crown: \$1,000 - With the deductible already met, your dental plan stepped in to cover 60% of the \$1,000, leaving you to cover the rest.
- What You Paid: \$400
- What the Plan Paid: \$600

### The Final Breakdown

After your visit, you looked over the bill:

- Total cost of services: \$1,350
- Total You Paid: \$50 (deductible) + \$10 (filling) + \$400 (crown) = \$460
- Total the Plan Paid: \$890

With the routine check-up, the cavity filled, and the crown secured, you were ready to smile confidently again! What's even better is that you used your HSA (or FSA) pre-tax dollars to cover these expenses and paid the bill in full! You also have \$1,110 of the \$2,000 remaining if you have any issues that come up during the remaining plan year.



# VISION



The City of Alliance offers Vision Insurance through VSP for you and your eligible dependents. All employees who work at least 30 hours per week on average and in certain designated part-time positions are eligible for single vision insurance. This benefit begins on the first day of the month following thirty (30) consecutive days of work. You can look up VSP vision providers at [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor).

VSP Vision is a discount vision care program. VSP has a broad network of independent providers and national retail chains as in-network providers including Lens Crafters, Sears Optical, Target Optical, JCPenney Optical, and most Pearle Vision Locations.

TTY: 800-877-7195  
Online: [www.vsp.com](http://www.vsp.com)

VSP Eye Doctor  
Providers



Create a VSP  
Account



The City of Alliance offers this benefit at the following monthly rates:	<b>EMPLOYEE ONLY</b>	\$10.00
	<b>FAMILY</b>	\$27.10

### VSP MEMBER ACCOUNT

You can create a member account by going to [www.vsp.com](http://www.vsp.com) and registering with your personal data. Once set up, you can view your vision benefits, find a doctor, and find exclusive member extras! You can also view your benefit history, see your eligibility dates for exams, frames, lenses and contacts. The “Calculate my Costs” is a great tool to help you prepare from your eye appointment whether you need an eye exam, new eyewear, or both, find an estimate of what you may spend out-of-pocket, and the savings your VSP coverage provides.

### PLAN HIGHLIGHTS

<b>Exam</b> (once every 12 months)	\$10 copay
<b>Lenses</b> (once every 12 months)	<b>Single:</b> \$25 copay <b>Bifocal:</b> \$25 copay <b>Trifocal:</b> \$25 copay
<b>Frames</b> (once every 12 months)	\$200 allowance plus 20% savings on amount over allowance
<b>Contact Lenses-</b> in lieu of glasses (once every 12 months)	\$200 allowance
<b>Extra Savings</b>	<b>Sunglasses:</b> 20% discount <b>Laser Vision Correction:</b> 15% off regular price, or 5% off promotional price from contracted facilities

### EXAMPLE OF VISION COVERAGE

You realize it's time for your annual eye exam, so you schedule an appointment with your eye doctor. When you arrive, the receptionist checks you in, and after the exam, you pay your \$10 copay. The doctor tells you your prescription has changed slightly, so you decide it's a good time to pick out some new glasses.

The frames cost \$250, but remember that your vision plan provides a \$200 allowance for frames. This means you're left with a balance of \$50. Fortunately, your vision plan offers a 20% discount on the amount over your allowance, so instead of paying \$50, you only have to pay \$40 for the frames. Next, you choose single lenses, which come with a \$25 copay. With everything selected, the optician finalizes your order. In summary, you've spent \$10 on the eye exam copay, \$25 for the single lenses copay, and \$40 for the frames after your allowance and discount for a total out-of-pocket of \$75! You leave the office feeling great about your new glasses and how much you saved! What's even better is you used your HSA (or FSA) pre-tax dollars to cover these expenses and paid the bill in full!

### PRESCRIPTION SAFETY GLASSES

The City now offers coverage for prescription safety glasses, both frame and lenses, for a \$20 copay. VSP's ProTec Eyewear collection is certified according to the American National Standards Institute.

# TRUHEARING

TruHearing®

vsp™ exclusive member extras

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000, and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

#### IN ADDITION TO GREAT PRICING, TRUHEARING PROVIDES YOU WITH:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

#### PLUS, WITH TRUHEARING YOU'LL GET:

- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

TTY: 877-396-7194  
Online: [truhearing.com/vsp](https://truhearing.com/vsp)

#### CONTACT TRUHEARING

Call 877.396.7194. You and your family members must mention VSP.

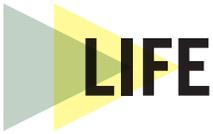
#### SCHEDULE AN EXAM

TruHearing will answer your questions and schedule a hearing exam with a local provider.

#### ATTEND AN APPOINTMENT

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.





Life insurance and accidental death and dismemberment (AD&D) insurance coverage helps financially protect employees and their families in the case of death or serious injury.

**TTY: 800-ASK-UNUM (275-8686)**  
**Online: [www.unum.com/employees](http://www.unum.com/employees)**

**EMPLOYER-PROVIDED COVERAGE**

The City of Alliance provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to employees through Unum. All employees who work at least 30 hours per week on average are eligible. This benefit begins on the first day of the month following thirty (30) consecutive days of work.

Employee coverage is for a set period, lasting your “term” of employment. If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition, and more. AD&D Insurance can pay a benefit if an employee survives an accident but has certain serious injuries.

It can pay an additional amount if you die from a covered accident. Employer-provided AD&D coverage is only provided to the employee. AD&D does not cover your dependents. Both Employer-Provided and Voluntary Coverage include an Age Reduction Schedule, reducing benefits starting at age 65. Some losses or accidents may not be covered under the plan.

<b>You</b>	You can receive a benefit amount of \$55,000. You can get up to \$55,000 with no health questions.
<b>Your Spouse</b>	If eligible, (see delayed effective date), your spouse can receive the following coverage: <ul style="list-style-type: none"> <li>• Get \$5,000 of coverage for your spouse.</li> </ul>
<b>Your Child(ren)</b>	If eligible, (see delayed effective date), your child(ren) can receive the following coverage: <ul style="list-style-type: none"> <li>• The maximum benefit for children from live birth to 6 months is \$250.</li> <li>• The maximum benefit for children 6 months and older is \$2,500.</li> </ul>

**OTHER LIFE AND AD&D FEATURES**

- The Seatbelt and Airbag Benefit for employees with a maximum benefit payment of \$25,000 for seatbelts and \$5,000 for airbag use. The Seatbelt(s) and Air Bag Benefit are separate from any accidental death and dismemberment benefit which may be payable. To receive the Seatbelt(s) and Air Bag Benefit, your accidental death benefit must be paid first.
- The Education Benefit provides financial assistance for the education of each qualified child in the event of an employee’s accidental death. If an accidental death claim is approved, each qualified child can receive 6% of the total Accidental Death and Dismemberment (AD&D) coverage amount per academic year, up to a maximum of \$6,000 annually. This benefit can be paid up to four times over the child’s lifetime, with a total cap of \$24,000. The benefit period lasts for six years from the date of the first payment. The Education Benefit is separate from any other AD&D benefits paid due to an accidental death.
- Unum will pay an Exposure and Disappearance benefit if you are involved in an accident that results in bodily injury and you are unavoidably exposed to harmful environmental conditions, leading to a loss. Additionally, if you are riding in a public transportation vehicle (like a bus, train, or airplane) that is covered under your plan and is involved in an accident where the vehicle is wrecked, sinks, becomes stranded, or disappears, and your body is not recovered within one year of the accident, Unum will presume you have lost your life due to the accident and will pay the benefit.
- The Portability benefit allows you the option to continue certain benefits if your employment ends and you would self-pay the premium.

# VOLUNTARY LIFE & AD&D BENEFITS

### VOLUNTARY COVERAGE

If you would like additional coverage, Voluntary Life and AD&D insurance is available to you, your spouse and your dependent children. You must enroll in coverage for yourself in order to cover your spouse and children. When you enroll yourself and your dependents in this benefit, you pay the full cost.

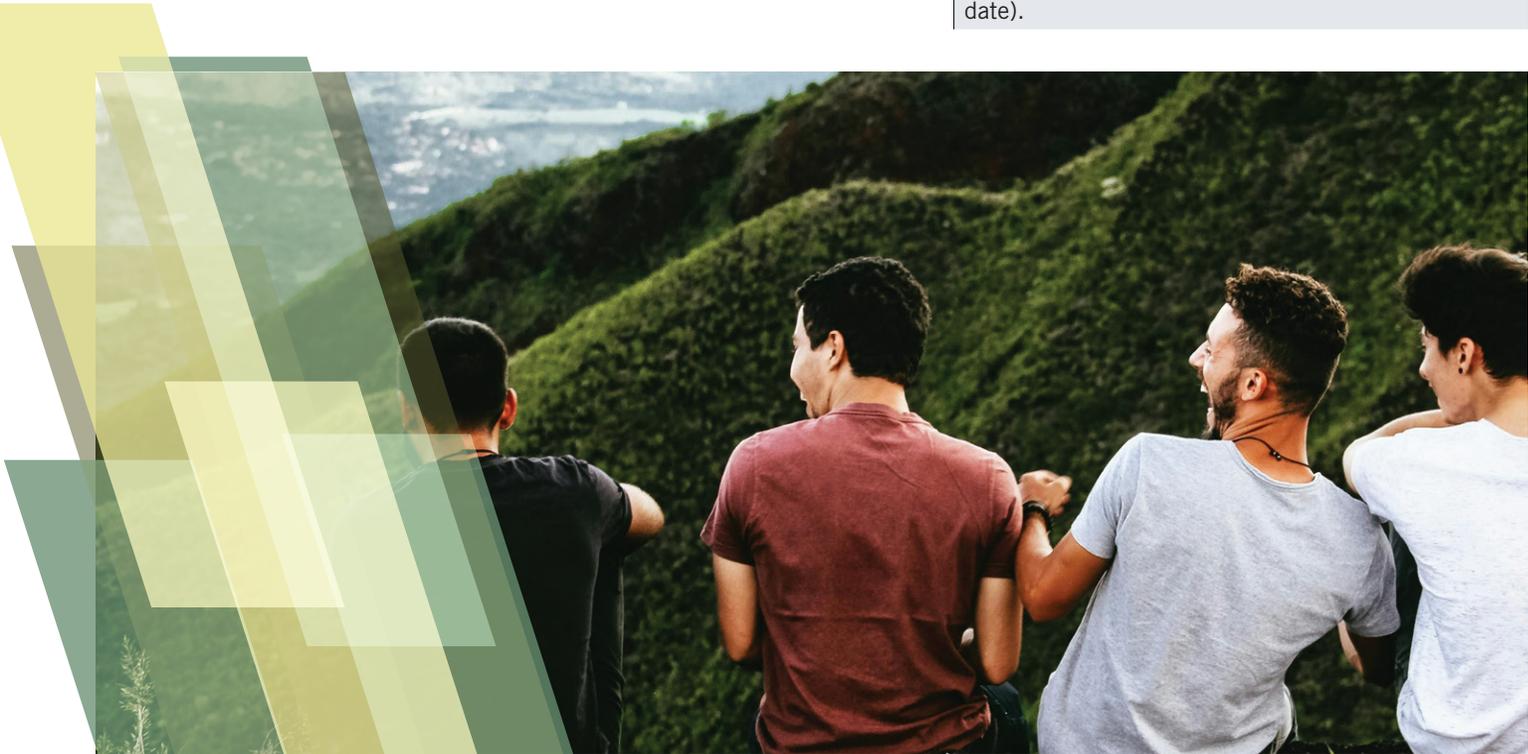
Initial enrollees can elect up to the guarantee issue amount without a health screen. This means that coverage up to the amounts of \$150,000 for yourself, \$25,000 for your spouse, and \$10,000 for children are not subject to a medical evaluation. Employees electing coverage outside of the initial enrollment period, or above the guarantee issue amount, will need to complete an Evidence of Insurability (EOI) form supplied by UNUM. Changes to coverage can only occur during open enrollment.

<b>You</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to five (5) times your earnings. If you previously purchased coverage, you can increase it up to \$150,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
<b>Your Spouse</b>	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 50% of the coverage amount you purchased for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
<b>Your Child(ren)</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday - or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

### VOLUNTARY AD&D COVERAGE

There are no questions or health exams required for AD&D coverage. Spouse coverage cannot exceed 50% of your insurance amount. Unum will not pay this benefit for losses caused by, contributed to, or resulting from certain circumstances.

<b>You</b>	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of five (5) times your earnings.
<b>Your Spouse</b>	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
<b>Your Child(ren)</b>	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).



# SUPPLEMENTAL INSURANCE

Everyone’s needs are slightly different, and that’s where supplemental group insurance can make a big difference. These plans are designed to protect your family’s finances by covering unexpected expenses due to an illness or injury—like co-pays, deductibles, and other out-of-pocket costs your medical plan doesn’t fully cover.



**Lori Brennan, Account Rep.**  
**Phone: 308-761-1985**  
**Email: [lori.brennan@fnicgroup.com](mailto:lori.brennan@fnicgroup.com)**

Premiums are easily deducted from your paycheck, and if you change jobs or retire, you can keep your coverage and be billed directly. Plus, buying these plans through your employer gives you more accessible rates and coverage options. Below are details for the Colonial Life plans available to you, with rates shown per 24 pay periods.

**The only time you may enroll, cancel, or make changes is within 30 days of your date of hire, at open enrollment, or if you have a qualifying event occur for certain plans.**

**ACCIDENT PREMIER PLAN**

Colonial Life accident insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job whether the accident is as simple as a cut hand from a fall or as complex as a broken bone. It includes coverage for events like a car accident, sports injuries, dislocations, concussions, fractures, and many more situations. This is a pre-tax benefit.

*Premier Plan w 20% active lifestyle and \$50 wellness benefit.*

INDIVIDUAL	INSURED/SPOUSE	INSURED/CHILDREN	INSURED/FAMILY
\$14.74	\$22.11	\$24.52	\$31.55

**CRITICAL ILLNESS INSURANCE**

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase as a result of a specified illness. This policy pays out a lump sum benefit if diagnosed with heart attack, stroke, end-stage renal failure, major organ failure, permanent paralysis due to a covered accident, coma, and blindness.

*LUMP SUM payout of \$20,000...if diagnosed with a specified illness (\$20K Employee, \$10K Spouse, \$5K Children) (Rate based on age and no tobacco use and it is medically underwritten).*

EMPLOYEE AGE	EMPLOYEE	EMPLOYEE/SPOUSE	EMPLOYEE/CHILDREN	EMPLOYEE/FAMILY
17-24	\$3.48	\$5.25	Same as Employee-Only Rate	Same as Employee/ Spouse Rate
25-29	\$4.28	\$6.70		
30-34	\$5.28	\$8.15		
35-39	\$8.18	\$12.55		
40-44	\$9.88	\$15.15		
45-49	\$13.28	\$20.45		
50-54	\$17.88	\$27.55		
55-59	\$22.58	\$34.65		
60-64	\$28.98	\$44.55		

**CANCER ASSIST POLICY**

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members. This plan has an initial diagnosis benefit of \$5,000, with a progressive rider benefit that increases the initial diagnosis payment by \$600 annually, a transportation benefit of \$.50 per mile if you travel over 50 miles from home, as well as other benefits for surgery, hospitalization, chemotherapy or radiation. There is also a \$75 annual wellness benefit when one of the specified cancer or health screening tests is performed. This is a pre-tax benefit.

INDIVIDUAL	INSURED/SPOUSE	INSURED/CHILDREN	INSURED/FAMILY
\$17.53	\$30.23	\$17.93	\$30.63

**SHORT-TERM DISABILITY**

You never know when a disability could impact your way of life. Fortunately, there’s a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses. You don’t have the same lifestyle expense as the next person. That’s why you need disability coverage customized to fit your specific needs. After consulting with the Colonial Life Production Agent, she will communicate your premium based on your elections. The benefit will not pay for losses due to giving birth within the first nine months after the coverage effective date or when the disability is a pre-existing condition as described in the policy.

EMPLOYEE AGE	EMPLOYEE
17-49	\$15.95
50-64	\$19.00

*The rate example is for a \$1,000 monthly benefit, for up to 3 months and has a 0-day waiting period for accidents or a 7-day wait for illness or maternity. Maternity benefits are 5 weeks for regular delivery. This benefit is only available for the employee.*

**Colonial Life plans are administered by Lori Brennan, a local provider.  
Contact Lori if you have any questions or would like more information about supplemental insurance.  
Enrollment elections must be coordinated and confirmed by Lori Brennan before deductions occur.**

**The City’s voluntary accident and critical illness plans are individual supplemental benefits. These plans are not major medical coverage and should be viewed as optional add-on protection, not a substitute for comprehensive health insurance.**



# AIRMEDCARE MEMBERSHIP (AIRLINK)

You never know when a medical emergency will arise. If it does, expedited access to expert care can make all the difference.

The City of Alliance now provides membership to AirMedCare Network's alliance of affiliated helicopter and airplane ambulances can provide medical treatment and transport, dramatically reducing travel time to an emergency facility.

AirMedCare Network members enjoy the added value to never having to worry about out-of-pocket expenses when transported by an AirMedCare provider.



Lacy Gimpel  
Phone: 417-257-1168  
Email: [lacy.easley@gmr.net](mailto:lacy.easley@gmr.net)

## About AirMedCare Network

AMCN is America's largest air medical membership network, providing financial coverage for emergency air medical transport. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.

### Membership Benefits At-a-Glance

- No out-of-pocket Costs: Members have no out-of-pocket costs if flown by an AMCN provider
- Household Coverage: Membership fees cover not just yourself, but anyone who resides within the household.
- Coast to Coast Protection: Membership is valid across 320 locations in 38 states, so you are covered at home and while traveling.

## Covered Employees

All full-time employees are covered by the City's Census Plan. This includes employees that 'waive' medical coverage. While your household is covered, your coverage is reported by the City of Alliance Employee name; therefore, AirMedCare may not know if your spouse or dependent is a covered member. If such occurrence happens, Contact AirMedCare.

## Current Membership

If you are currently a member with AirMedCare Network, you will not lose the benefit you purchased. Your membership will be placed "on hold" while you are covered through the City of Alliance. If you leave your employment with COA, your personally purchased membership will resume.

## The Fine Print

Make sure to review the AirLink Brochure on the P:Drive for Terms and Conditions of use. Employees on Medicaid are not eligible for this service by policy.



# WELLNESS



## ARC MEMBERSHIP

We're excited to offer a gym membership benefit to all full-time and designated part-time employees in partnership with the Alliance Recreation Center (ARC). The City will cover two-thirds of the cost of a single membership, which will be treated as a taxable benefit and billed in whole-month increments.

### How It Works

- To enroll, employees must complete registration at the ARC and set up their portion of the cost directly with them, with options for additional membership tiers available.
- The HR Department will coordinate enrollment and payments with the ARC.

Please remember to adhere to the gym's rules and regulations, as any misconduct may result in termination of the benefit. Membership will end at the end of the month of your last working day, and you can withdraw from the benefit at any time by following the ARC's termination procedure. We encourage you to take advantage of this opportunity to enhance your health and well-being!

## WELLNESS INCENTIVE PAYMENT

The City of Alliance is committed to supporting employee health and well-being. Employee wellness reduces sick days and medical expenses and enhances overall quality of life. To encourage regular health checkups, employees covered by the City's medical plan can receive a wellness incentive each calendar year for completing an annual health exam.

### How It Works

- If you complete a Routine Well Care exam, you'll be eligible for a one-time, taxable wellness payment. This payment is intended to motivate you to stay proactive about your health and catch any potential issues early.
- At your appointment, have your healthcare provider sign the Wellness Incentive Form to confirm you completed your exam. Then, submit the form with your appointment details to the Human Resources Office within 30 days of your checkup.
- You won't need to share any personal health details—your privacy is protected under the Health Insurance Portability and Accountability Act (HIPAA).
- Once submitted, your wellness incentive will be processed through Payroll within 30 days.

### How to Use the Payment:

The incentive is meant to support your wellness journey. You can use it for health-related purchases like gym memberships, athletic gear, fitness trackers, or other items that promote your well-being. Please note that the incentive amount may vary and is not guaranteed each year. The Wellness Incentive Form can be found on the P: Drive/ Human Resources/ 1 Open Enrollment/ Wellness.

## EMPLOYEE ACTIVITY COMMITTEE (EAC)

City of Alliance Employees created a volunteer employee group that focuses on employee engagement called the Employee Activity Committee. They are "Employees representing employees." Their mission is to unite departments and build relationships by coordinating enjoyable and rewarding activities and workplace events that celebrate employees' strengths and milestones. Their goal is to create opportunities for casual, friendly, and fun moments to foster employee engagement, satisfaction, and lifelong connections.

The Committee also recognizes the life events of employees including birth, marriage, death, retirement, hospitalization, and graduation. Whether it's treats, luncheons, gift cards, or organizing events, the EAC is always in need of volunteers and contributions. Employees can make a payroll contribution using the Voluntary Deductions Worksheet found on the P: Drive in the Employee Activity Committee folder.

## EMPLOYEE RECOGNITION

We're grateful to have you on our team! The City of Alliance values and celebrates its employees through an Award and Recognition Program that spans all levels and departments. This includes an annual recognition dinner where we express our appreciation for your hard work and dedication. Additionally, we honor employees for their continued service in 5-year increments, with a \$25 award for every 5 years, up to a maximum of \$200. These awards are presented at the recognition dinner as a gesture of thanks for your commitment.

Beyond the formal recognition events, every day presents an opportunity to acknowledge one another. Employees can recognize peers, subordinates, or supervisors to celebrate positive attitudes, exceptional efforts, and high-quality work, fostering a supportive and encouraging environment.

**Phone: 308-762-2201**  
**Address: 1202 E. 10th St. Alliance NE 69301**

**Wellness Incentive Payment:**  
**\$250**

# EMPLOYEE ASSISTANCE PROGRAM



Life can be challenging. When your responsibilities start to feel overwhelming and showing up each day seems difficult, it's important to reach out for help. The City of Alliance is proud to partner with BreeHealth to offer employees and their families the BreeHealth EAP. It is a comprehensive solution that offers eight distinct benefit areas that work together to meet your total well-being needs.

TTY: 800-327-2255  
Online: [login.breehealth.com](https://login.breehealth.com)

These benefits include coaching and counseling services, legal and financial consultations, virtual concierge services, wellness coaching, health advocacy, entertainment discounts, and e-learning. Employees connect to these services via a toll-free phone number and a mobile platform available on all devices and desktops.

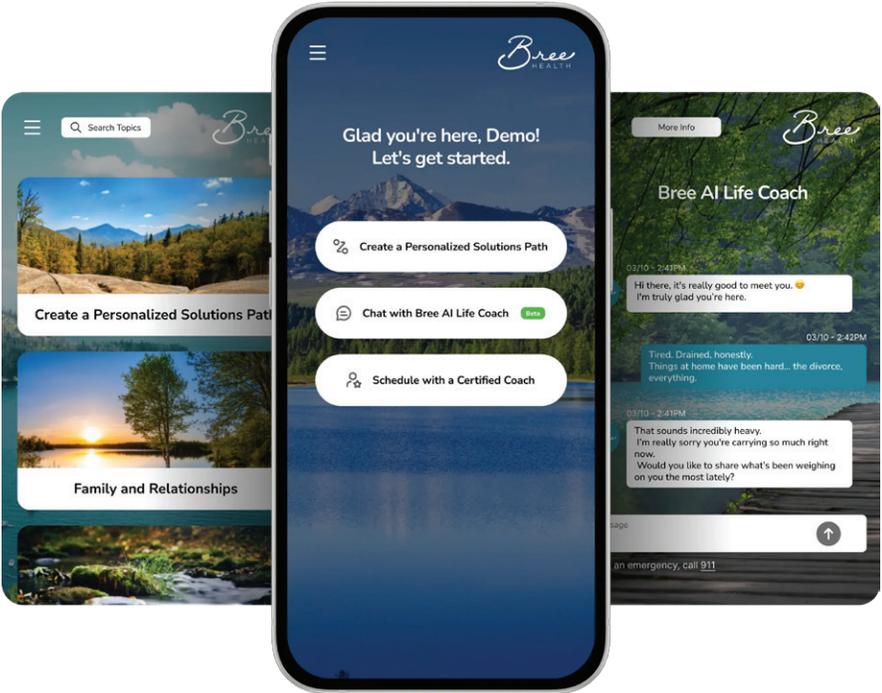
### How It Works

- When an employee contacts BreeHealth via the toll-free phone line or the integrated mobile platform, an Intake Specialist immediately assesses your current situation and needs and connects you with the services they think will benefit you.
- All your information is confidential, and all data is securely stored.
- Life happens regardless of day or time. EAP is available 24 hours a day, 365 days a year.
- City of Alliance EAP Company ID Code: 10925



### Download The BreeHealth Mobile App

The BreeHealth mobile app offers convenient 24/7 access to all benefit components from any device.



Once you have downloaded the app, you can access various resources such as:

- Life Event navigator to see which components of the BreeHealth benefit can assist with a specific life event
- Virtual Concierge to research on any topic
- Legal and Financial consultations
- E-learning courses and entertainment discounts



Scan this qr code, or search BreeHealth in your app store to download the BreeHealth mobile app.

# RETIREMENT



## HAYS FINANCIAL GROUP - WHAT WE DO

### Plan Fiduciary

- We monitor the investments and help manage the retirement plan with your best interest our sole focus.

### Investment Advisor

- We are independent advisors who support you through all market cycles and phases of your financial life.

### Independent Resource

- For no additional cost, we can guide you on:
- Retirement planning
- Investment allocation
- Consolidating old retirement accounts, or
- Anything else that is on your mind!

## BE READY FOR RETIREMENT

Retirement?! I'm still working! Whether it's decades away or just around the corner, one of the most important components of retirement is saving for it. But don't worry; the City's here to help.

The City of Alliance is a great place to work, offering an attractive benefits package that includes a matching retirement contribution. There are a few things you need to know!

## OVERVIEW AND PLAN STRUCTURE

Principal provides record-keeping services for all City plans. We have three. The Police Plan is for sworn Police Officers. The Fire Plan is for full-time, paid firefighters. The General Plan for all other full-time, benefit-eligible employees. Principal is one of the country's largest providers of investment services. A record keeper monitors the transactions in the employee retirement accounts and ensures that they happen in a timely and accurate manner. A record keeper also provides reporting and any other administrative tasks related to an account.

The City's offers a defined contribution plan. That means the employee (you) and your employer (the City) contribute money to your individual account in the plan. You are responsible for choosing how these contributions are invested. The value of your account depends on how much is contributed and how well the investments perform. At retirement, you receive the balance in your account, reflecting the contributions, investment gains or losses, and any fees charged against your account.

It is a good idea to periodically review your retirement readiness with a Principal, our Financial Advisor, or a private financial planner. Just as you would keep track of money that you put in a bank or other financial institution, it is in your best interest to keep track of your retirement benefits. You'll set up an account with Principal when you become eligible to participate!

## FAQ

Am I required to participate?

- Yes. As a full-time benefit-eligible employee, the IRS requires participation to maintain certain tax-exempt benefits in the plan. For the General Plan, an employee is required to be 19 years of age and complete six months of service.

How much am I required to contribute?

- For the General Plan, your commitment to being ready for retirement is to save at least 3% of your compensation in the City's Retirement Plan. Although 6% is the recommended amount to save for retirement, you don't have to make it there all at once. You can start with the required contribution and work your way up!

The Police and Fire Retirement Plans are governed by State Statutes, where the contribution rate can change. The current required contributions are: Fire 10.7% Police: 9%

How much does the City contribute?

- Good question! The City wants to help you retire! We'll match your contribution up to 6%. Only want to do the required 3%, so will we. But if you set aside 4, 5, or 6%, we'll match that too. For Police and Fire, again, our contribution is governed by State Statutes and can change.

The current City contributions are: Fire: 14% Police: 9%

Phone: 844-714-7634  
Online: [www.haysfinancialgroup.com](http://www.haysfinancialgroup.com)  
Text "Retire" to: 844-658-0971  
Appointment: [calendly.com/hays-financial-group](http://calendly.com/hays-financial-group)

# RETIREMENT



Who directs the investments?

- You direct the investment of the retirement account balance by choosing among several investment options. The Plan makes certain investment options available to you. But you are responsible for directing the retirement funds to the options available in the Plan that work best for you. You can make changes to your investment mix by logging into your account at [principal.com](http://principal.com). The Retirement Committee and Financial Advisor actively monitor the investments offered through the plans and make changes as necessary.

What's the Retirement Committee?

- It's a group of employees who serve as a liaison regarding the retirement plans. The committee's role is to learn about available retirement benefits, review changes or updates to the plans, and provide input or guidance on issues that affect employees' retirement options. Essentially, they help ensure employees' voices are heard and can make informed decisions about retirement benefits.

When am I vested in my account?

- First, vested means you gain ownership of the City's contribution. You are 100% vested in the contributions you make. It takes a certain number of years to be fully vested (or own 100% of the City's contribution). If you leave employment before that, you only retain a certain percentage of the City's contribution. The Chart below shows you the percentage of ownership based on years of service by plan.

YEARS	0	1	2	3	4	5	6	7
General	0%	10%	20%	30%	40%	60%	80%	100%
Police	0%	0%	40%	40%	60%	80%	80%	100%
Fire	0%	0%	0%	0%	40%	60%	80%	100%

For example, if you are in the General plan and you have a balance of \$20,000. This is \$10,000 of your contributions and \$10,000 of the City's, and you leave employment with 6 years of employment, you take all of your \$10,000 but only \$8,000 of the City's amount.

I have a retirement account with a previous employer. Can I combine the two?

- You can! Sometimes it's easier to simplify your retirement plan by managing all your savings into a single account. A rollover can give you the option to combine your retirement accounts from past employers. As with everything, there are pros and cons to doing this. You can look at the resources available on the Principal website to see if a rollover is right for you!

Can I take money from the plan?

- If you are retiring or leaving employment, yes. No plan allows for loans. The General Plan has provisions for withdrawal under certain circumstances and comes with penalties and restrictions. State Statute does not allow for a withdrawal for Police and Fire participants.

## RESOURCES

- Visit [www.principal.com/webinars](http://www.principal.com/webinars) for practical conversations to help you live well financially.
- Check out the P:Drive > Human Resources > Retirement Plan Material
- Watch for articles, newsletters, and webinars on the Community Page of Paylocity!

## CONTACTS

- Plan Administrator: Carla Mayhew, Human Resources Director – 308-762-5400
- Plan Advisor: Jim Miley – Hays Financial Group – 612-373-9863
- Investment and Record-keeping/Employee Account Access – Principal -888-774-6267 | [www.principal.com](http://www.principal.com)



# IMPORTANT NOTICES

Federal regulations require City of Alliance to provide benefit eligible employees with the following notices:

## **PRE-AUTHORIZATION NOTICE**

Participant must complete pre-certification procedures of any inpatient hospital stay as required in the plan document section entitled “Pre-Certification Procedures,” or be subject to an additional charge of \$500.

## **PRIVATE HEALTH INFORMATION**

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. Confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the medical plan directly.

## **WOMEN’S HEALTH AND CANCER RIGHTS ACT**

City of Alliance’s medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- 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 resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

## **NOTICE OF SPECIAL ENROLLMENT RIGHTS**

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in City of Alliance’s health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents’ other coverage.) However, you must request enrollment within 31 days after you 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children’s Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact human resources.



# IMPORTANT NOTICES

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

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 of 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## **GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)**

The Genetic Information

Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

## **MENTAL HEALTH PARITY & ADDICTION ACT**

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact the plan administrator.

## **MICHELLE'S LAW**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator.



# IMPORTANT NOTICES

## **UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACT OF 1994 (USERRA)**

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra/main.htm>.

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

## **NOTICE OF CREDIBLE PRESCRIPTION DRUG COVERAGE MEDICARE PART D**

City of Alliance provides a "Notice of Credible Prescription Drug Coverage" to all participants. This notice states that under City of Alliance's medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare prescription Drug Coverage.

## **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 20260 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# IMPORTANT NOTICES

## **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](http://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](http://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](http://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, 2025. Contact your State for more information on eligibility.





# IMPORTANT NOTICES

<p><b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</p>	<p><b>KANSAS – Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884</p>	<p><b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900</p>	<p><b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://www.coverva.org/en/famis-select/">https://www.coverva.org/en/famis-select/</a> / <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p><b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p><b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p><b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>
<p><b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p><b>LOUISIANA – Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>	<p><b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-699-8447</p>
<p><b>CALIFORNIA – Medicaid</b> Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p><b>MAINE – Medicaid</b> Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p><b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health-care/medicaid/">https://www.health.ny.gov/health-care/medicaid/</a> Phone: 1-800-541-2831</p>	<p><b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002</p>
<p><b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840</p>	<p><b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p><b>WYOMING – Medicaid</b> Website: <a href="https://health.wyo.gov/healthcareinf/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcareinf/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269</p>
<p><b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>	<p><b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739</p>	<p><b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>	<p>To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:</p>
<p><b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131</p>	<p><b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</p>	<p><b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p>U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1.866.444.EBSA (3272)</p>
<p><b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584</p>	<p><b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealth-carePrograms/HIPP">http://dphhs.mt.gov/MontanaHealth-carePrograms/HIPP</a> Phone: 1-800-694-3084</p>	<p><b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075</p>	<p>U.S. Department of Health and Human Services Centers for Medicare &amp; Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1.877.267.2323, Ext. 61565</p>
<p><b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562</p>	<p><b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p><b>PENNSYLVANIA – Medicaid</b> Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462</p>	
<p><b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>	<p><b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739</p>	<p><b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or Direct Rite Share Line: 401-462-0311</p>	
<p><b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131</p>	<p><b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</p>	<p><b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	
<p><b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584</p>	<p><b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealth-carePrograms/HIPP">http://dphhs.mt.gov/MontanaHealth-carePrograms/HIPP</a> Phone: 1-800-694-3084</p>	<p><b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>	
<p><b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562</p>	<p><b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p><b>TEXAS – Medicaid</b> Website: <a href="http://gethijptexas.com/">http://gethijptexas.com/</a> Phone: 1-800-440-0493</p>	
<p><b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</p>	<p><b>KANSAS – Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884</p>	<p><b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900</p>	<p><b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://www.coverva.org/en/famis-select/">https://www.coverva.org/en/famis-select/</a> / <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>

# BUILDING THE BEST HOMETOWN IN AMERICA.™



This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

