2026 - 2027

Employee Benefits Guide

Here For Your Wellbeing

Effective February 1, 2026 – January 31, 2027

Cass Regional Medical Center

Welcome

Cass Regional Medical Center

Cass Regional Medical Center is proud to offer you and your family a quality, comprehensive benefits package designed to meet the needs of our diverse workforce. Benefits are an important part of your overall compensation package, and Cass Regional Medical Center works year-round to ensure that we provide you with the most competitive, comprehensive, and affordable benefits program possible.

This Employee Benefits Guide is intended to provide a broad overview and is meant only to highlight your benefits. For more detailed information, please refer to the official plan and policy documents, including some insurance contracts, available on Paycom, our Benefits Admin system. In the event of a discrepancy, the actual plan documents or insurance carrier contracts will prevail. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all terms and conditions of coverage.

This guide is for benefits effective February 1, 2026 through January 31, 2027.

Benefit/Carrier	Group Number	Website	Phone Number	Page
Medical Plan (Blue Cross Blue Shield of Kansas City)	43470000	www.bluekc.com	888.989.8842	5-6
Prescription Drug Plan (MedImpact)	BL000CAS	www.medimpact.com	877.391.1099	7
Dental Plan (Delta Dental of Missouri)	2046-2000	www.deltadentalmo.com	800.392.1167	8
Vision Plan (VSP)	12279995	www.vsp.com	800.216.6248	9
Flexible Spending Account (FSA) (Navia Benefits)	RGE	www.naviabenefits.com	800-669-3539	10
Health Savings Account (HSA) (Navia Benefits)	-	www.naviabenefits.com	800-669-3539	11
Life / AD&D (Lincoln Financial)	1326245	www.lincolnfinancial.com	800.423.2765	12-13
Disability & Supplemental Plans (Lincoln Financial)	1326245	www.lincolnfinancial.com	800.423.2765	14-17
FMLA (Paycom)	-	www.paycom.com		18
Legal Plan / Identity Theft (LegalShield & IDShield)	140693	scottscan@gmail.com	800.654.7757	19
Paid Time Off (PTO) & Additional Benefits (Cass Regional Medical Center)	–	–	See HR	20-21
Employee Assistance Program (EAP) (Curalinc) (Mindful by BlueKC)	Passcode: cassregional	www.supportlinc.com	888.881.5462	22
		www.mindfulbluekc.com	833.302.6463	
Wellness Program (Blue Cross Blue Shield of Kansas City)	43470000	www.mybluekc.com	888.989.8842	23
Retirement Benefits & Services (Voya Financial) (Pension Consultants Inc)	Voya: 401a-971615 or 457b-971616	VoyaRetirementPlans.com www.pensionconsultants.com/guidance	800.584.6001 417.269.6631	24

If you need further assistance, please call or email our Human Resources team at 816.887.0455 or HR2@cassregional.org.

Eligibility & Enrollment

Benefits Eligibility

All employees regularly scheduled to work at least 40 hours per pay period are eligible to enroll in the benefits package offered by Cass Regional Medical Center. Your benefits will begin on the first day of the month following your date of hire. If you are eligible and enroll in the benefit plans, you may also enroll your eligible family members. Eligible family members include your legal spouse and your eligible children, including biological children, legally adopted children, stepchildren, foster children, and children for whom you are the legally appointed guardian.

Medical Plan: Dependent children are eligible to participate until the end of the month they turn age 26.
Dental Plan: Dependent children are eligible to participate until the end of the month they turn age 26
Vision Plan: Dependent children are eligible to participate until the end of the month in which they turn age 26.

Making Benefit Changes During the Plan Year

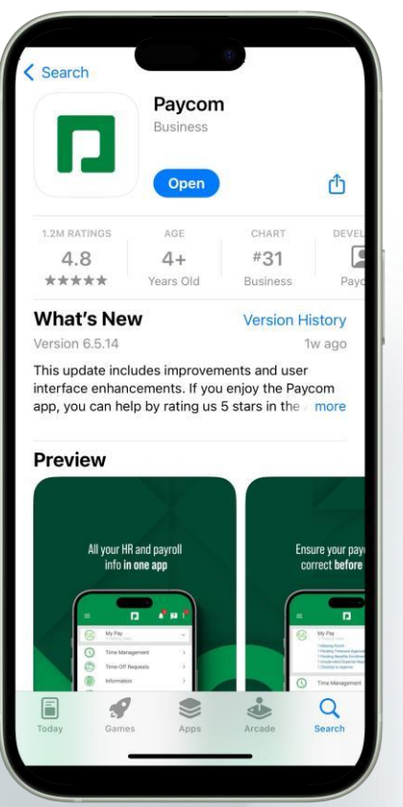
The benefit elections you make during your initial enrollment period will be effective through January 31st, 2026. Once you elect your benefits, you cannot change your elections until the next annual open enrollment period unless you experience one of the following qualified life change events:

- Marriage
- Divorce or legal separation
- Significant change in spouse's health care coverage
- Change in Medicaid/CHIP Status
- Medical child support order
- Birth or adoption
- Job loss or reduction in work hours
- Dependent's loss or gain of coverage or eligibility
- Death of a dependent
- Entitlement to Medicare

Changes must be made within 30 days of the event. If changes are not made during that time, you must wait until the next open enrollment to change your benefits. You must provide supporting documentation, such as a birth certificate or marriage license. To make a change, go to Paycom.

Enrolling for Benefits

You will need to log into Paycom to enroll in your benefits. This is a quick and easy process. The platform provides a streamlined experience to review your options, make your elections, and manage your benefits. How to Enroll step-by-step instructions for using Paycom are included on the next page. Please follow them to ensure your benefits are set up for the upcoming plan year. If you need assistance, your HR team is here to help.



Paycom

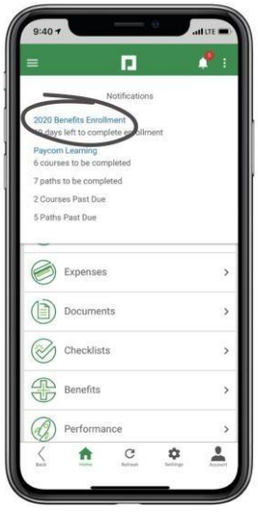
How to Enroll in Benefits

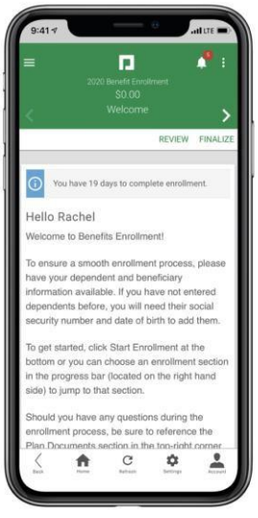
STEP 1: Log into the Paycom app. From the Notification Center or from the Benefits section, click the current year's Benefit Enrollment.

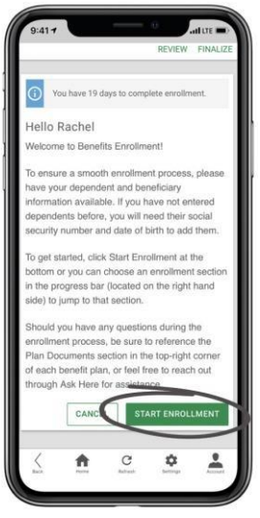
STEP 2: Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.

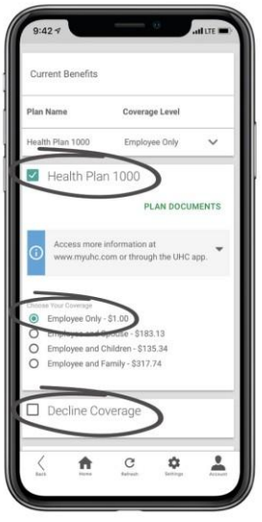
STEP 3: After determining which plan will work for you, choose your coverage level, then select either to enroll or decline.

STEP 4: To complete enrollment, click "Finalize," then "Sign and Submit."









HELPFUL TIP

Have your dependent / beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.

Medical & Prescription Drugs

Kansas City MedImpact

Cass Regional Medical Center offers three medical plans using the Blue Cross Blue Shield Preferred-Care Blue network. You are not required to select a primary care physician or obtain a referral in order to access a network specialist. Prescription drug coverage is through MedImpact. Combined Medical and Prescription Drug ID cards are provided by Blue Cross Blue Shield of Kansas City. To identify an in-network provider in your area, please call Blue Cross at **1.800.989.8842**, or locate a provider on their website. Go to www.bluekc.com and click "Find a Doctor" at the top of the page.

The following tables give you an overview of how each plan in each network pays and your financial obligations.

BCBS Group Number: 43470000
MedImpact Group Number: BL000CAS

Medical Plan Comparison

Benefits	Cass Regional Network			Preferred Care Blue Network			Out-of-Network		
	Base Plan	Buy-Up Plan	High Deductible Health Plan	Base Plan	Buy-Up Plan	High Deductible Health Plan	Base Plan	Buy-Up Plan	High Deductible Health Plan
Deductible Individual / Family (per calendar year)	$1,000 / $3,000	$750 / $1,500	$1,750 / $3,500	$2,000 / $5,000	$1,250 / $2,500	$4,000 / $8,000	$2,500 / $6,500	$2,200 / $4,500	$4,000 / $8,000
Out-of-Pocket Max. Individual / Family (per calendar year)	$4,250 / $8,500	$3,850 / $8,700	$1,750 / $3,500	$7,500 / $15,000	$6,500 / $13,000	$6,450 / $12,900	$8,250 / $17,000	$6,550 / $13,500	$7,000 / $21,000
Coinsurance	20%	10%	0%	20%	20%	20%	20%	40%	50%
Office Visits Primary Care Physician Specialist Visit	$25 $50	$20 $45	Ded. Ded.	$25 $55	$20 $50	Ded. + Coin. Ded. + Coin	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.
Retail Pharmacy Drug Coverage Tier 1 – Generic Tier 2 – Preferred Tier 3 – Non-Preferred Tier 4 – Specialty	N/A	N/A	N/A	$15 $35 $60 10%	$15 $35 $60 10%	Ded. then 100% 20% ($30-$100 max) 30% ($50-$100 max) 100% (Retail Only)	$15 + 50% $35 + 50% $60 + 50% 50%	$15 + 50% $35 + 50% $60 + 50% 50%	Ded. + Coin.
Mail-Order Pharmacy Drug Coverage Tier 1 – Generic Tier 2 – Preferred Tier 3 – Non-Preferred	N/A	N/A	N/A	$37.50 $87.50 $150	$37.50 $87.50 $150	Ded. then 100% 20% ($60 - $200) 30% ($100 - $200)	$37.50 + 50% $87.50 + 50% $150 + 50%	$37.50 + 50% $87.50 + 50% $150 + 50%	
Urgent Care	N/A	N/A	N/A	$60	$50	Ded. + Coin.	20%	20%	20%
Emergency Services	$250 Copay (no Ded.)	$200 Copay (no Ded.)	Ded. Only	$250 Copay + Ded. + Coin.	$200 Copay + Ded. + Coin.	Ded. + 30% Coin.	$250 Copay + Ded. + 30% Coin.	$200 Copay + Ded. + 30% Coin.	In-Network Ded. + 30% Coin.
Inpatient Hospital Care	$900 per adm. (no Ded.)	$600 per adm. (no Ded.)	Ded. Only	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.
Outpatient Hospital Care	$300 (no Ded.)	$200 (no Ded.)	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.	Ded. + Coin.

Medical Plan Rates *Premiums may be higher for tobacco users

Rates	Base Plan		Buy-Up Plan		High Deductible Health Plan	
	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly
Employee Only	$56.16	$112.31	$122.22	$244.45	$36.03	$72.06
Employee + Spouse	$205.49	$410.98	$364.04	$728.08	$145.06	$290.12
Employee + Child(ren)	$127.75	$255.50	$251.06	$502.12	$87.17	$174.34
Employee + Family	$321.08	$642.15	$523.55	$1,047.09	$229.61	$459.23

Medical & Prescription Drugs (cont.)

About Your Medical and Prescription Drug Plan

Cass Regional Medical Center's Base and Buy-Up health plans are traditional PPO plans with copays, deductibles, coinsurance, and out-of-pocket maximums.

- **What is a Copay?** A copay is the amount you pay for covered services when you or a covered dependent visits a doctor's office, urgent care clinic, or purchases a prescription drug. Copays do not apply toward your deductible but do apply toward your annual out-of-pocket maximum.
- **What is a Deductible?** A deductible is the amount you are responsible for paying for services such as inpatient hospital stays, outpatient surgery, and high-tech scans before the plan begins to pay. Your deducible will apply for each calendar year.
- **How do Family Deductibles Work?** If you elect to cover any dependents, it's important to understand how your family deductible works. This determines what you need to pay out-of-pocket before the plan begins to pay. After a combination of covered family members satisfies the family deductible for a calendar year, the deductible is considered satisfied for all covered family members. No covered person is allowed to contribute more than their individual deductible to the family deductible per calendar year.
- **What is Coinsurance?** After the deductible has been met, you and the plan share the cost of medical services for you or a covered dependent. Coinsurance is the percentage of charges for which you are responsible.
- **What is an Out-of-Pocket Maximum?** Every calendar year, you have an out-of-pocket maximum, which is the maximum amount you will pay out-of-pocket for covered medical services. Medical copays, prescription drug copays, deductibles, and coinsurance all apply toward your annual out-of-pocket maximum. Charges for non-covered services, non-compliance penalties, and charges in excess of negotiated fees do not count toward the out-of-pocket maximum. Once the annual out- of-pocket maximum has been reached, the plan pays 100% for covered services.
- **About Generic Drugs.** A generic drug is a less expensive version of its brand-name counterpart. Generic drugs are made with the same active ingredients and are available in the same strength and dosage as the brand-name version. You can receive the highest level of coverage by taking a generic prescription. Double-check with your pharmacist to ensure you're receiving the most cost-effective prescription medication.
- **What if you take a Specialty Medication?** If you take a specialty medication, MedImpact can offer extra support to help you manage your condition. Take advantage of personalized patient care from knowledgeable pharmacists and nurses who specialize in your condition — at no additional cost to you. To contact MedImpact for more information, call 877.391.1099.

Make the Most Out of Your Benefits

Cass Regional's health plans cover routine preventive care services at 100% in-network. Early diagnosis is the key in treating potentially serious health conditions. Rather than treating a condition after it has progressed, maintaining your good health by getting your annual routine wellness exam. X-rays, blood tests and other routine screenings are the best way to detect the early warning signs. Below are some of the routine preventive care services covered at 100% in-network.

- Annual Routine Physical Exam
- Annual Pelvic Exam & Pap Test
- Well Child Exam
- Child & Adult Immunizations*
- Mammogram*
- Colonoscopy*
- PSA Test
- Prostate Exam

** Frequency and age limitations may apply.*

Remember!

It's important you tell your health care provider you are there for a Routine Wellness Exam.

If you are seeing an in-network provider, you should not have a copay or charge due for your visit.

About Your Prescription Drug Plan

MedImpact Assist Member Advocacy Program

The MedImpact Assist Member Advocacy Program is designed to help you save on prescription medications and reduce overall healthcare costs. While not all members will use this program, it offers various personalized solutions for eligible prescriptions, including manufacturer copay cards, international sourcing, or patient assistance programs (PAP). If you qualify, MedImpact may reach out to guide you through the process.

How It Works

1) **Doctor Visit and Prescription:** After visiting your doctor and receiving a prescription, your medication claim is reviewed.
2) **Claim and Financial Review:** If your medication requires prior authorization (PA) or further review, MedImpact evaluates options to minimize costs.
3) **Advocate Assignment:** A Member Advocate is assigned within one hour to support you through the process.
4) **Solution Selection:** Depending on your situation, one of these pathways may apply:
   - **Manufacturer Copay Card:** Enroll to reduce your out-of-pocket costs, potentially to $0.
   - **International Sourcing:** Access eligible medications at no cost through licensed providers, with voluntary participation.
   - **Patient Assistance Program (PAP):** For further financial support, though approval may take up to 60 days.
5) **Medication Access:** Once a solution is in place and PA is approved, you can fill your prescription with savings applied.

What to Expect

- If you qualify, you'll receive a letter and a call explaining your options.
- Your Member Advocate will assist with enrollment, answer questions, and follow up monthly if needed.
- If no savings option is available, your prescription will revert to your standard plan benefits.

Key Details

- Savings can be substantial, with copays potentially reduced to $0 using the MedImpact $0 Copay Card or other solutions.
- Participation in international sourcing is voluntary and offers a 90-day supply of eligible medications at no cost.
- Assistance for government-funded programs like Medicare or Medicaid is unavailable under this program.

Next Steps

- If you receive a letter or call about your eligibility, respond promptly to enroll and take advantage of savings.
- Questions? Your Member Advocate is your dedicated point of contact for assistance.
- This program ensures you have access to affordable prescription medications while providing a smooth and personalized experience. Don't hesitate to ask questions if MedImpact reaches out to you!

Get Started Today

Sign up for access to MedImpact's member portal at https://www.medimpact.com/web/login.

You will need your member number to proceed with the sign up, which you can find on your prescription drug card.

Dental Insurance

Delta Dental Group Number: 2046-2000

You may use the dental provider of your choice; however, you will receive greater benefits by seeing a Delta Dental network provider. Delta Dental's network providers have agreed to significantly discount their services, so you pay less out-of-pocket.

If you see a non-participating provider, your out-of-pocket expenses may be greater because you will not be receiving the discounts that participating network providers offer. Also, if you go out of network the non-network dentist may balance bill you for the difference between Delta Dental's accepted fee and the provider's actual charge.

To search for a participating network provider, call Delta Dental of Missouri at 1.800.335.8266 or go to deltadentalmo.com. **ID cards are provided by Delta Dental of Missouri.**

In-Network Benefits	Dental Benefits
Deductible *(Only applies to Basic and Major Services)*	$50 per person / Maximum of $150 per family
Annual Maximum *(calendar year)*	$1,000 per covered person
Orthodontic Lifetime Maximum	$1,000 per covered person
Preventive Services Routine Exams *(2 per calendar year)* Prophylaxis (cleanings-all types) *(2 per calendar year)* Fluoride *(1 per calendar year to age 19)* Bitewing X-rays & Periapical X-rays *(as required)* Full mouth or panoramic x-rays *(1 in any 36-month period)* Emergency palliative treatment Space Maintainers *(1 per 5 years per tooth to age 16)*	100%; No Deductible
Basic Services Sealants for dependents to age 19 *(1 per tooth every 5 years on caries-free 1st and 2nd permanent molars)* Fillings: composite (white) on anterior teeth and amalgam (silver) on posterior teeth Simple and surgical extractors Endodontics: root canal filling & pulpal therapy *(same tooth once in 24 months)* Non-surgical and surgical Periodontics General Anesthesia in conjunction with a covered surgical procedure	80%
Major Services Crowns, jackets, inlays, onlays *(1 in 5 years per tooth)* Oral surgery, except for extractions covered under Basic Service Bridges & dentures *(once in 5 years; a replacement will not be covered in first 12 months of coverage)*	50%
Orthodontia Orthodontia for all eligible participants	50%

Rates	Per Pay Period	Monthly
Employee (purchased w/medical)	$2.63	$5.25
Employee (purchased w/out medical)	$6.57	$13.13
Employee + Spouse	$13.14	$26.27
Employee + Child(ren)	$19.11	$38.22
Employee + Family	$27.48	$54.96

Important!

For any Basic or Major services, have your dentist file a pre-treatment estimate. This will let you know how much of your bill you will be financial responsible for before the work is done.

Remember!

The results of good oral health habits can last a lifetime. Ignoring your oral health could lead to or contribute to chronic disorders such as diabetes, heart disease and stroke.

Periodontal disease and heart disease share many of the same risk factors, smoking and excess weight, both of which are controllable and preventable. These risk factors also influence other serious health conditions, such as diabetes, which is also linked to periodontal disease.

Vision Insurance

VSP Group Number: 12279995

With VSP the decision is yours to make – with the largest national network of private-practice doctors, it's easy to find the in-network doctor that is right for you. To see if your eye doctor is a VSP Network provider, go to www.vsp.com and click the "Locate a Provider" icon, or call 800.877.7195. At your appointment, tell your provider you have VSP. There is no ID card necessary. If you'd like a card as a reference, you can print the card from VSP website.

In-Network Benefits	Vision Benefits
Exam Services: (once every 12 months) Comprehensive WellVision Exam Contact Lens Exam – fitting and evaluation	 $10 Copay Up to $60
Lenses: (once every 12 months) Single Lined Bifocal Lined Trifocal Polycarbonate lenses for children	 $25 Copay $25 Copay $25 Copay $25 Copay
Frames: (once every 24 months)	$130 allowance for a wide selection of frame $150 allowance for featured frame brands 20% savings on the amount over allowance
Contacts Lenses: (once every 12 months) Conventional Disposable	 $130 Allowance after copay $130 Allowance after copay
Lens Enhancements: (once every 12 months) Standard progressive lenses Premium progressive lenses Custom progressive lenses	 $0 Copay $80 - $90 Copay $120 - $160 Copay Average savings of 35-40% on other lenses enhancements

Out-of-Network Benefits

Visit www.vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to $50
Lined Bifocal Lenses.....up to $75
Progressive Lenses.....up to $75
Frame.....up to $70
Lined Trifocal Lenses.....up to $100
Contacts.....up to $105
Single Vision Lenses .....up to $50

Rates	Per Pay Period	Monthly
Employee	$1.32	$2.64
Employee + Spouse	$3.94	$7.88
Employee + Child(ren)	$3.94	$7.88
Employee + Family	$6.83	$13.66

Prefer to Shop Online?

Use your vision benefits on Eyeconic© - the VSP preferred online retailer.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between the information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

NEW – LightCare by VSP

With VSP LightCare, you can use your frame and lens benefit to get non-prescription eyewear like non-prescription sunglasses and non-prescription blue light filtering glasses from your VSP network doctor.

Flexible Spending Accounts

Navia Group Number: RGE

What is an FSA & Why Should I Participate?

A Flexible Spending Account (FSA) is an account in which you set aside pre-tax dollars to pay for eligible health care or dependent care expenses not covered by insurance. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck pre-tax, thus reducing your taxable income.
You can participate in either or both accounts:

Full-Purpose Health Care FSA: You may elect an amount up to $3,400 per plan year to be used for medical, prescription drug, dental and vision expenses for you and your eligible dependents. Some eligible expenses include the following (for a complete list of eligible expenses please refer to the IRS Publication 502):

- Medical or Dental Deductibles and Coinsurance
- Office Visit and Prescription Drug Copays
- Orthodontia and Other Dental Work
- Eyeglasses and Contact Lenses
- Laser Eye Surgery
- Hearing Aids

Dependent Care FSA: You may elect an amount up to $7,500 per plan year ($3,750 maximum per year if married and filing separately) and can be used for childcare for tax dependents under age 13, elder care or care for a disabled child. In order to qualify you must meet the following criteria:

- You must remain actively employed
- Your childcare provider must claim your payments as income on their tax return
- Your child (children) must be under 13 years of age and considered a dependent for tax return purposes. If your child turns 13 during the plan year, expenses for that child are no longer eligible for reimbursement under the plan.
- In order to qualify, a spouse or dependent child over the age of 13, must be incapable of self-care and regularly spend at least eight hours per day in your home
- Your provider may not be a minor child or a dependent for income tax purposes (i.e., an older child)
- Services must be for the physical care of the child, not for education, meals, or overnight camps
- Expenses paid for kindergarten are not eligible, however expenses paid for pre-school programs and before- and after-school care and programs are eligible for reimbursement.
- This is a pay-as-you-go account or an "accrual" account. Your employer will not advance any money.
- Some eligible expenses include (but are not limited to):
  - Child Daycare
  - Adult Day Care of Seniors
  - Before and/or After School Care

Important!

If you have a High Deductible Health Plan (HDHP), you can only choose the HSA. However, you can have a Dependent Care FSA with an HSA.

Save Your Receipts!

Please be advised that any funds left in your accounts at the end of the plan year that cannot be reimbursed using qualified receipts will be forfeited back to the plan. It is important that you know your account balance and use the money, so you do not lose it.

How Does an FSA Work?

Your contributions are deducted pre-tax and divided equally among your 26 pay periods. Funds can be used for expenses incurred during the plan year February 1, 2026 through January 31, 2027. You also have a 2 ½ month grace period following the end of the plan year to incur and to submit your claims and receipts for reimbursements from the 2026-2027 plan year. For Cass Regional employees this means you will need to incur AND file all claims by April 15, 2027 (end of the grace period).

Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs. Unused funds left in the account(s) from the previous year that are not used to reimburse expenses incurred by April 15, 2027, are subject to the use-it-or-lose-it rule and are forfeited. For additional rules and restrictions, please contact 800-669-3539 or www.naviabenefits.com.

Health Savings Account (HSA)

Navia Group Number: RGE

What is an HSA?

This program lets Cass Regional Medical Center's employees participating in the High Deductible plan pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual amount you elect to contribute to each account will be divided into equal amounts among 26 pay periods and deducted from your paycheck pre-tax. This is a pay-as-you-go account or an 'accrual' account. Your employer will not advance any money.

Flexibility – You can use the funds in your account to pay for eligible medical, vision or dental expenses.

- If HSA dollars are used for something other than a qualified expense as defined by IRS Pub. 502, the amount is then subject to income tax and a 20% penalty.

Ownership – Funds remain in the account from year to year, just like an IRA. There are no "use it or lose it" rules.
Portability – Accounts are completely portable.

Who is Eligible for an HSA?

Any employee:

- Enrolled in a High Deductible Health Plan
- Not covered by other health insurance (ex. Dual coverage through your spouse)
- Not enrolled in Medicare
- Not enrolled in Tricare, or received benefits from the Veterans Administration in the last three months
- Who can't be claimed as a dependent on someone else's tax return

You cannot have an HSA if your spouse's FSA (flexible spending account) or HRA (health reimbursement account) can pay for any of your medical expenses before your HDHP deductible is met.

Note:

After age 65 (or if you are disabled), HSA funds can be withdrawn for non-qualified expenses without being subject to the 20% penalty, but ordinary income taxes still apply.

Remember!

You may continue to own your HSA after dropping your qualified HDHP coverage or obtaining non-qualified coverage such as a traditional PPO plan, but you can no longer make contributions to the HSA.

How do you enroll in the HSA?

You will see this option available to elect if you select the HDHP when completing your enrollment in Paycom.

Annual Contribution Limits 2026-27 (per Health Savings Account)		
	Single	Family
Contribution Limits	$4,400	$8,750
Catch up Contributions (individuals at least 55 years of age)	$1,000	$1,000

Life & AD&D Insurance

Lincoln Financial Group Number: 1326245

Company Paid Basic Life / AD&D Insurance

Cass Regional Medical Center provides one year of your annual salary up to $100,000 of group life and AD&D insurance to all full-time and eligible part-time employees at no cost. You are automatically enrolled in this benefit, but you must add a primary beneficiary in Paycom.

Company Paid Life Insurance	
Premiums Paid by	**Cass Regional Medical Center**
Employee Life/AD&D Coverage	• Coverage is one year of your annual salary up to $100k offered through Lincoln Financial • Coverage will decrease 65% of the benefit amount when you turn age 70 and by 50% at age 75

Voluntary Life / AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage upon hire or during open enrollment. If you elect to not enroll as a new hire, you will still be able to purchase additional coverage in the future, however, your election will be subject to evidence of insurability. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions.

Voluntary Life / AD&D Insurance	
Premiums Paid by	**Employee**
Voluntary Life / AD&D Coverage	• You may purchase coverage in increments of $10,000 up to a maximum of $500,000 not to exceed 7 times your annual salary. • Guarantee issue of $200,000 – no medical questions asked – when enrolling within 31 days of hire or newly eligible. • During open enrollment, you may purchase coverage up to the guaranteed issue amount of $200,000. In subsequent open enrollment periods, you can increase your coverage by two increments of $10,000 each year without Evidence of Insurability (EOI). For example, if your current coverage is $0, you can add two increments at open enrollment for a total of $20,000. • Coverage will decrease to 65% of the benefit amount when you turn age 70 and by 50% at age 75. • Benefits end when you retire
Spouse Life / AD&D Coverage (Employees must purchase Employee Voluntary Life / AD&D before purchasing Spouse Life / AD&D)	• You may purchase coverage for your spouse in increments of $5,000 up to a maximum of $250,000 not to exceed 100% of the Employee Voluntary Life / AD&D coverage amount. • Guarantee issue of $30,000 – no medical questions asked – when enrolling as a new hire or newly eligible. • During open enrollment, you may purchase coverage for your spouse up to the guaranteed issue amount of $30,000. In subsequent open enrollment periods, you can increase coverage by two increments of $5,000 each year without EOI. For example, if your spouse's current coverage is $0, you can add two increments for a total of $10,000. • Coverage will decrease to 65% of the benefit amount when employee turns age 70 and by 50% at the employee age of 75.
Child Life Coverage (Employees must purchase Employee Voluntary Life / AD&D before purchasing Child Life)	• You may purchase coverage for your dependent child(ren) in the amount of $10,000 from date of birth to 6 months old. Coverage will increase to $20,000 from 6 months to 26 years old. • Child coverage begins from 14 days, and continues to age 26, regardless of married or full-time student status.

Life & AD&D Insurance (cont.)

Calculating Your Voluntary Life & AD&D Cost

Please see below for your plan's rates and instructions on how to calculate your per paycheck cost if you were to elect coverage for yourself and any dependents. Please select the attained age you would be once coverage starts.

Employee Age Range	Premium Monthly Rate per $1,000
1 – 19	$0.09
20 – 24	$0.09
25 – 29	$0.09
30 – 34	$0.10
35 – 39	$0.13
40 – 44	$0.19
45 – 49	$0.29
50 - 54	$0.42
55 – 59	$0.62
60 – 64	$1.02
65 – 69	$1.86
70 – 74	$2.69
75 – 79	$4.46
80 – 84	$4.46
85 – 100+	$4.46

Calculating Your Employee or Spouse Voluntary Life Premium

Please note that Spouse Voluntary Life & AD&D cost is based on the employee attained age, so please use employee age when calculating premium.

Calculate Your Employee or Spouse Voluntary Life Premium		
A	You or your spouse's election / benefit amount (ex: $10,000)	$_____
B	Divide your election amount by $1,000	÷_____
C	Multiply by Age Banded Rate (above)	x_____
D	Equals Your Monthly Cost	$_____
E	Multiply by 12 for Annual Premium Deduction	x_____
F	Divide Annual Deduction by 24 for per Pay Period Deduction	÷_____

Calculating Your Dependent Child Voluntary Life Premium

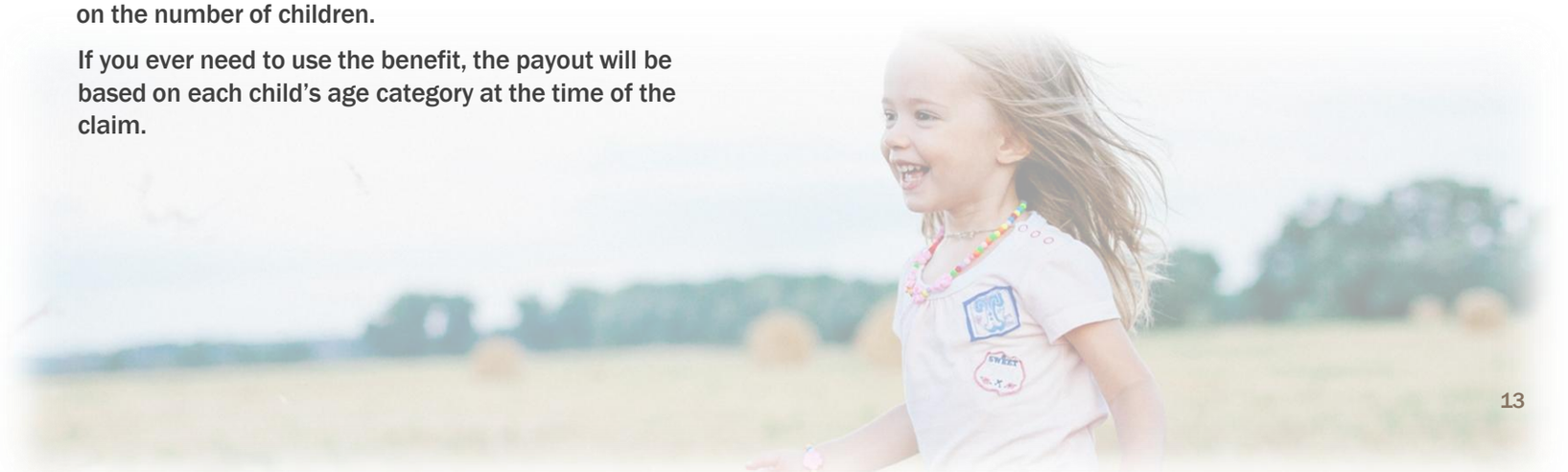
- For children ages 0–6 months, the total benefit is $10,000.
- For children ages 6 months–26 years, the total benefit is $20,000.

The cost for Dependent Child Voluntary Life Insurance is the same no matter how many eligible children you have covered. Whether you enroll one child or several, no matter their age, you pay just one flat monthly rate for coverage. This makes it simple and affordable to protect all your eligible children under the same plan, with no increase in premium based on the number of children.

If you ever need to use the benefit, the payout will be based on each child's age category at the time of the claim.

Dependent Child Voluntary Life Premium

Your cost will be $0.50 per paycheck ($1.00 per month) regardless of child age.



Disability Coverages

Voluntary Short-Term Disability

Could you pay your bills if you weren't working? In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. A few weeks away from work due to an unforeseen illness or injury may make it difficult to manage household costs while trying to focus on recovery. Short-Term Disability income makes up for a portion of those lost wages. You may purchase this coverage for yourself, and premiums will be deducted from your paycheck. Coverage guidelines and benefits are outlined in the Lincoln Financial benefit summary.

Benefit Summary	
Accident / Sickness Elimination Period	14 days / 14 days
Benefit Percentage	60%
Maximum Weekly Benefit	$1,500
Maximum Benefit Period	24 weeks
Family Income Benefit	3-week benefit
Pre-Existing Condition	3 months lookback; 12 months after effective date of coverage; 6 months without treatment

For more information on benefit coverage and definitions, refer to the Lincoln Financial benefit summary or contact a customer service rep at 800.423.2765 or visit lincolnfinancial.com

What does Pre-Existing Condition Mean?

The term Pre-Existing Condition refers to a health condition you had before your coverage started. The numbers 3 / 6 / 12 describe the rule:

- 3 months look-back: Lincoln Financial checks if you received treatment, advice, or medication for a condition in the 3 months before your coverage began.
- 6 months exclusion: If you had such a condition, benefits for that condition are not payable for the first 6 months after coverage starts.
- 12 months coverage: After 12 months of continuous coverage, the pre-existing condition limitation no longer applies, and you're fully covered.

Calculate Your Voluntary Short-Term Disability Premium (Premiums Paid by Employee)			
A	Your Weekly Pay (pre-tax)	$_____	
B	Multiply your weekly earnings by .60	x_____	(A x .60)
C	Divide by 10	÷_____	(B ÷ 10)
D	Multiply by $0.765	$_____	(C x .765)
E	Multiply by 12 for Annual Premium Deduction	$_____	(D x 12)
F	Divide Annual Deduction by 24 for per Pay Period Deduction	$_____	(E ÷ 24)

Disability Coverages

Company-Paid Long-Term Disability

Cass Regional Medical Center provides Long-Term Disability income benefits through Lincoln Financial and pays 100% of the cost associated with this benefit.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income, after satisfying a waiting period.

A full and comprehensive summary and outline of benefits can be found online at Paycom.

Company Paid Long-Term Disability	
Premiums Paid by	Cass Regional Medical Center
Benefit Percentage	60% of compensation; up to a monthly maximum of $5,000
Elimination (Waiting) Period	180 days

Supplemental Benefits

Lincoln Financial Group Number: 1326245

Voluntary Accident Insurance

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from Lincoln Financial. This benefit is guarantee issued, no medical question asked.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

You may purchase this coverage for yourself and your family members, and premiums will be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined in the Lincoln Financial benefit summary or contact 800.423.2765.

About Accident Insurance

Voluntary Accident Premiums	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly	$7.49	$12.20	$17.24	$22.60
Per Pay Period	$3.75	$6.10	$8.62	$11.30

Voluntary Critical Illness Insurance

You can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Lincoln Financial. This benefit is guaranteed issued (no medical questions required).

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the Lincoln Financial benefit summary or contact 800.423.2765.

Remember!
All Supplemental Benefits with dependent coverage will cover a dependent to age 26, regardless of student or marital status.

Voluntary Critical Illness Employee Rates		
Age	Employee Monthly Cost	Per Pay Period
0 – 29	$0.33	$0.17
30 – 39	$0.59	$0.29
40 – 49	$1.27	$0.64
50 – 59	$2.53	$1.27
60 – 69	$4.58	$2.29
70+	$10.17	$5.09

Voluntary Critical Illness Spouse Rates		
Age	Employee Monthly Cost	Per Pay Period
0 – 29	$0.27	$0.13
30 – 39	$0.52	$0.26
40 – 49	$1.21	$0.61
50 – 59	$2.47	$1.23
60 – 69	$4.51	$2.26
70+	$10.11	$5.05

About Critical Illness Insurance

How to Submit a Claim

How to Submit a Claim with Lincoln Financial

Lincoln Financial is committed to making your claims experience as easy and supportive as possible. Whether you're filing for Short-Term Disability, Accident, or Critical Illness benefits, Lincoln's secure online portal and dedicated claims specialists are here to guide you every step of the way. From your initial claim submission to the final benefit decision, you'll receive clear instructions, timely updates, and ongoing support to help you navigate the process confidently.

Filing a Short-Term Disability (STD) Claim

If you need to report an absence due to illness, injury, or another authorized reason, you can file your Short-Term Disability claim up to 30 days in advance or as soon as you know you'll be away from work. Lincoln's online self-service portal makes the process fast and straightforward:

Step-by-Step Process:

1) Log in to LincolnFinancial.com. First-time users will need to register and may need a company code provided by your employer.
2) Select "Start a claim" and answer a few questions about yourself, your absence, and provide any required documentation.
3) Submit your claim. For disability claims, your treating physician will need to complete an Attending Physician Statement, and you'll be asked to submit a signed medical authorization form.
4) Keep record of your claim number, which you'll receive via email.
5) Check your claim status online at any time.

What to Expect Next:

- You'll be contacted by a claims specialist within five business days (if already absent) or once your absence begins (if filing in advance).Upload additional documents securely as needed.
- A claim decision will be made once all required information is received.
- Your claims specialist will stay connected with you until you return to work and can assist with any additional support.
- You can update your return-to-work date online throughout the process.

Need help?

- You can also submit a claim by phone: 866.783.2255 or scan the QR code to the right for an instructional video.

Filing an Accident (ACC) or Critical Illness (CI) Claim

Lincoln's supplemental health coverage claims (Accident or Critical Illness) can be submitted easily online or through several alternative methods:

Online Submission:

1) Log in to LincolnFinancial.com. First-time users need to register.
2) Select the supplemental health coverage (Accident or Critical Illness) you wish to file a claim for.
3) Go to the claims section and select "Submit a claim."
4) Answer the questions and upload any requested supporting documentation.
5) Confirm your submission.
6) Check your claim status online anytime.

Other Ways to Submit a Claim:

- Secure messaging via the self-service portal
- Email: FileClaim@LFG.com
- Fax: 888-735-7636
- Mail: The Lincoln National Life Insurance Company, P.O. Box 2609, Omaha, NE 68103
- Phone: 800-423-2765 (Monday–Thursday, 7:00 a.m.–7:00 p.m. CST; Friday, 7:00 a.m.–5:00 p.m. CST)

A claims specialist will review your submission and follow up if more information is needed. Once all necessary information is received, Lincoln will make a claim decision and pay benefits as outlined in your company's policy.

FMLA

Family Medical Leave Act of 1993:

FMLA provides up to 12 weeks of unpaid, job protected leave to eligible employees for certain family and medical reasons. You are eligible if you have worked for Cass Regional Medical Center for at least one year and worked 1,250 hours over the previous 12 months.

Reasons for Taking Leave – Unpaid leave must be granted for any of the following reasons:

- To care for your child after birth, or placement for adoption or foster care.
- To care for your spouse, son, daughter, or parent who has a serious health condition.
- For a serious health condition that makes you unable to perform your job.
- In situations of qualifying exigency to be with an employee's spouse, parent or child if said person is an active service member or has an impending call to active duty in support of a contingency operation.
- For the care of an injured service member if the service member is the employee's spouse, child, parent, or "next of kin." This type of FMLA can be elected to be taken for up to 26 weeks in a 12-month period.

Advance Notice and Medical Certification – you may be required to provide advance notice and medical certification and taking leave may be denied if requirements are not met:

- You ordinarily must provide 30 days advance notice when leave is foreseeable.
- Cass Regional Medical Center requires medical certification to support a request for leave because of a serious health condition and may require second or third opinions (at the employee's expense) and a fitness-for-duty report to return to work.

Job Benefits and Protection

- For the duration of FMLA leave, Cass Regional Medical Center must maintain your health coverage under any "group health plan." You will continue to be responsible for your portion of the cost sharing of the premium payments.
- Upon return from FMLA leave, employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment items
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

What You Should Do

When needing to miss work due to one of the reasons for taking leave stated above:

- Contact your Manager and/or Human Resources department regarding your need for leave.
- Call Human Resources 816.887.0455 or log into Paycom under Time-Off Requests and Request a Leave.
    - Click on "Request a Case" fill out all necessary information and submit.
    - Your case will be reviewed by HR and you will be notified if your case qualifies for a leave of absence.

You will have the ability to receive FMLA leave letters and notifications to your personal e-mail and check your leave status.

Tracking of Time – Certified Intermittent FMLA Leaves

You are required to report each intermittent absence in both Paycom and to your department's normal call-in procedures.

- You must designate the need for FMLA to your manager when you call in or risk the absence being protected.
- You may track your FMLA leave occurrences in Paycom or you can email HR at HR2@cassregional.org.

Legal Plan & Identity Theft

Legal Shield Group Number: 140693

Family Legal Plan

Covers you and your spouse or qualified significant other or domestic partner.

- Have you ever wanted to update your Will? A Living Will is included.
- Have a question for an attorney? Telephone consultations are included.
- Home purchase or refinance soon? Document review included.
- Traffic violations? Representations for moving violations is included.
- Civil suit against you? Pre-trial and trial hours are included.
- Challenge as a consumer? A letter written by an attorney included.

Identity Theft Shield (IDShield)

Covers you and your spouse or qualified significant other or domestic partner.

Credit Report Analysis

- You and your spouse receive a current credit report with a score analysis.

Continuous Monitoring of Credit Activities through Experian (24/7)

- Receive notification if one of the following occurs (coverage for minors now available):
  - An application for credit is filed in your name
  - An account is opened in your name
  - Your address has been changed
  - A derogatory statement shows up
  - A lien is on your property

Full Identity Theft Restoration

- Let us do the work for you! The experts at KROLL will issue the fraud alerts on your behalf and handle follow up with credit card companies, Federal institutions, all 3 credit repositories, Social Security Administration, Federal Trade Commission, Department of Motor Vehicles, law enforcement personnel, and the US Postal Services. Criminal activity searches will also be completed.

Legal & Identity Theft Coverage	Monthly	Per Pay Period
Legal Plan Only	$15.95	$7.98
Identity Theft without Safeguard for Minors	$12.95	$6.48
Identity Theft with Safeguard for Minors	$13.95	$6.98
Legal Plan and Identity Theft	$25.90	$12.95

Questions?

For additional information about this coverage, contact Scott Scantlin at 913.815.1388 or scottscan@gmail.com.

Paid Time Off (PTO)

Cass Regional Medical Center

To maintain a proper balance of work and family time, employees are encouraged to accumulate enough PTO hours in their individual banks to provide adequate coverage for time off. The PTO benefit program combines the paid time accumulations for traditional vacation and holidays into a bank of hours called Paid Time Off (PTO).

Eligibility for PTO

All employees working regularly scheduled shifts, including those in a full-time, part-time benefit eligible and part-time non benefit eligible status are eligible to accrue PTO, based on hours worked. PRN employees are not eligible for this paid time off benefit. After completion of the first 90 days of employment, PTO hours can be used at the employee's discretion for personal business, vacation and holidays or sick time of 3 days or less. If a recognized holiday falls within the employee's first 90 days, accumulated PTO hours may be used.

Holidays

Holiday hours accrue throughout the year as part of the PTO bank. Full and part-time employees will be paid double time for hours worked on a holiday. PRN employees will be paid one and a half times their rate of pay for hours worked on a holiday. Employees must work their last scheduled day before a holiday and the first scheduled day after the holiday in order to be paid for the holiday or the holiday will be unpaid.

Sell Back/Transfer of PTO

Employees who have completed the 90-day introductory period can sell back accrued and unused PTO hours at the rate of $.90 on the dollar to a maximum number of hours annually. See the Paid Time Off Directive #15-24 in the MCN for details. Employees who have completed the 90-day introductory period can transfer PTO into EIB to a maximum of 80 hours annually. No less than 48 hours must remain in the PTO bank after the sell back or transfer. PTO sell back or transfers to EIB can be done no more than twice per year.

Non-Exempt Employees (Based on 40-hour work week)

Years of Eligible Service	Hours Per Pay Period	Days Per Year	Max in PTO Bank
0 – 4 years	7.38	24	288
5 – 9 years	8.92	29	348
10+ years	10.46	34	408

Exempt Employees (Based on 40-hour work week)

Years of Eligible Service	Hours Per Pay Period	Days Per Year	Max in PTO Bank
0 – 4 years	8.92	29	348
5+ years	10.46	34	408

Extended Illness Bank

This benefit program is available after being absent consecutively scheduled workdays and fulfilling the PTO elimination period of 24 hours for full-time employees or 12 hours for part-time employees.

Tenure	Maximum Accumulation Per Year	Maximum Bank Balance
All Levels	48	480

Additional Benefits

Educational Reimbursement Program

To encourage employee self-development, Cass Regional will pay up to $5,000 annually for full-time employees and $2,500 for benefits eligible part-time employees. For more information and further detail, see the Educational Reimbursement Program directive located on the intranet or contact Human Resources.

Cass Regional Medical Center Foundation Scholarships

Cass Regional Medical Center Foundation administers 13 scholarship programs for which Cass Regional employees may be eligible to apply. Eligibility varies for each program. Please contact the Foundation office at 816.380.3474 x4810 for details. The programs include:

- The Wanda Brown Scholarship
- The Dr. Gail G. Kroenke Memorial Scholarship
- The Elvin S. Douglas, Jr. Scholarship
- The Geraldine Kidd Scholarship
- The John K. Hoffman Memorial Scholarship
- The Terry and Susie Reardon Scholarship
- The Dr. Harold E. Kirsch Memorial Scholarships
- The Franceline Parris Scholarship
- The Jan Perry Scholarships
- The Sonny and Toni Wiseman Scholarship
- The Alma Brown Scholarship
- The Irene H. Webster Pippitt Scholarship

Scholarship award amounts range from $500 to $1,500 and up, depending on the program.

Cass Regional Medical Center Auxiliary Scholarship

The Cass Regional Auxiliary offers an annual $1,500 scholarship. Please contact the Customer Relations and Volunteer Coordinator Donna Walters at 816.887.0783 for details on this program.

Employee Assistance Fund

The Employee Assistance Fund was created in 2000 to assist Cass Regional employees in times of financial crisis and is funded primarily by employee donations. Employees who have completed the 90-day introductory period are eligible to apply for assistance from this fund.

The maximum amount awarded from the fund at one time is $750, and employees who receive assistance are ineligible to re- apply for six months. Applications are reviewed and decided upon by an elected committee of six employees. The application and award process is strictly confidential.

For more information, contact the Foundation office at 816.887.0783.

Employee Assistance Program (EAP)

The EAP is available for all benefits eligible full-time and part-time employees. Cass Regional offers two options – both have caring professionals ready to listen and prepared to help you find ways to solve the problem. Their professionals are available 24 hours a day, 7 days a week for your convenience and can assist with the following:

- Relationships
- Stress at home or on the job
- Legal needs for an attorney referral
- Financial needs such as budgeting
- Parenting concerns
- Aging and retirement
- Drug and alcohol
- Depression and anxiety
- Conflicts and communication
- Help with problem solving
- Support during difficult life events

Services Are FREE and Confidential

Most people experience this need at one time or another. You have the support of your employer, SupportLinc and/or Mindful. You can connect in person (or online) with an in-network licensed mental health practitioner for up to six free sessions per calendar year. This service also includes spouses and dependents.

What is Behavioral Health?

Behavioral health refers to the relationship between your behavior and overall well-being. Your behavioral health impacts your ability to function in everyday life and your concept of self. Stress, depression, anxiety, substance use, and other behavioral health issues can affect how you manage your physical health and daily living challenges. Addressing behavioral health is a vital part of self-care.

Option 1: SupportLinc

Call SupportLinc at 888-881-5462 or log on to their website at www.supportlinc.com. Log on using the Cass Regional Medical Center code (cassregional) for thousands of resources, including balanced life, dependent care, stress management, and many more.

Scan the QR code to the right for more info about the services SupportLinc offers.

Option 2: Mindful by BlueKC

This option is available for employees covered by Blue Cross Blue Shield of Kansas City.

In a unique role exclusive to Blue KC, Mindful Advocates are licensed behavioral health clinicians acting as a front door to match you to providers and guide care plans. Call your single point of contact at (833) 302-MIND (6463) or you can find the behavioral health number on the back of your ID card.

Wellness Program

Employees of Cass Regional Medical Center are offered a variety of wellness programs throughout the year.

- Employee wellness web portal: www.MyBlueKC.com
- Quarterly health education programs
- Employees are also offered a variety of health testing and screenings, free of charge, including tetanus, influenza, COVID-19, and hepatitis B vaccinations.

What is A Healthier You (AHY)?

Your AHY member portal gives you access to personal resources for:

Care reminders

Stay on track with preventive visits and other health actions to help manage chronic health conditions.

Health education

More than 8,000 education pieces are available on health conditions, medical tests and procedures, and everyday health and wellness topics.

Data tracking

Track your daily activities, such as steps, workouts, nutrition, weight and more to monitor your success.

Points for rewards

Earn points for completing various activities for the opportunity to enter into sweepstakes.

AHY is FREE for You and Your Family

There are two ways to access it:

1. Log on to MyBlueKC.com* from your computer and click on A Healthier You.
2. Download the Blue KC A Healthier You mobile app from your app store.

If you are a first-time visitor, please have your member ID card available to reference.

*Browsers: Chrome, Firefox, or Edge

Your Next Steps

1. Take the Health Risk Assessment and receive your personal health summary.
2. Connect and manage your fitness device for more points.
3. View your personalized health actions to improve or maintain your health.
4. Watch videos and read articles on a variety of health topics.

Retirement Benefits

Voya Financial Group Number(s): 401a-971615 and 457b-971616

Cass Regional Medical Center sponsors a retirement plan to help you prepare for your financial future. Our retirement plan includes a 457(b) employee contribution and a 401(a) employer match. This plan is available to all employees—full-time, part-time, and PRN. PRN's are not eligible for the company match. However, if employment status changes to full-time or part-time then the employee would be eligible for the match.

All Cass Regional employees may start participating in this plan the first of the month following date of hire. Enrollment may be denied until after your first paycheck has been issued. Employees may enroll and/or make changes to their plan at any time. All enrollments and/or changes will be effective the first of the following month.

With this plan, you may defer $24,500 annually in 2026 (plus catch-up contributions of $8,000 if age 50 or over on or before December 31, 2026).

Transition to Voya Financial

Cass Regional Medical Center's retirement plan has moved from OneAmerica to Voya Financial. Voya is a top-five provider of retirement products and services in the U.S., offering tools to help you feel confident and prepared for your financial future.

What You Need to Do

- Update your contact information: Ensure your current email, phone, and mailing address are on file with Voya. This helps you receive important updates and access your account easily.
- Review your investments and contributions: You can log in to VoyaRetirementPlans.com to review and manage your account details at any time.
- Learn more: Visit https://VoyaRetirementPlans.com for details about your plan and to explore Voya's tools and resources.

How to Access Your Voya Retirement Account

- Website: https://VoyaRetirementPlans.com
- Phone: 800.584.6001 (Hearing impaired: 800.579.5708), weekdays 7 a.m. to 8 p.m. CST
- Mobile App: Voya Retire®2

RETIREMENT PLANNING:
Cass Regional partnered with Pension Consultants Inc., to provide you with free one-on-one retirement planning and guidance to help you stay on track for retirement. To schedule an appointment, go to www.pension-consultants.com/guidance

Matching Contributions

Cass Regional Medical Center helps you save by matching the money you save based on your years of service.

Status	Matching Contribution
Eligible Full & Part-Time Employees	Up to 100% of the first 3% contributions
Eligible PRN	No Match

You vest, or gain ownership, in the matching contributions from Cass Regional Medical Center based on the schedule below:

Years of Service	Vested 100%
Less than 2	0%
2 – 3 years	25%
3 – 4 years	50%
4 – 5 years	75%
5 years or more	100%

Traditional 457 v. a Roth 457

The main difference between a traditional 457 and a Roth 457 is when your contributions are taxed. With a traditional 457, you contribute pre-tax dollars and pay taxes when you withdraw the money in retirement. With a Roth 457, you contribute after-tax dollars, so withdrawals in retirement are tax-free.
When deciding which option is best for you, consider your current tax bracket and what you expect it to be when you retire. Choosing the right plan can help you maximize your retirement savings.

Legal Notices

Women's Health & Cancer Rights Act (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 states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; 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 the medical plan. To obtain more information on WHCR benefits, please call or email the contact listed on the cover of this document.

Newborn and Mother's Health Protection Act (NMHPA)

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). To obtain more information, please call or email the contact listed on the cover of this document.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' 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 30 days after the marriage, birth, adoption, or placement for adoption.

Notice for Employer-Sponsored Wellness Programs

New rules published on May 17, 2016, under the Americans with Disabilities Act (ADA) require employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.

Notice Regarding Wellness Program

Cass Regional Medical Center's Wellness Program through Blue KC A Healthier You is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol, blood glucose, pulmonary function testing, and more. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of raffle entries or other discounts for participating with Blue KC A Healthier You. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the raffle entries or other discounts.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HR at 816.887.0455.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Cass Regional Medical Center may use aggregate information it collects to design a program based on identified health risks in the workplace, Cass Regional Medical Center's Wellness Program through Blue KC A Healthier You will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Legal Notices

Protections from Disclosure of Medical Information *(continued)*

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a health coach through Blue KC A Healthier You, when applicable, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you/your family, and what you need to do to protect the right to receive it.

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

What is COBRA Continuation Coverage?

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

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

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

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

Legal Notices

Continuation Coverage Rights Under COBRA *(continued)*

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 day after the qualifying event occurs. You must provide this notice to our COBRA vendor, Paycom. Paycom can assist you in navigating all your health care options to potentially find more affordable health care.

How is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability exclusions of 18-month period of continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available on EBSA's website.)

Keep Your Plan Informed of Address Changes

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

Cass Regional Medical Center
Human Resources 816.887.0455 HR2@cassregional.org

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. 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)	Health Insurance Premium Payment (HIPP) Program Website: 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	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: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	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: HHSHIPPProgram@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://dhcfp.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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	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: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 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: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
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://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs 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 July 31, 2025, 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Legal Notices

Health Insurance Marketplace Coverage

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

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 for coverage purchased through the Marketplace. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2023 for coverage starting as early as January 1, 2024.

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. (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.)

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 usually excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace would be made on an after-tax basis.

How Can I Get More Information on the Marketplace?

The Marketplace will consist of state-specific websites where you can compare health insurance options available where you live. Some states have created their own Marketplace, while others will be using sites run by the U.S. Department of Health and Human Services. Please visit HealthCare.gov or call 800-318-2596 for more information and to obtain contact information for a Health Insurance Marketplace in your state.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's some of the employer information you will be asked to provide when you visit HealthCare.gov.

<table>
<tr><td colspan="2">Employer Name:
Cass Regional Medical Center</td><td>Employer ID Number (EIN):
440-665664</td></tr>
<tr><td colspan="2">Employer Street Address:
2800 Rock Haven Road</td><td>Employer Phone Number:
816.380.3474</td></tr>
<tr><td>City:
Harrisonville</td><td>State:
MO</td><td>Zip:
64701</td></tr>
<tr><td colspan="3">Who may be contacted about employer health coverage at this job?:
Human Resources</td></tr>
<tr><td colspan="2">Phone number (if different than above):
816.887.0455</td><td>E-mail address:
HR2@cassregional.org</td></tr>
</table>

Here is some basic information about health coverage offered by Cass Regional Medical Center:

- As your employer, we offer an employer-sponsored health plan to regular full-time and part-time employees who are scheduled to work at least 20 hours per week.
- The coverage under the Cass Regional Medical Center health plan meets the minimum value standard.

For more information about the Health Insurance Marketplace in your state, visit HealthCare.gov or call 800-318-2596.


Cass Regional
Medical Center