

H **HIGHLAND** COMMUNITY COLLEGE



2026-2027
Benefits Enrollment

Notice to Enrollees

WELCOME TO YOUR 2026-2027 HEALTH BENEFITS!

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all our employees. This booklet is designed to help you navigate your benefits choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern. If you would like a copy of any of these documents, please contact your Human Resources department. **Your elections will be effective on October 1, 2026.**

Who is Eligible for Benefits?

Employees in full-time positions are eligible for medical, dental, basic life, flexible spending plans, and all other voluntary insurance plans.

For purposes of these benefits, eligible family members include:

- Your legal spouse;
- Your dependent child or step child up to age 26;
- Any child placed with you for adoption or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support;
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order — even if the child does not reside with you.

Qualifying Life Events

After your annual open enrollment period, you may only change your benefit election and covered dependents **within 30 days following a Qualifying Life Event**, such as:

- Marriage, divorce or legal separation
- Birth, adoption, placement, guardianship or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered dependent is no longer eligible
- Covered employee's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment

You may also request a change within 60 days of :

- Losing Medicare or CHIP; or
- Qualifying for Medicaid or CHIP premium assistance subsidies.

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.



BLUE CROSS BLUE SHIELD OF KANSAS

Highland offers medical insurance through Blue Cross Blue Shield of Kansas, utilizing the Blue Choice Preferred Network.

The medical plans include in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider. Locate an in-network provider at www.bcbsks.com or call 800-432-3990.

PLAN BASICS	OPTION A	OPTION B	OPTION C	OPTION D
Plan Year Deductible Individual Family	\$1,500 \$3,000	\$2,500 \$5,000	\$3,500 \$7,000	\$3,400 \$6,800
Coinsurance Plan Member	80% 20%			100% 0%
Max Out-of-Pocket Includes Deductible, Coinsurance & Copays	\$6,350 \$12,700			\$6,350 \$12,700
IN-NETWORK BENEFITS				
Preventative Care	Plan pays 100%			Plan pays 100%, no deductible
Office Visit Copay Primary Specialist	\$35 Copay \$70 Copay			Plan pays 100% after Deductible
Telemedicine (Amwell)	Free!			Plan pays 100% after Deductible
Urgent Care Visit	\$35 Copay \$70 Copay			Plan pays 100% after Deductible
Emergency Room Visits	\$250 Copay, then Deductible/Coinsurance			Plan pays 100% after Deductible
Outpatient Diagnostic Laboratory, X-Ray & Advanced Imaging	Plan pays \$300 per person per year, then Deductible/Coinsurance			Plan pays 100% after Deductible
Inpatient Hospital	Deductible/Coinsurance			Plan pays 100% after Deductible
PRESCRIPTION DRUG CARD – RESULTS RX FORMULARY				
Tier 1 Retail*	\$15 Copay			After Deductible \$15 Copay
Tier 2 Retail*	\$50 Copay			After Deductible \$50 Copay
Tier 3 Retail*	\$75 Copay			After Deductible \$75 Copay
Tier 4 Retail*	\$150 Copay			After Deductible \$150 Copay
Specialty	20% up to \$250 Copay			After Deductible 20% up to \$250 Copay

*Mail order supply available for 2.5x the retail copay.

BCBSKS BlueAccess

Welcome to BlueAccess®

Our secure online member portal is the gateway to your health information

With BlueAccess, you can quickly and securely:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

Registration is quick and simple

- 1 Go to www.bcbsks.com/blueaccess.
- 2 Click Register for a BlueAccess account.
- 3 Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.
bcbsks.com/app



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For a complete look at your healthcare plan, log in to your BlueAccess account at bcbsks.com/blueaccess.

- 1 **Manage My Account** | Edit and manage your preferences and go paperless.
- 2 **Forms** | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.
- 3 **Summary of Benefits and Coverage (SBC) and Contract/Certificate** | View details about your coverage and contract.
View your copay, deductible and coinsurance amounts
Common medical coverage information
Coverage for specific tests or treatments
- 4 **Explanation of Benefits (EOB)** | See how much we paid, what your responsibility is and what the provider write-off amount is.
- 5 **Strive, powered by WebMD ONE** | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.
- 6 **Blue365®** | Exclusive health and fitness deals and discounts.

BCBSKS BlueAccess

The new BlueAccess® mobile app is here!

With convenient and secure access to your health plan details, you can make informed decisions when you need care.

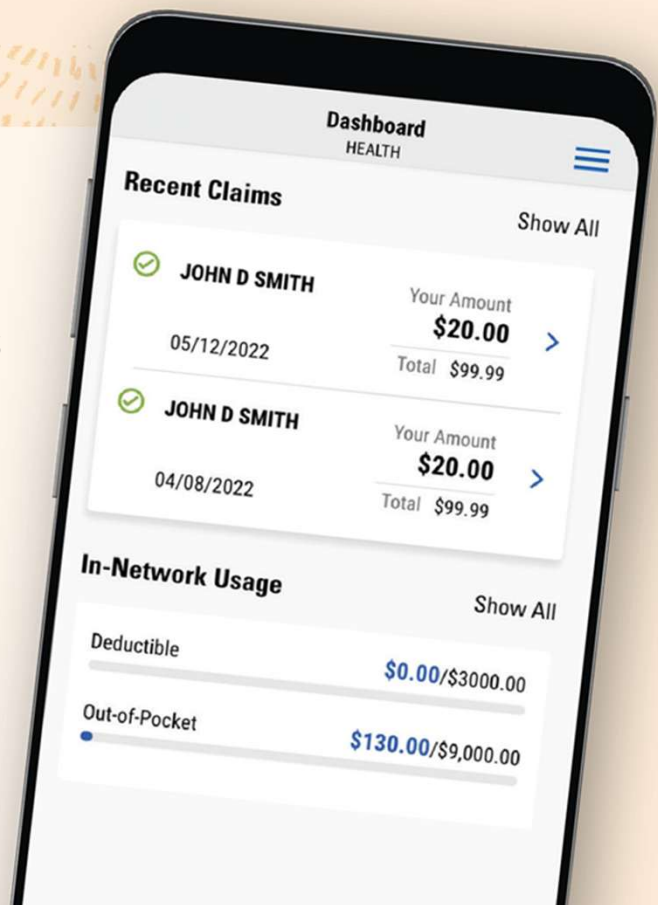
- Check your claims
- Quickly access your ID card
- Find an in-network doctor
- View your plan information
- and more!

Get started

1. Register for a BlueAccess account, if you don't already have one.
2. Download the app and sign in using your BlueAccess log in.



bcbsks.com/app



An independent licensee of the Blue Cross Blue Shield Association.
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BCBSKS BlueAccess

*Know your cost
before you go.*



Get the care you need and save money! With our cost transparency tool, you can compare costs before you go to the doctor. Find out how much you could save by:

- Accessing the largest doctor and hospital network in Kansas.
- Getting an estimate for the average cost of a medical service or procedure in your area.
- Comparing doctors' costs, side-by-side.

Log in to [BlueAccess®](#) and start saving today!

- 1 Go to bcbsks.com/blueaccess. If you are the cardholder, select "Sign up for BlueAccess."
- 2 Once logged in, select "Doctors/Hospitals" and begin your search!

Visit us at bcbsks.com



BCBSKS Find a Doctor/Hospital

Find a Doctor/Hospital

Is your doctor, hospital or urgent care center in the Blue Cross and Blue Shield of Kansas network?

Turn to our convenient online provider directory to determine whether your current provider contracts with your program network or to search for a new provider located near you.

This easy-to-use directory allows you to search for doctors by:

- Address
- County
- Name
- Gender
- Specialty

Members utilizing services out of state can confirm their provider is contracting by following the steps below or by contacting the provider directly to confirm they are in-network with their local Blue Cross and Blue Shield Plan.

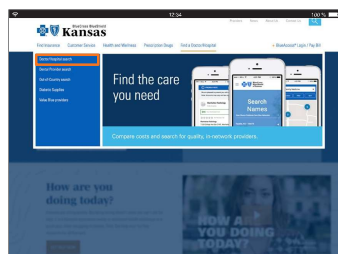
Questions? Contact Blue Cross and Blue Shield of Kansas Customer Service: **1-800-432-3990**

How to get started:

- 1 Visit the Blue Cross and Blue Shield of Kansas home page at bcbsks.com.



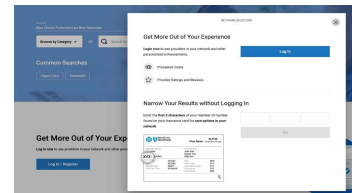
- 2 Using the top navigation, mouse over "Find a Doctor/Hospital." Select "Doctor/Hospital search."



- 3 From the drop-down, select your network. Your network is the one listed in the upper right-hand corner of your membership ID card. Or, when you log into BlueAccess® first, then go to the Provider Directory, the tool will automatically select the appropriate network.

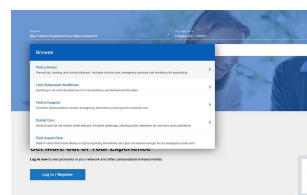


- 4 You can narrow your results by entering your prefix, or by logging in for personalized enhancements.



- 5 From there, access the Provider Finder for your benefit plan. From the menu, select the desired service. You may type into the search bar or choose a service from the drop-down menu.

Note: you have to change the "English" to "Español" in the upper right and then it changes the button from "Log In" to "Iniciar Sesión."



Where Should I Go For Care?

Seeking care at an appropriate place of treatment can help you save money and time. Use the chart to help guide you to the most time and cost-effective place of treatment.



Virtual Care – Minor Medical Conditions

Access virtual care to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you.

- Colds and flu
 - Rashes
 - Sore throats
 - Headaches
 - Stomachaches
 - Fever
 - Allergies
 - Acne
 - Urinary tract infections and more
- › Costs the same or less than a visit with your primary care provider (PCP)
 - › Appointments typically in an hour or less
 - › No need to leave home or work



Convenience Care Clinic

Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.

- Colds and flu
 - Rashes or skin conditions
 - Sore throats, earaches, sinus pain
 - Minor cuts or burns
 - Pregnancy testing
 - Vaccines
- › Same or lower than provider's office
 - › No appointment needed



Health Care Provider's Office

The best place to go for routine or preventive care, or to keep track of medications. Many primary care physicians offer virtual care. Contact your PCP to schedule an in-person or virtual care visit.

- General health issues
 - Preventive care
 - Routine check-ups
 - Immunizations and Screenings
- › May charge copay / coinsurance and / or deductible
 - › Usually need appointment
 - › Short wait times



Urgent Care

Conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.

- Fever and flu symptoms
 - Minor cuts, sprains, burns, rashes
 - Headaches
 - Lower back pain
 - Joint pain
 - Minor respiratory symptoms
 - UTIs
- › Cost lower than emergency room (ER)
 - › No appointment needed
 - › Wait times vary



Emergency Room

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. "Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

- Sudden numbness, weakness
 - Uncontrolled bleeding
 - Seizures or loss of consciousness
 - Shortness of breath
 - Chest Pain
 - Head injury/major trauma
 - Blurry or loss of vision
 - Severe cuts or burns
 - Overdose
- › Highest cost
 - › No appointment needed
 - › Wait times may be long

Telemedicine

Get care 24/7

Telemedicine services allow you to get care whenever you need it.

With Amwell, you can have a virtual doctor's visit from your smartphone or computer – right when you need it.

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

What is telemedicine?

Telemedicine is an **alternative to in-person visits**.

It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

Patient benefits:

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

Behavioral health services

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

Can my family use telemedicine?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

Consult with a doctor by computer, tablet or phone

- Affordable, easy and convenient – available 24/7/365
- A choice of trusted, U.S. Board-certified doctors and therapists
- Prescriptions as needed
- Easy payment – credit, debit or HSA/FSA cards accepted
- Patient records accessible

How much does it cost?

Options A-C - **Office visit copay**

Option D - **Deductible applies**



When can I use it?

Consult a doctor for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

Three ways to register:

- 1 Download the Amwell app on any mobile device.
- 2 Visit www.bcbsks.com/telemed
- 3 Call toll-free **844-733-3627**



Visit us at bcbsks.com





BLUE CROSS BLUE SHIELD OF KANSAS

Highland is using the Blue Cross Blue Shield of Kansas Networks. When you receive services from a contracting dentist, you will receive the highest level of benefits allowed by the plan. You can look up the contracting dentists by visiting: www.bcbsks.com.

If you receive dental services from a non-contracting dentist, Blue Cross Blue Shield of Kansas will place a limit on the allowed amount. You will be responsible for all the expense over the allowed amount. You will minimize your out of pocket expenses by using dentists who contract with the Blue Cross Blue Shield of Kansas Network.

IN-NETWORK PLAN INFORMATION	
Annual Maximum	\$1,500 per person per plan year
Deductible	\$25 Individual \$75 Family For Primary Services, Major Services
Age Limit	Coverage for dependents up to age 26
Preventive 100% Payment, No Deductible	• Fluoride—under age of 21 • Prophylaxis, including cleaning, scaling and polishing • Oral evaluations—unlimited • Bitewing x-rays • Full mouth or panoramic x-rays • Space maintainers • Sealants limited to one application per tooth per lifetime per dependent
Primary Services 80% Payment, After Deductible	• Oral Surgery • Fillings (except gold) • Endodontics • Non-surgical Periodontics • Repair of dentures • Emergency treatment for pain • Inlays • Simple extractions
Major Services 50% Payment, After Deductible	• Periodontal surgery • Bridges • Onlays (not part of a bridge) • Crowns (not part of a bridge) • Dentures, full or partial • Dental implant services (\$1,000 lifetime max per insured, per arch)

WAYS TO SAVE:

- Use BCBSKS contracting dentists.
- Protect your teeth — brush and floss at least once per day.
- Avoid surprises by obtaining a pre-treatment estimate before receiving extensive dental work.
- Get a check up and have your teeth cleaned at least every six months. This benefit is covered at 100%!



EYEMED

A clear view of your benefits helps you steer toward success, personally and professionally. Carrying vision coverage protects one of your most important senses, your sight! We offer vision coverage through Eye Med. The following table will give you an overview of how the plan works and what your responsibilities are. For questions concerning a claim, to identify a participating provider, or if you have questions about your coverage, please contact Eye Med at 866-939-3633 or visit www.eyemedvisioncare.com.

IN-NETWORK PLAN INFORMATION	
Network	Insight
Exam	\$20 Copay
Exam Frequency*	12 Months
Lens Frequency*	12 Months
Frames Frequency*	24 Months
Standard Frames	\$110 Allowance & 20% off remaining Balance
Lenses** (Single, Bifocal, Trifocal)	\$20 Copay
Elective Contact Lenses (Conventional)***	\$110 Allowance & 15% off remaining Balance
Elective Contact Lenses (Disposable)***	\$110 Allowance
Medically Necessary Contact Lenses***	Covered at 100%

* Frequencies are based on Date of Service.

** Lens Copay only covers Single, Bifocal, Trifocal and Lenticular lenses. Progressive lenses and other lens options are available at an additional cost.

*** Contact lens allowance is in lieu of standard glasses.



YOUR EYES ARE YOUR WINDOW TO THE WORLD. KEEP THEM HEALTHY AND BRIGHT BY TAKING ADVANTAGE OF THIS VALUABLE BENEFIT!!

Rates



Monthly Medical Rates

COVERAGE TIER	OPTION A \$1,500 DEDUCTIBLE	OPTION B \$2,500 DEDUCTIBLE	OPTION C \$3,500 DEDUCTIBLE	OPTION D \$3,400 DEDUCTIBLE
Employee Only	\$30.21	\$12.30	\$0.00	\$0.00
Employee + Spouse	\$786.64	\$748.13	\$721.69	\$713.52
Employee + Children	\$705.27	\$668.98	\$644.07	\$636.36
Employee + Family	\$1,461.71	\$1,404.82	\$1,365.76	\$1,353.69



Monthly Dental Rates

COVERAGE TIER	
Employee Only	\$0.00
Employee + Spouse	\$41.87
Employee + Children	\$35.41
Employee + Family	\$76.86



Monthly Vision Rates

COVERAGE TIER	
Employee Only	\$5.89
Employee + Spouse	\$11.20
Employee + Children	\$11.79
Employee + Family	\$17.33



Flexible Spending (FSA)



ASI FLEX

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated).

The Two Types of FSAs:

HEALTHCARE FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

You can rollover up to \$680 of unused funds into the 2027-2028 plan year.

The maximum amount you can contribute is \$3,400 per year.

DEPENDENT CARE FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your childcare credit on your annual tax return may be more beneficial.

You cannot rollover any unused funds into the 2027-2028 plan year.

The maximum amount you can contribute is \$7,500 per year, dependent on your marital and tax-filing status.

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.

Health Savings (HSA)



NUESYNERGY

If you enroll in the HDHP medical plan you will be able to open a Health Savings Account (HSA) through NueSynergy. With an HSA, you can deposit money into your account on a pre-tax basis through payroll deductions and use the HSA money to pay for eligible medical, dental and vision expenses.

Your HSA is completely portable. Whether you change jobs, change medical coverage, change marital status, become unemployed or move to another state, you keep your HSA.

****Important****

You should open your HSA prior to the effective date of your High Deductible Health Plan (HDHP). Medical costs incurred after your HDHP is effective, but before your HSA is established, cannot be paid with money deposited in your HSA.

PART 1 HDHP MEDICAL PLAN

Insurance to pay for medical claims after the deductible has been met

PART 2 HEALTH SAVINGS ACCOUNT

Money that can be used for eligible out-of-pocket expenses

2026 HSA Maximum Contribution \$4,400 for Individual or \$8,750 for Family Health Insurance Plan
Catch-up Contribution is \$1,000 for members over the age of 55

HSA Advantages:

- You own the account.
- All contributions and earnings on the account are tax free.
- You are fully vested in the account immediately.
- If you retire or leave employment the account stays with you.
- Balances in the account roll-over from year to year with no aggregate.



Life & Disability



COLONIAL LIFE PLANS

For most plans the following benefits apply:

- Benefits are paid to you directly
- You can continue coverage when you when you retire or change jobs
- You may receive benefits regardless of any other insurance you may have
- Coverage is available for your spouse and dependent

Life Insurance

Provides financial security to your family members when you pass away.

Disability Insurance

Provides income for disabilities resulting from a covered Off-The-Job accident or covered sickness.



Worksite Benefits



COLONIAL LIFE PLANS

For most plans the following benefits apply:

- Benefits are paid to you directly
- You can continue coverage when you retire or change jobs
- You may receive benefits regardless of any other insurance you may have
- Coverage is available for your spouse and dependent

Accident Insurance

Provides cash benefits throughout the different stages of care.

Cancer Insurance

**Provides cash benefit upon initial diagnosis of a covered cancer and other treatment.
Wellness benefit available.**

Critical Illness Insurance

Provides cash benefits if you experience a serious health event such as a heart attack or stroke.

Hospital Insurance

Provides cash benefits if you are hospitalized or have a covered outpatient surgery.



Medicare Specialist



With over 10,000 individuals approaching Medicare age each day, the need for a trusted advisor to help guide you through the complexities of the Medicare enrollment process is more important than ever.

IMA has an in-house Medicare Advisory Specialist to assist you with Medicare Supplements/Medigap Plans, Stand-alone Prescription Drug Plans, Medicare Advantage plans, as well as consulting on the Medicare enrollment process.



Comprehensive Support

The individualized process is fully customized, and each client is guided from beginning to end by our specialist. As healthcare needs and insurance plans change, we help to ensure you continue to have the best coverage to fit your individual needs.



Personalized Approach

Our Medicare Service Team utilizes a 1:1 approach to ensure specific, individualized needs are met to understand when to enroll.



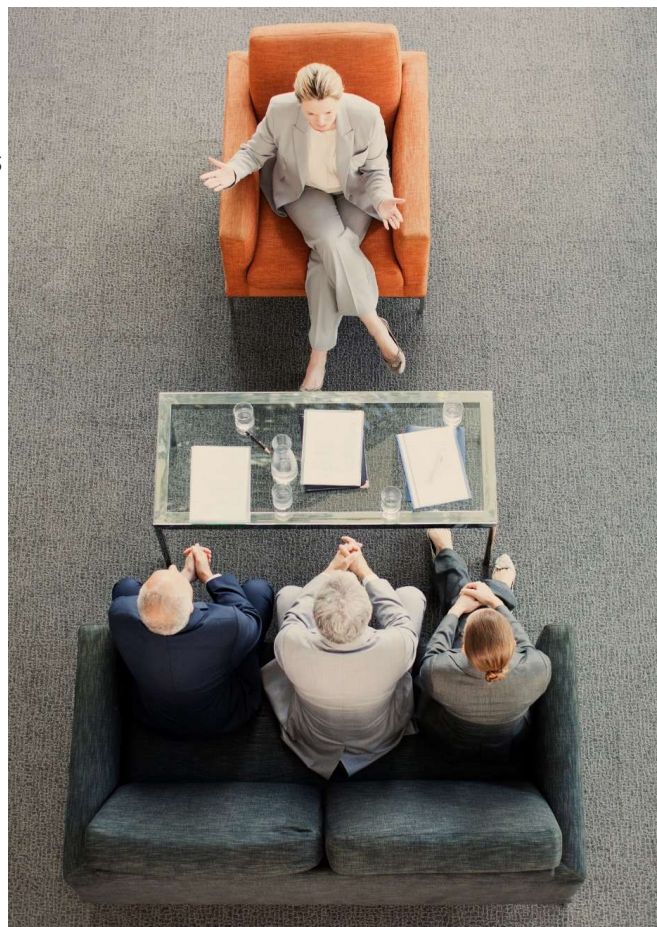
Knowledgeable Advisors

Annually certified and extensively trained on the various aspects of Medicare, our Specialist has 13 years of experience.



Support for our Clients

The IMA Medicare Service Team offers you direct access to Medicare experts, ensuring you never have to face the complexities alone. Our experienced team is well-versed in all aspects of Parts A, B, C, and D, helps compare Medicare Advantage and Medigap plans, tracks eligibility timelines, and much more.



Information Needed to obtain Medicare Supplement quotes and make a Part D recommendation:

- Name(s)
- Date of Birth
- Homes Address (with county)
- Telephone Number
- Confirmation of Part A enrollment with effective date and Medicare ID#
- Smoking Status
- Name of each Prescription with dosages and frequencies of each as well. (Please indicate if medication is generic or brand)
- Preferred Pharmacy

CONTACT US TODAY



LEIGH BENNETT

Medicare Advisory Specialist

Direct: 972.759.3760

Toll-Free: 877.991.3656

leigh.bennett@imacorp.com



CATHERINE WHITE

Medicare Advisory Services Administrator

Direct: 972.725.2161

Toll-Free: 877.989.9835

catherine.white@imacorp.com

Contact Information



MEDICAL, RX & DENTAL CARRIER

Provider Name:	Blue Cross Blue Shield of Kansas
Provider Phone Number:	800-432-3990
Provider Web Address:	www.bcbsks.com

VISION

Provider Name:	Eye Med
Provider Phone Number:	866-939-3633
Provider Web Address:	www.eyemedvisioncare.com

HEALTH SAVINGS ACCOUNT (HSA)

Provider Name:	NueSynergy
Provider Phone Number:	855-890-7239
Provider Web Address:	www.nuesynergy.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Provider Name:	ASI Flex
Provider Phone Number:	800-659-3035
Provider Web Address:	www.asiflex.com

LIFE, DISABILITY & WORKSITE

Provider Name:	Colonial Life
Provider Phone Number:	800-325-4368
Provider Web Address:	www.coloniallife.com

MEDICARE SPECIALIST

Provider Name:	Leigh Bennett, IMA
Provider Phone Number:	800-325-4368
Provider Email Address:	Leigh.Bennett@imacorp.com

Notices



CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
All PPO and HDHP	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE: 10/1/2026

NAME OF ENTITY/SENDER: Highland Community College

CONTACT—POSITION/OFFICE: Shelby Meenan

ADDRESS: 606 W Main St.
Highland, KS 66035

PHONE NUMBER: (785) 442-6000

Notices



NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards the other coverage). However, you must request enrollment within 30 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	You have the right to: ❖ Get a copy of your health and claims records ❖ Correct your health and claims records ❖ Request confidential communication ❖ Ask us to limit the information we share ❖ Get a list of those with whom we've shared your information ❖ Choose someone to act for you ❖ File a complaint if you believe your privacy rights have been violated
Your Choices	You have some choices in the way that we use and share information as we: ❖ Answer coverage questions from your family and friends ❖ Provide disaster relief ❖ Market our services and sell your information
Our Uses and Disclosures	We may use and share your information as we: ❖ Help manage the health care treatment you receive ❖ Run our organization ❖ Pay for your health services ❖ Help with public health and safety issues ❖ Do research ❖ Comply with the law ❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director ❖ Address workers' compensation, law enforcement and other government requests ❖ Respond to lawsuits and legal action

Notices



Your Rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	❖ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9. ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	❖ Share information with your family, close friends, or others involved in payment for your care ❖ Share information in a disaster relief situation <i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i>
In these cases, we never share your information unless you give us written permission:	❖ Marketing purposes ❖ Sale of your information

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Our Uses and Disclosures	How do we typically use or share your health information. We typically use or share your health information in the following ways.	
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	Example: We use health information about you to develop better services for you.
Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Uses and disclosures of certain substance use disorder treatment records

If we receive or maintain any Information about you from a substance use disorder treatment program that is covered by Section 543 of the PHSA (42 USC 290dd-2) and 42 CFR Part 2(a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose those records for purposes of treatment, payment, for health care operations, we may use and disclose those records for treatment, payment, and health care operations purposes as described in this notice. However, we will not use or disclose a Part 2 program record about you, or testimony that describes the information contained in a Part 2 program record about you, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority against you, unless authority by your consent or the order of a court after it provides you notice of the court. Although we do not anticipate using any part 2 program recordings for fundraising purposes, you will be provided with a clear conspicuous opportunity to elect not to receive any fundraising communications from us before we use any Part 2 Program records for fundraising purposes.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov](https://www.hhs.gov/hipaa/for-individuals/guidance-on-your-rights/disclosure-and-sharing).

Help with public health and safety issues	We can share health information about you for certain situations such as: ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone's health or safety
Do research	❖ We can use or share your information for health research
Comply with the law	❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.

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Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: ❖ For workers' compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

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

For more information see: [Your Rights Under HIPAA | HHS.gov](#).

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

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

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA Continuation Coverage Available?

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

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

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

How is COBRA Continuation Coverage Provided?

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

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

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

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

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

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

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

NOTICE: NEWBORNS' AND MOTHERS' 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 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).

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NOTICE: PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(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 **(866) 444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2026. 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.flmedicaidtprecovery.com/flmedicaidtprecovery.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.gov iowa.HumanServices.gov Medicaid Phone: 1-800-338-8366Hawki Website: iowa.Hawki.gov iowa.HumanServices.gov Hawki Phone: 1-800-257-8563 HIPP Website: iowa.HIPP.gov iowa.HumanServices.gov HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

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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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
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: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 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

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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 January 31, 2026, 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.

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CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

FOR MORE INFORMATION, CONTACT:

NAME: Shelby Meenan, Payroll Clerk/Benefits

TITLE: Highland Community College

ADDRESS: 606 W Main St.
Highland, KS 66035

PHONE NUMBER: (785) 442-6000

Effective Date of this Notice: 10/1/2026



BENEFITS ENROLLMENT GUIDE

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.