



## 2024 ANNUAL COMPLIANCE NOTICES

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

*The notices included in this guide are:*

- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** that provides contact information for state specific premium subsidy assistance programs.
  - **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
  - **Blue Cross and Blue Shield of Kansas City Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
  - **Medicare Part D Creditable Coverage Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
  - **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
  - **Notice Regarding Wellness Program** that informs employees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.
  - **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
  - **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
  - **Summaries of Benefits and Coverage**  
*The government-required Summaries of Benefits and Coverage (SBCs), which summarize important information about your Ameri-National Corporation medical plan options, are available online on The Loop, nbkc bank's intranet. A paper copy is also available, free of charge, by contacting the HR Department, [benefits@nbkc.com](mailto:benefits@nbkc.com) or calling 913-253-0188.*
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# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

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

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565

State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a>	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> E-mail: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California (Medicaid)	<a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> HIBI: <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711

State	Website/E-mail	Phone
Florida (Medicaid)	<a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a>	1-877-357-3268
Georgia (Medicaid)	<b>HIPP:</b> <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> <b>CHIPRA:</b> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	<b>Healthy Indiana Plan for low-income adults 19-64:</b> <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> <b>All other Medicaid:</b> <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	<b>Medicaid:</b> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> <b>CHIP:</b> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> <b>HIPP:</b> <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884
Kentucky (Medicaid and CHIP)	<b>Medicaid:</b> <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> <b>KI-HIPP:</b> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> <b>KI-HIPP E-mail:</b> <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> <b>KCHIP:</b> <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>	1-855-459-6328  1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>	1-800-862-4840 TTY: 617-886-8102
Minnesota (Medicaid)	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>	1-800-657-3739
Missouri (Medicaid)	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP;HSHIPPPProgram@mt.gov">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP;HSHIPPPProgram@mt.gov</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	<b>Medicaid:</b> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> <b>CHIP:</b> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	<b>Medicaid:</b> 609-631-2392 <b>CHIP:</b> 1-800-701-0710
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1-800-699-9075
Pennsylvania (Medicaid)	<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>	1-800-692-7462
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493
Utah (Medicaid and CHIP)	<b>Medicaid:</b> <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> <b>CHIP:</b> <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>	1-800-432-5924
Washington (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia (Medicaid)	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	<b>Medicaid:</b> 304-558-1700 <b>CHIP:</b> 1-855-699-8447
Wisconsin (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
Wyoming (Medicaid)	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

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# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

### ***What is the Health Insurance Marketplace?***

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

### ***How Can I Get More Information?***

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at 913.253.0140 .

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Ameri-National Corporation		4. Employer Identification Number (EIN) 48-1055686	
5. Employer address 8320 Ward Parkway		6. Employer phone number 913-253-0183	
7. City Kansas City	8. State Missouri	9. ZIP code 64114	
10. Who can we contact about employee health coverage at this job? Dana Krause			
11. Phone number (if different from above)		12. E-mail address Human.Resources@nbkc.com	

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

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

Eligible employees are:

- Fulltime Associates as defined by Ameri-National Corporation
- With respect to dependents, we do offer coverage.

Eligible dependents are:

- Legal spouses as defined by Ameri-National Corporation
- Dependent children as defined by Ameri-National Corporation

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

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

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

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# BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

## PRIVACY PRACTICES NOTICE

*THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.*

*PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US*

### SUMMARY OF OUR PRIVACY PRACTICES

To provide health insurance and health plan related services to you as our member, we will collect personal and medical information regarding your health conditions, the health care services you receive, and the payment for those conditions and services. We are required by applicable federal and state law to maintain the privacy of the personal and medical information we collect from and about you. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all personal and medical information we maintain, including information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

Please review this entire notice for details about the uses and disclosures we may make of your personal and medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

### Contact Information

**The complete Notice of Privacy Practices is available on our website – [www.BlueKC.com](http://www.BlueKC.com)**

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice or copies in other languages, please contact our Privacy Office.

**Contact Office:** Privacy Office

Blue Cross and Blue Shield of Kansas City

P. O. Box 417012

Kansas City, MO 64141

**E-mail:** [privacy@bluekc.com](mailto:privacy@bluekc.com)

**Telephone:** 816-395-3784 or toll free at 1-800-932-1114

**Fax:** 816-395-2862

### Organizations Covered by this Notice

This notice applies to the privacy practices of the organizations listed below. They may share with each other your medical information, (medical information includes data submitted by providers, lab results and other health care programs you elect to participate in) and the medical information of others they service, for the health care operations of their joint activities.

**Blue Cross and Blue Shield of Kansas City**

**Blue-Advantage Plus of Kansas City, Inc.**

**Good Health HMO, Inc.**

**Missouri Valley Life and Health Insurance Company**

### USES AND DISCLOSURES OF YOUR INFORMATION

**Treatment:** We may disclose your information, without your permission, to a physician or other health care provider to treat you.

**Payment:** We may use and disclose your information, without your permission, for payment activities. Payment activities include paying claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, determining your eligibility for benefits, coordinating your benefits with other payers, determining the medical necessity of care delivered to you, obtaining premiums for your health coverage, issuing

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explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your information to a health care provider or another health plan for their payment activities.

**Health Care Operations:** We may use and disclose your information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying information, and creating limited data sets for health care operations, public health activities, and research.

We may disclose your information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

**Health Information Exchange.** To facilitate the above described uses and disclosures of your information, we may participate in an information network or exchange that involves other health plans or healthcare providers.

**Business Associates:** We may disclose your information to businesses that provide services to us. We will obtain written agreement from those businesses that they will protect your information consistent with this Notice prior to disclosing your information.

**Your Authorization:** You may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us written authorization, we will not use or disclose your information for any purpose other than those described in this notice.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** We may disclose your information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your information is in your best interest under the circumstances.

**Your Employer:** We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or

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terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify information contained in the summary health information as yours.

We may disclose your information and the information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your information. Please see your group health plan document for a full explanation of those limitations.

**Health-Related Products and Services:** Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) to communicate with you about health-related products, benefits and services, and (3) payment for those products, benefits and services that we provide or include in our benefits plan. We may use your information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

**Other Disclosures:** We may use and disclose your information, without your permission, to unaffiliated third parties when required by law, and when authorized by law for the following kinds of activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

**Disclosures Requiring an Authorization:** Other than disclosures described above or as permitted by applicable law, we will obtain your authorization prior to disclosing your information. We must obtain your authorization to use your information for marketing purposes, to sell your information, to use your genetic information for underwriting purposes, or to disclose psychotherapy notes. Certain types of information, such as substance use treatment information, HIV testing, and genetic information may require authorization or be subject to additional restrictions under the law.

## **YOUR RIGHTS**

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling Customer Service at the phone number on the back of your ID card to make your request. We do not and will not require you to waive your rights under 45 CFR Part 160, subparts C or D, as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

**Access:** You have the right to examine and to receive a copy of your personal and medical information or have a copy of your information provided to another person on your behalf, with limited exceptions. This may include an electronic copy in certain circumstances. Your request must be made in writing.

We may charge you reasonable, cost-based fees for a copy of your personal and medical information, for mailing the copy to you, and for preparing any summary or explanation of your personal and medical information you request. Contact our Privacy Office for information about our fees.

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**Disclosure Accounting:** You have the right to a list of instances in which we disclose your personal and medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

**Amendment:** You have the right to request that we amend your personal and medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your personal and medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

**Confidential Communication:** You have the right to request that we communicate with you about your personal and medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

**Electronic Notice:** If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

**Breach Notification:** In the event of breach of your unsecured personal and health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

## COMPLAINT

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and medical information, about amending your personal and medical information, about restricting our use or disclosure of your personal and medical information, or about how we communicate with you about your personal and medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov). We support your right to the privacy of your personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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# IMPORTANT NOTICE FROM AMERI-NATIONAL CORPORATION ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

## **This Creditable Coverage Notice Pertains to the BCBSKC \$750, \$3,000 and \$4,000 Plans**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ameri-National Corporation and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Blue Cross Blue Shield of Kansas City has determined that the prescription drug coverage offered by all of the Ameri-National Corporation Group Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Ameri-National Corporation coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Ameri-National Corporation coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Ameri-National Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ameri-National Corporation changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Dated: October 1, 2023

Dana Krause

8320 Ward Parkway

Kansas City, MO 64114

913-253-0183

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# COBRA RIGHTS NOTICE

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

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

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

## WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

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

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

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources 913-440-2009.**

## **How Is COBRA CONTINUATION COVERAGE PROVIDED?**

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

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

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

### ***Disability Extension of 18-Month Period of Continuation Coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to Human Resources 913-440-2009.

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

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

## **ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://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 an 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 or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://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](http://www.HealthCare.gov).

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

## PLAN CONTACT INFORMATION

Dated: October 1, 2023

Dana Krause

8320 Ward Parkway

Kansas City, MO 64114

913-253-0183

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# NOTICE REGARDING WELLNESS PROGRAM

The Ameri-National Corporation Wellness Program 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. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Employees who choose to participate in the wellness program will not receive any monetary incentives from Ameri-National Corporation. You are not required to complete the HRA or participate in the biometric screening. However, those BCBSKC medical plan enrollees that participate may receive monetary prizes from BCBSKC directly.

If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Dana Krause, at 913-253-0183.

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. 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 Ameri-National Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, The Ameri-National Corporation Wellness Program 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.

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 UnitedHealthcare 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 Dana Krause at 913-253-0183.

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# HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

## Notes:

- HIPAA Special Enrollees must be given 31 days (from the date of the event) to enroll.
- For events related to Medicaid/CHIP, the special enrollment period is 60 days.
- Special enrollment, if elected, must take effect no later than the first day of the month following the enrollment request. If the event is the birth or adoption of a child, the special enrollment must take effect retroactively on the date of birth or adoption (or placement for adoption).

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

Dana Krause  
8320 Ward Parkway  
Kansas City, MO 64114  
913-253-0183

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# WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

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