

2025 EMPLOYEE

# Benefits Guide

FULL-TIME ASSOCIATES



**Newcomer**

*Funeral Service Group*

*Excellence. Trust. Care. Growth.*

OPEN ENROLLMENT: NOVEMBER 4-15, 2024



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# Open Enrollment Overview

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## **ENROLL OR CHANGE YOUR BENEFITS NOVEMBER 4-15, 2024.**

**All full-time associates must affirmatively select and confirm their benefits elections through Paycom during the open enrollment period.**

Please take the time to review the 2025 Plan Year changes detailed in this guide so that you can make informed decisions about your 2025 benefit elections.

Full-time associates are offered benefits after they have worked for the company for sixty (60) days. Coverage begins the first of the month following 60 days of work.

Open Enrollment is the only time you have the opportunity to enter, exit and/or make changes to your benefits. Exceptions include new associates at their first opportunity, or if you experience a life event such as a change in family status.

This guide provides an overview of the benefits available to you as an eligible Newcomer Funeral Service Group associate. It is intended only as a general summary of the various options and is not a legal document. Refer to summary plan descriptions in Paycom for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current associate benefits environment.

It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your legal counsel or an attorney who specializes in this practice area.

## **What's New for 2025**

- Updated rates for Dental coverages
- ONE Dental plan for ALL associates now
- Addition of Pet Insurance for ALL associates



# Medical

NFSGI provides comprehensive medical and prescription coverage for you and your eligible dependents. The self-insured medical coverage is administered by UMR under the UnitedHealthcare Choice Plus network of providers.

To verify providers and access the online provider directory, visit [www.umar.com](http://www.umar.com).

For pharmacy coverage, we utilize the national MedImpact (formerly Elixir) pharmacy network. You can get information on drug costs, formulary list and locate pharmacies by visiting [www.medimpact.com](http://www.medimpact.com) or calling **877-403-6032**.



## FIND A PROVIDER OR PHARMACY



[UMR.com](http://UMR.com)  
[MedImpact.com](http://MedImpact.com)

## QUESTIONS?



UMR: (800) 826-9781  
MedImpact: (800) 788-2949

## BIWEEKLY & WEEKLY CONTRIBUTIONS FOR HEALTH AND PRESCRIPTION COVERAGE

### BIWEEKLY

Option 1	Associate Premium (per pay period)	Newcomer's Premium (per pay period)	Option 2	Associate Premium (per pay period)	Newcomer's Premium (per pay period)
Associate	\$107.53	\$249.50	Associate	\$79.77	\$259.80
Associate + Spouse	\$310.23	\$456.81	Associate + Spouse	\$242.95	\$486.58
Associate + Child(ren)	\$281.72	\$441.22	Associate + Child(ren)	\$229.06	\$458.51
Family	\$441.60	\$691.36	Family	\$359.16	\$718.35

### WEEKLY – NY Associates Only

Option 1	Associate Premium (per pay period)	Newcomer's Premium (per pay period)	Option 2	Associate Premium (per pay period)	Newcomer's Premium (per pay period)
Associate	\$53.77	\$124.75	Associate	\$39.88	\$129.90
Associate + Spouse	\$155.12	\$228.41	Associate + Spouse	\$121.47	\$243.29
Associate + Child(ren)	\$140.86	\$220.61	Associate + Child(ren)	\$114.53	\$229.26
Family	\$220.80	\$345.68	Family	\$179.58	\$359.18

# Plan Options & Coverage Details

	Option 1 In-Network	Out-of- Network	Option 2 In-Network	Out-of- Network
<b>Deductible</b> (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$5,000 / \$10,000
<b>Coinsurance</b>	80%	60%	80%	60%
<b>Out-of-Pocket Maximum</b> (Individual/Family) & Includes Deductible)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
<b>RX Out-of-Pocket Maximum</b> (Individual/Family)	\$1,000 / \$2,000	N/A	\$1,000 / \$2,000	N/A
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited

Schedule of Benefits (applies to both plan options)	In-Network	Out-of-Network
<b>INPATIENT SERVICES</b>		
<b>Hospitalization</b>	Deductible/Coinsurance	Deductible/Coinsurance
<b>Physician Visit</b>	Deductible/Coinsurance	Deductible/Coinsurance
<b>OUTPATIENT SERVICES</b>		
<b>Surgery</b>	Deductible/Coinsurance	Deductible/Coinsurance
<b>High-Tech Imaging</b> (MRI's, CT Scans, etc.)	Deductible/Coinsurance	Deductible/Coinsurance
<b>X-Ray &amp; Laboratory Testing</b>	100% up to \$300 per Calendar Year then Deductible/Coinsurance	Deductible/Coinsurance
<b>Short-Term Therapies</b> (Physical, Speech, Occupational, Respiratory and Cardiac)	Deductible/Coinsurance	Deductible/Coinsurance
<b>EMERGENCY SERVICES</b>		
<b>Emergency Room Care</b>	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)
<b>Urgent Care Visit</b>	\$50 Copay	Deductible/Coinsurance
<b>Ambulance Services</b>	80% after In-Network Deductible	80% after In-Network Deductible



# Plan Options & Coverage Details

Schedule of Benefits (applies to both plan options)	In-Network	Out-of-Network
<b>OFFICE VISITS &amp; SERVICES</b>		
Primary Care Physician	\$25 Copay	Deductible/Coinsurance
Specialist	\$40 Copay	Deductible/Coinsurance
Chiropractic Care	\$25 Copay	Deductible/Coinsurance
Annual Well-Woman Exam / Routine Physical	100%	100%
Well Child & Well Baby Care	100%	100%
Preventive Care: Includes Colonoscopy / Mammogram	100%	100%
Immunizations (all ages)	100%	100%
Lab / X-Ray in Dr. Office	Covered 100% with applicable office visit copay	Deductible/Coinsurance
Teladoc	\$15 Copay	
Teladoc Dermatology Visit	\$40 Copay	
Teladoc Behavioral Health Visit	\$40 Copay	
<b>OTHER SERVICES</b>		
Hospice – Limited to \$5,000 per lifetime	Deductible/Coinsurance	Deductible/Coinsurance
Home Health Care	Deductible/Coinsurance	Deductible/Coinsurance
Prosthetics/Orthotics	Deductible/Coinsurance	Deductible/Coinsurance
TMJ Treatment – Limited to \$1,000 per Year	Deductible/Coinsurance	Deductible/Coinsurance
Durable Medical Equipment	Deductible/Coinsurance	Deductible/Coinsurance
Organ Transplant	Deductible/Coinsurance	Deductible/Coinsurance
Accidental Injury	100% up to \$1,000 then Deductible/Coinsurance	100% up to \$1,000 then Deductible/Coinsurance
Prescription Drugs:	(Generic/Preferred/Non-Preferred/Specialty)	(Generic/Preferred/Non-Preferred/Specialty)
<b>PERSCRIPTION DRUGS</b>		
Retail Pharmacy	\$10 / \$45 / \$65 / 20% to \$200	N/A
Mail-Order Pharmacy (90-day supply)	\$25 / \$112.50 / \$162.50	N/A

# Teladoc

## DON'T PAY MORE FOR THE SAME.

Just because two places fix the same problem doesn't mean they cost the same.

### TELADOC: \$15

- Smartphone access
- Appointments by video or phone
- Confidential visits
- Available during holidays

### OFFICE VISIT: \$25

- 80% after deductible for subsequent visits
- Limited availability for appointments

### URGENT CARE: \$50

- Subject to deductible
- Average wait time of 15-45 minutes
- The average urgent care visit costs patients \$71-125 for basic care, with additional costs added for shots, x-rays and labs

### ER: \$200

- Average wait time of 2.4 hours
- Average emergency room visit costs \$1,318

	Teladoc \$15	Office Visit \$25	Urgent Care \$50	ER \$200
Bronchitis/Allergies	+	+	+	
Cold & Flu	+	+	+	
Ear Infection	+	+	+	
Respiratory Conditions	+	+	+	
Sinus Infections	+	+	+	
Urinary Tract Infection	+	+	+	
Poison Ivy	+	+	+	
Pink Eye	+	+	+	
Regular health care needs		+		
Specialist Guidance		+		
Sick Visits		+	+	
Minor Illnesses		+	+	
Injuries		+	+	
X-Rays & Lab Tests		+	+	
Flu or Cold, Fever	+	+	+	
Setting & Casting		+	+	
Broken Bones		+	+	
Cuts Requiring Stitches		+	+	
Headaches and Chills		+	+	
Sprains and Strains		+	+	
Minor Burns		+	+	+
Immunizations		+	+	
Flu Shots		+	+	
Foreign Objects in Eye		+	+	+
Heart Attacks or Chest Pain				+
Stroke or Stroke Symptoms				+
Unconscious Patients				+
Serious Accidents				+
Uncontrollable Bleeding				+
Head Trauma				+
Serious Abdominal Pain				+

[WWW.TELADOC.COM](http://WWW.TELADOC.COM) | 1-800-835-2362

# Rx Help Centers

## SPECIALTY MEDICATION SAVINGS PROGRAM

### WHAT IS RX HELP?

Rx Help Centers is a national concierge patient prescription advocacy group with over a decade of experience in helping individuals and their employers save money on high prescription drugs.

Rx Help Centers has helped employees fill the gaps in their current pharmacy benefit program with the more expensive brand name and specialty drugs. Gaps can include deductibles, copays, excluded medications or coinsurances that can sometimes make it unaffordable for you to get the medications needed.

### IMPORTANT NOTE:

If you are paying \$50 or more for one medication, or \$75 or more for two or more medications, you are invited to see if RXHC can help you. It only takes a few minutes of your time to start the process by registering. Once you register, you will get confirmation of your registration, and an advocate will contact you within 48 hours to answer any questions and get more information as needed.

**Since the process can take from two to four weeks you will be encouraged to continue to get your medications as you do today while Rx Help Centers seeks assistance on your behalf.**

### IS THERE A COST?

As a part of your employer's benefit offering, our advocacy efforts are provided as a no-cost benefit to eligible employees and dependents currently enrolled in the company's medical plan. And there is no limit on the number of medications that we will help with. In the event you are no longer covered by your employer's program, you can keep your Rx Help Centers program for a nominal monthly fee.

### GET STARTED TODAY!

Request the online link from Human Resources or complete a paper enrollment form (also available from HR). Just scan and email directly to RX Help at [help@rxhelpcenters.com](mailto:help@rxhelpcenters.com).



### SEE WHAT OTHERS WHO HAVE USED THIS SERVICE HAVE SAID:

"I am thrilled that this company exists! I was taking medicine for my cystic acne. Painful bumps all over my face, back and chest. I called around to pharmaceutical companies looking for help with the cost of the medicine. I finally got referred after 16 other companies rejected me, Thank God for Anji! I got my medicine that was \$800 per month for \$30. Way better! Thank you so much, I am spreading the word!"

- Kathleen G, PA

"Before I connected with Rx Help Centers, I dreaded facing my deductible in January! My RXHC advocate explained how they could help & made the process very easy. In no time, I was receiving my medications and saving 10s of thousands of dollars! Most of my medicines continue to come to me from the same sources that I have used in the past; and, in the case where there was a change, the medication is exactly what I had been picking up at the local pharmacy. With the Rx Help Centers help, I no longer have to worry about how I'm going to pay for my medicine!"

- Rick W, IN

**REGISTER TODAY AND LET'S SEE IF OUR PERSONALIZED  
ADVOCATE SERVICES CAN HELP YOU REDUCE OR ELIMINATE  
HIGH PRESCRIPTION DRUG COSTS.**



## PRESCRIPTION SAVINGS PROGRAM

### WHAT IS GOOD RX?

Drug prices vary widely between pharmacies. GoodRx finds the lowest prices and discounts for every FDA-approved prescription drug at more than 70,000 U.S. pharmacies. Use the GoodRx app to:

- Find free coupons to use at the pharmacy
- Show the lowest price at each pharmacy near you

### HOW DO I USE A GOOD RX COUPON?

It's similar to using a coupon at a grocery store. Simply print the coupon and take it with you to the pharmacy when you pick up your prescription. The pharmacist will enter the numbers into their system to find the discount. Don't have a printer or want to save paper and ink? You can show the coupon on your phone by:

- Sending the coupon to yourself via email or text
- Or, using our mobile app
- Or, visiting the mobile website

### WHAT IF I HAVE INSURANCE OR MEDICARE?

Many insurance plans have high deductibles or limited formularies that don't cover the drugs you need. GoodRx may be able to find you a lower price than your insurance co-pay. Hundreds of generic medications are available for \$4 or even free without insurance.



### EXAMPLES OF SAVINGS AVAILABLE THROUGH GOODRX

Drug Name	Estimated Retail Price	GoodRx Coupon Price	Savings	What Is It For?
Atorvastatin - 90 tablets 20mg	\$225.35	<b>\$13.93</b>	94%	High cholesterol
Sildenafil - 30 tablets 20mg	\$205.46	<b>\$12.72</b>	94%	Lifestyle
Zoloft (sertraline) - 30 tablets 100mg	\$33.03	<b>\$6.52</b>	80%	Depression & Anxiety
Lexapro (escitalopram) - 30 tablets 10mg	\$69.96	<b>\$7.21</b>	90%	Depression & Anxiety
Losartan - 30 tablets 50mg	\$37.80	<b>\$7.79</b>	79%	High Blood Pressure
Amlodipine - 30 tablets 5mg	\$26.54	<b>\$6.29</b>	76%	High Blood Pressure
Azithromycin - 1 z-pak (6 tablets) 250mg	\$35.18	<b>\$9.68</b>	72%	Antibiotic
Cymbalta (duloxetine) - 30 capsules 60mg	\$132.24	<b>\$13.19</b>	90%	Depression
Pantoprazole - 30 tablets 40mg	\$66.86	<b>\$7.07</b>	89%	Acid Reflux
Omeprazole - 30 capsules 20mg	\$46.52	<b>\$3.36</b>	93%	Acid Reflux
Fenofibrate - 90 tablets 160mg	\$179.48	<b>\$31.12</b>	93%	Lower blood fats

# Tria Health

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## MEDICATION MANAGEMENT

### Who We Are

Tria Health's Pharmacy Advocate Program is available for employees and/or dependents on Newcomer's health insurance. Tria Health is a free and confidential benefit that will support you in managing your health, medications and healthcare budget. Talk to a pharmacist over the phone and receive the personalized care you deserve.

### Who Should Participate?

**Tria Health is recommended for members who have any of the following conditions:**

- Asthma/COPD
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis

### Your Tria Pharmacist Can Help:

- Make sure your medications are working as intended.
- Help you save money – Tria saves patients an average \$250 per year!
- Answer any questions you have about your health
- Coordinate care with your doctor(s) – Over 95% of recommendations made by Tria Health were accepted by an individual's physician.

### Save Money on Your Medications

Participants will receive discounted copays on select medications used to treat targeted chronic conditions. You are not required to change your medications, pharmacy or doctor to receive this benefit.

- Free generics
- Reduced costs on select brand medications\*

*\*Diabetes and respiratory medications only. Chronic pain medications are excluded.*

### Free Diabetes & Blood Pressure Devices

Select participants with diabetes and/or high blood pressure will have access to a FREE blood glucose meter and testing supplies and/or a blood pressure monitor for easy monitoring at home. All readings will be monitored by a clinician and can easily be shared with any physician.

### Schedule Your Appointment!

Call 1.888.799.8742 or

Visit [www.triahealth.com/schedule](http://www.triahealth.com/schedule)

**Scan to enter your member portal!**



# Dental



Our dental plan through Delta Dental of Kansas covers routine checkups and many other types of dental services.

Delta Dental offers the largest nationwide network of dentists with more than 4 out of 5 dentists in network and over 200,000 locations nationwide.

You can access providers, benefits, customer service and claims status, as well as print ID cards, at [www.deltadentalks.com](http://www.deltadentalks.com) or by calling **800-234-3375**.

Dental – Biweekly Rates	Associate Dental Premium (per pay period)	Newcomer's Premium (per pay period)
Associate	\$9.18	\$9.18
Associate + Spouse	\$16.77	\$16.77
Associate + Child(ren)	\$19.73	\$19.73
Family	\$26.52	\$26.52

Dental – Weekly Rates (NY Associates Only)	Associate Dental Premium (per pay period)	Newcomer's Premium (per pay period)
Associate	\$4.59	\$4.59
Associate + Spouse	\$8.39	\$8.39
Associate + Child(ren)	\$9.86	\$9.86
Family	\$13.26	\$13.26

The summary of benefits is intended to be a reference and is not a guarantee of benefits.

Dental Benefits	
Annual Deductible	\$25 per individual, max of \$75 per family
Preventive Services (Cleanings, X-Rays, Fluoride)	100% ; No Deductible
Basic Services (Fillings, Endodontics, Periodontics)	80%
Major Services (Crowns, Dentures, Bridges, Repairs)	50%
Calendar Year Maximum (Non-Orthodontia)	\$1,500
Orthodontia Services (Adults and dependent children)	50%
Orthodontia Maximum Benefit	\$1,500 per person, per lifetime



# Vision

VSP is the largest network of private practice eye care doctors. VSP providers are located in retail, neighborhood, medical and professional settings with 37,000 access points nationwide. To find a provider near you, visit [www.vsp.com](http://www.vsp.com) or call **800-877-7195**. You can enroll in Vision benefits with or without Health or Dental insurance.



Vision	Associate Vision Premium (per pay period)	
	Biweekly	Weekly
<b>Associate</b>	\$4.08	\$2.04
<b>Associate + Spouse</b>	\$6.53	\$3.27
<b>Associate + Child(ren)</b>	\$6.67	\$3.33
<b>Family</b>	\$10.75	\$5.37

*\*Weekly rates only apply to NY Associates*

Vision Benefits	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
<b>Eye Exam</b> (once every 12 months)	\$20 copay	\$45
<b>Lenses</b> (once every 12 months)	\$20 copay	
• Single Vision	Covered in Full after Copay	\$30
• Bifocal	Covered in Full after Copay	\$50
• Trifocal	Covered in Full after Copay	\$65
• Progressive	Copay varies	\$50
<b>Frames</b> (once every 24 months)	Up to \$130 allowance Up to \$150 allowance for featured frame brands 20% savings on amount over allowance	\$70
<b>Contact Lenses</b> (once every 12 months)		
• Medically Necessary	Covered in Full after Copay	\$210
• Elective (instead of glasses)	Fitting and evaluation covered in full once every plan year, after a maximum of \$60 Copay	
	Materials: Up to \$130 allowance	\$105
<b>Laser Eye Surgery</b>	15% average discount	N/A



# Flexible Spending Account

The Flexible Spending Account (FSA) is a way for you to set aside money for medical or dependent care expenses, while lowering your taxable income. The FSA is administered by Surency.



You decide how much money to set aside for eligible health care and/or dependent care expenses during the plan year.

You must actively enroll or re-enroll each year to participate in the FSA. Once you elect a contribution amount you can only change that amount if you experience a qualifying life event.

Our plan allows for an extended grace period of 2 ½ months, or 75 days, to allow you extra time to incur expenses to use your remaining FSA balance after the close of the plan year.

Health Care FSA	Dependent Care FSA
<p>Contribute up to \$3,300 annually, for eligible health, dental and vision related expenses not fully reimbursed under your health care plan. Examples of eligible expenses include:</p> <ul style="list-style-type: none"><li>• Medical or dental copayments, deductibles and coinsurance</li><li>• Prescription drug copayments (can only be reimbursed through your FSA if you have a written prescription)</li><li>• Orthodontia</li><li>• Contacts, glasses and laser eye surgery</li><li>• Hearing Aids</li></ul>	<p>Contribute up to \$5,000 annually, for eligible dependent care expenses. The maximum is reduced to \$96.15 per pay period, or \$2,500, if you are married and filing separate tax returns. Eligible expenses include:</p> <ul style="list-style-type: none"><li>• Childcare and adult care by a licensed provider</li><li>• Daycare and after-school care by a licensed provider</li></ul>



# Retirement Plan

## THIS BENEFIT IS NOT MANAGED THROUGH OPEN ENROLLMENT

### SET YOURSELF UP FOR A FINANCIALLY SECURE RETIREMENT!

Eligible associates can contribute a whole percent or dollar amount, up to 100% per pay period. You can choose to have your money deposited to your retirement account on a pre-tax (Traditional) or post-tax (Roth) basis. The company matches up to 4% of your total compensation (not dependent on the type of contribution you elect) and makes this contribution on a pre-tax basis. Matching funds are added to associate retirement accounts each pay period. You can manage your account at [www.newcomerretirement.com](http://www.newcomerretirement.com) at any time.



#### Eligibility:

New associates are automatically enrolled after a 60-day waiting period if you are at least 21 years old.

Yrs. of service	Vested %
0 – 1	0%
2	25%
3	50%
4	75%
5 or more	100%

2025 Federal Tax Limits	
401(k) Federal Tax Limit	\$24,000
Annual Catch-Up Contribution (if age 50 or older)	\$7,500

#### CONTACT INFORMATION:

For advice on retirement strategies and fund selection, contact our plan advisor Mark Nothnagel at (913) 378-9145 or [mark.nothnagel@marinerwealthadvisors.com](mailto:mark.nothnagel@marinerwealthadvisors.com).

Changes in investment contribution or fund elections may be made at any time via the participant hotline at **(800) 858-3829** or via the Newcomer Retirement website: [www.newcomerretirement.com](http://www.newcomerretirement.com).

Distribution of funds is available upon termination, retirement, if an active associate reaches 59 ½, or in specific cases of hardship.





# Employee Assistance Program

Life can sometimes present challenges or situations that are difficult to work out alone. The **SupportLinc Employee Assistance Program (EAP)** is a confidential resource offering in-the-moment support and expert guidance to help you resolve concerns as well as balance home and work. This benefit is funded by NFSGI at no cost to associates and your families. You can access up to six (6) sessions of face-to-face counseling for a wide variety of concerns, such as:

ANXIETY | DEPRESSION | MARRIAGE AND RELATIONSHIP PROBLEMS | GRIEF AND LOSS  
SUBSTANCE ABUSE | ANGER MANAGEMENT | WORK-RELATED PRESSURES | STRESS

## SUPPORT LINC

### EXPERT REFERRALS & CONSULTATION

Whether you are a new parent, a caregiver, selling your home or looking for budgeting advice, you're likely to need guidance and referrals to expert resources

- **Legal consultation** – by phone or in-person with a local attorney
- **Financial expertise** – planning and consultation with a licensed financial counselor
- **Convenience resources** – referrals for childcare, elder care, home repair, housing needs, education, pet care, adoption and so much more

### CONFIDENTIALITY

SupportLinc upholds strict confidentiality standards. No one, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

(888) 881-LINC (5462)

TEXT "SUPPORT" TO 51230

[WWW.SUPPORTLINC.COM](http://WWW.SUPPORTLINC.COM)



### CHOOSE HOW TO GET ASSISTANCE

#### In-the-Moment Support

- Reach a licensed clinician by phone 24/7/365

#### Web Portal

- Explore on-demand training and practical resources to boost wellbeing and life balance
- Use search engines, financial calculators and career resources
- Find discounted gym memberships
- Access the secure video counseling portal
- Content in English and Spanish

#### Econnect® Mobile App

- Program support and resources at your fingertips
- Call or live chat with a licensed counselor
- Expert, searchable content

#### Text Therapy

- Use Textcoach® to exchange text messages, voice notes and resources with a licensed counselor
- Available Monday – Friday, on desktop or mobile app, for up to six (6) weeks per issue

#### Animo

- Strengthen mental health and overall wellbeing using self-guided content, practical resources and daily inspiration
- Foster meaningful and lasting behavior change, from your desktop or mobile app

#### Navigator

- Take the guesswork out of your emotional fitness
- Click the Navigator icon on the web portal or mobile app and complete a short survey
- Receive personalized guidance for accessing program support and resources.

Create your account online with group code:  
**newcomer.**

# Basic Life and Accidental Death & Dismemberment

As an active associate of NFSGI, you have access to a life insurance policy from **United of Omaha Life Insurance Company**.

This coverage is meant to replace the income you would have provided, help pay funeral costs, manage debt and cover ongoing expenses. The cost of Basic Life and Accidental Death & Dismemberment coverage is paid for by NFSGI.

**Open Enrollment is a great time to check that your beneficiary information is up-to-date.**

UNITED OF OMAHA LIFE INSURANCE COMPANY  
A MUTUAL of OMAHA COMPANY



Age	Coverage Amount
64 and under	\$20,000
65-69	\$13,000
70 and older	\$10,000



# Supplemental Life Insurance

UNITED OF OMAHA LIFE INSURANCE COMPANY  
A MUTUAL of OMAHA COMPANY



**MAKE SURE YOU AND YOUR ELIGIBLE DEPENDENTS ARE COVERED!**

## EMPLOYEE SUPPLEMENTAL LIFE COVERAGE:

You can choose coverage in \$10,000 increments from \$10,000 up to 5 times your basic annual pay, but not more than \$500,000.

To calculate your maximum benefit:

Enter your basic annual pay \_\_\_\_\_  
X 5 \_\_\_\_\_

Round to the next higher \$10,000 \_\_\_\_\_ (This is your maximum coverage)

### DEFINITION OF CHILD:

Birth to age 26  
(if a full-time student)

	Associate	Spouse	Child
<b>Life Coverage:</b> Provides a benefit in the event of death	Increments of \$10,000	Increments of \$5,000	\$10,000
<b>Guarantee Issue</b>	The lesser of 5 times your annual salary or \$150,000	100% of the associate's benefit up to \$50,000	100% of the associate's benefit up to \$10,000
<b>Overall Benefit Maximum</b>	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	100% of the associate's benefit up to \$100,000	100% of the associate's benefit up to \$10,000
<b>AD&amp;D Coverage:</b> Provides a benefit in the event of death or dismemberment resulting from a covered accident	Yes (benefit amount is the same as Supplemental Term Life coverage)	Yes (benefit amount is the same as Supplemental Term Life coverage)	Yes (benefit amount is the same as Supplemental Term Life coverage)
<b>AD&amp;D Maximum</b>	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
<b>Age Reductions</b>	Benefit reduces at age 70	Benefit for the spouse terminates when the associate turns age 70	Benefit terminates when the child turns age 26
<b>Associate Contribution</b>	100% associate paid	100% associate paid	100% associate paid



# Other Voluntary Coverage

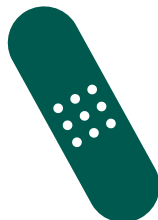
UNITED OF OMAHA LIFE INSURANCE COMPANY  
A MUTUAL of OMAHA COMPANY



## VOLUNTARY SHORT-TERM DISABILITY

Short-Term Disability provides up to 12 weeks of benefits at 60% of your covered earnings, up to a maximum of \$1,000 per week. Benefits begin on the 8th day of disability due to an injury or illness. For more information and rates, refer to the United of Omaha Voluntary Benefits Guide.

Pre-existing conditions and other income sources may apply.



## VOLUNTARY LONG-TERM DISABILITY

Long-Term Disability can help replace a portion of your pre-disability income in the event you are unable to work due to an extended disability or illness that continues beyond three months. Maximum monthly benefit cannot exceed \$5,000. For more information and rates, refer to the United of Omaha Voluntary Benefits Guide.

Pre-existing conditions and other income sources may apply.



## ACCIDENT INSURANCE

For covered off-the-job accidental injuries, fixed benefits are paid directly to you based on a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. If you elect coverage for yourself, you can elect coverage for your eligible family members. Coverage is portable which means you can keep the coverage even if you have a job change.

For more information and rates, refer to the United of Omaha Voluntary Benefits Guide.



# Critical Illness Insurance

As an active associate of NFSGI, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through **United of Omaha Life Insurance Company**.

UNITED OF OMAHA LIFE INSURANCE COMPANY  
A MUTUAL of OMAHA COMPANY



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

## HOW MUCH INSURANCE IS ENOUGH?

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

## COVERAGE OPTIONS

Eligible Individual	Initial Benefit	Requirements
Associate	\$5,000 increments to a maximum of \$30,000	Coverage is guaranteed provided you are actively at work.
Spouse	\$5,000 increments up to the lesser of 100% of the associate's benefit or \$15,000	Coverage is guaranteed provided the associate is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the certificate.
Dependent Child(ren)	The lesser of 25% of the associate's benefit or \$5,000	Coverage is guaranteed provided the associate is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the certificate.



# Legal Protection

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Navigating through some of life's important moments can be overwhelming, especially if you can't find an attorney that meets your needs or budget. Take advantage of **Legal Shield** to get convenient access to comprehensive legal services at an affordable cost. One low premium covers you, your spouse and your dependents.



## LEGALSHIELD PLAN BENEFITS INCLUDE:



### **Direct Access to a Dedicated Provider Law Firm**

You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available for emergency situations.



### **Fast Response**

An attorney will respond to your legal matter within four business hours or less.



### **Document Review and Preparation**

An attorney can help you review and prepare common legal documents for Wills, Trusts, and more.



### **Court Representation**

You will receive representation for legal matters such as traffic tickets and even house closings.



### **Letters and Phone Calls**

Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.



### **Speeding Ticket Assistance**

Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.



### **Mobile App**

The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

**AFFORDABLE LEGAL PROTECTION FOR \$19.50 PER MONTH!**

FOR MORE INFORMATION, VISIT [BENEFITS.LEGALSHIELD.COM/NEWCOMER](https://benefits.legalsshield.com/newcomer).



# Student Loan Assistance

THIS BENEFIT IS NOT MANAGED THROUGH OPEN ENROLLMENT

## LOWER YOUR DEBT TODAY!

College Should Help people move forward – not hold them back. **Candidly** flips the script on what it means to borrow, repay, and save with a comprehensive platform that meets individuals and families at every step of the student loan journey. The average Candidly user lowers their debt by as much as \$15,000 and cuts repayment time by five years, thanks to smart solutions that prioritize their goals.



### Want to lower your monthly student loan bill?

Find alternative federal repayment plans or compare pre-qualified refinancing rates from dozens of private lenders.

### Want to pay off your student debt faster?

Accelerate the pace of your paydown by racking up cash back rewards when you shop online, collecting spare change from everyday purchases, and making one-time or recurring monthly payments.

### Not sure where to start, or want to make sure you're on track?

Work with Candidly's team of student loan coaches to build a paydown plan and check out our library of self-serve resources.

### Ready to start planning or paying for college?

Find expert articles and resources to help guide your college savings strategy and unlock exclusive private loan offers from top lenders. Plan and pay smarter with tools and content that simplify and streamline borrowing and saving for college.

### Don't have student loan debt, but want to help someone else?

Seamlessly and securely help a friend or family member chip away at their student debt. Sign up using your Newcomer email at [newcomerfuneral.getcandidly.com](mailto:newcomerfuneral.getcandidly.com) to connect your loans (or a loved one's loans!) and start getting closer to a student debt-free future today.

## COMPANY-PROVIDED STUDENT LOAN ASSISTANCE

The student loan assistance program provides eligible employees up to \$100.00 per month paid directly to your selected student loan servicer. Student loan assistance is limited to \$1,200/year and is reported as taxable income on your W-2.

Full eligibility requirements for the Company-provided student loan program can be found in the Student Loan Assistance Policy.

### QUESTIONS FOR CANDIDLY?

Email:  
[help@getcandidly.com](mailto:help@getcandidly.com)

# Medicare Employee Assistance

## You Have Options After Age 65

Our goal is to help Medicare-eligible individuals better understand the process of choosing a Medicare plan that meets their individual medical and financial needs.

**We can help you understand your choices!**

## Brown & Brown Eligibility Services

NFSGI has partnered with Brown & Brown to assist you with Medicare decisions. Even if you have health insurance through your employer, it is important to be informed about all your insurance options. When it comes to Medicare, making uninformed decisions can lead to costly financial penalties.

The team has assisted nearly 15,000 individuals with Medicare enrollment through their customized consultation process, as shown below to the right:

## Working with the Team

Working with the Brown & Brown eligibility specialists and licensed agents is simple and helps employees and their families feel confident in their Medicare decisions.

They provide a free consultative session to any employee or family member who would like to learn more about their Medicare options. These services are completely voluntary and available at no cost.

When and if an employee or their family members would like to pursue Medicare benefits, the team can also assist with selecting a plan that meets their medical and financial needs.

For employees or their family members with questions about Medicare, the Brown & Brown team welcomes them to contact these advocates at **833-830-2386**.

Brown & Brown eligibility services does not offer every plan available in your area. Any information they provide is limited to those plans they do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or **1-800-MEDICARE** to get information on all your options.



### Engage

You can add funds into the HSA that are not subject to federal income taxes\*\* up to the IRS limits.



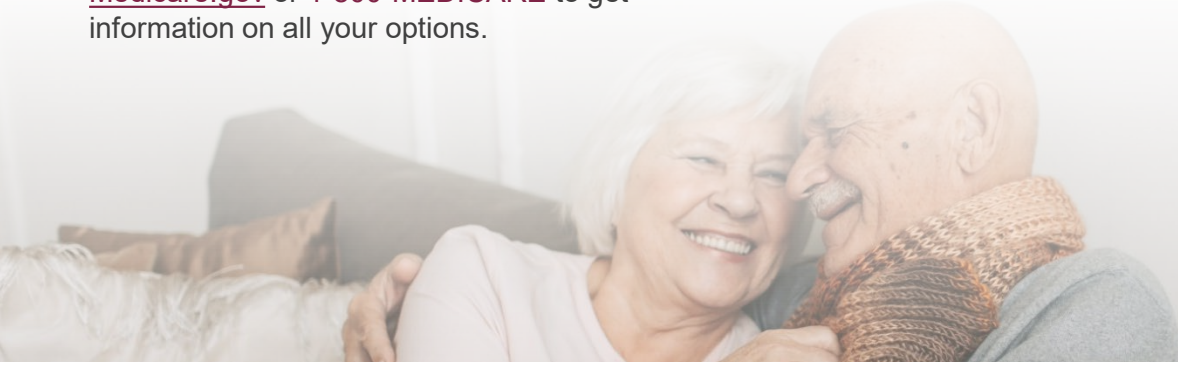
### Educate

We provide education on Medicare basics and the different Medicare plan options that are available in your area.



### Enroll

We compare the available plans in your region and check to see which plan aligns with your specific providers, prescriptions drugs, and pharmacies, giving you the most flexibility and support.



# Pet Insurance



**New for 2025!** All active associates with Newcomer have access to Voluntary Pet Insurance. You can now protect your furry family members with plans available through PetPartners. Pet Insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Individual premium will vary for each pet enrolled, and your deductions will vary based on the total number of your pets enrolled.

## How it Works

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim online
3. Get reimbursed for eligible expenses

## Employee Plan

- Visit any vet
- Enjoy great perks such as Rx Discounts, 24/7 live vet & more!
- Pre-existing condition coverage
- Prior coverage credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Pet Breed	Age	Without Wellness Option	With Wellness Option
Dog	0 – 10 yrs old	\$25.82	\$34.58
Cat	0 – 10 yrs old	\$13.04	\$19.85

*\*Rates above are shown on a bi-weekly basis*

## We've Got You Covered



**Common Illnesses**



**Broken Bones**



**Diagnostics**



**Prescription Medication**



**Surgery**



**Alternative Treatments\*\***



**Toxin Ingestion**



**Digestive Issues**



**Behavioral Issues\*\***



**Cancer**



**Hospitalization**



**And more!**

## Questions?

Call: 800-956-2495

## Enroll Today!

[www.portal.independenceamerican.com/login?groupNumber=GPPI-00583](http://www.portal.independenceamerican.com/login?groupNumber=GPPI-00583)





# Contact Information

## NEWCOMER BENEFITS ADMINISTRATOR

Bethany Stenzel | [bstenzel@newcomer.com](mailto:bstenzel@newcomer.com) | Office: (785) 233-6655 X 269 | HR Fax: (785) 233-5354

## CARRIER CONTACTS

Benefit	Vendor	Phone Number	Website or Email
Medical	UMR	(800) 826-9781	<a href="http://www.umar.com">www.umar.com</a>
Pharmacy	MedImpact	(877) 403-6032	<a href="http://www.medimpact.com">www.medimpact.com</a>
Dental	Delta Dental of KS	(800) 234-3375	<a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
Vision	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life, Disability, Accident and Critical Illness	United of Omaha	(800) 877-5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Flexible Spending Accounts (FSA)	Surency	(866) 818-8805	<a href="http://www.surency.com">www.surency.com</a>
401(k)	OneAmerica	(800) 858-3829	<a href="http://www.newcomerretirement.com">www.newcomerretirement.com</a>
Legal Services	Legal Shield	(888) 807-0407	<a href="http://www.benefits.legalshield.com/newcomer">www.benefits.legalshield.com/newcomer</a>
Employee Assistance Program	SupportLinc	(888) 881-LINC (5462)	<a href="http://www.supportlinc.com">www.supportlinc.com</a>
Student Loan Assistance	Candidly		<a href="mailto:help@getcandidly.com">help@getcandidly.com</a>
Pet Insurance	PetPartners	(800) 956-2495	<a href="http://www.petpartners.com">www.petpartners.com</a>



# Legal Notices

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## MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

### **Important Notice from Newcomer Funeral Service Group About Your Prescription Drug Coverage and Medicare**

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with NFSGI 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. 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. NFSGI has determined that the prescription drug coverage offered under the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through 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 coverage with NFSGI will not be affected. If you decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with NFSGI 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.

*(continued on following page)*

# Legal Notices

## MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

### 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 receive 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 the “Medicare & You” handbook for their telephone number) for personalized help; or
- Call 1-800-MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

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

### 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 NFSGI changes. You also may request a copy of this notice at any time.

Date: 10/01/2024  
Name of Entity: Newcomer Funeral Service Group  
Contact-Position/Office: Bethany Stenzel – Benefits Administrator  
Address: 520 SW 27th Street, Topeka, KS 66611  
Phone Number: 785-233-6655 x 269  
Email Address: [bstenzel@newcomer.com](mailto:bstenzel@newcomer.com)

# Legal Notices

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## **WOMEN'S HEALTH & CANCER RIGHTS ACT (WHCRA)**

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan.

To obtain more information on WHCR benefits, please call or email the contact listed on the "Contact Information" page of this guide.

## **NEWBORN AND MOTHER'S HEALTH PROTECTION ACT (NMHPA)**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

To obtain more information, please call or email the contact listed on the "Contact Information" page of this guide.

## **SPECIAL ENROLLMENT RIGHTS**

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of the birth, adoption, or placement for adoption.



# Legal Notices

## MEDICAID & CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

*If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –*

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Eligibility: <http://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Website: <http://dhcs.ca.gov/hipp>  
Phone: 1-916-445-8322  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)  
Fax: 1-916-440-5676

### COLORADO – Health First Colorado (Medicaid) and Child Health Plan Plus (CHIP+)

Health First CO: <https://www.healthfirstcolorado.com/>  
Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHIP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHIP+ 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

### INDIANA – Medicaid

Healthy Insurance Premium Payment Program All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone: 1-800-403-0864

Medicaid: <https://www.in.gov/fssa/dfr/>  
Phone 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
Phone: 1-800-338-8366  
Hawki Website: <http://hhs.iowa.gov/programs/welcome-iowa-Medicaid/iowa-health-link/hawki>  
Phone: 1-800-257-8563  
Website: <https://hhs.iowa.gov/programs/welcome-iowa-Medicaid/fee-service/hipp>  
HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

### KENTUCKY – Medicaid

Integrated Health Insurance Premium Payment Program (KI-HIPP):  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Medicaid Website: <https://chfs.ky.gov/agencies/dms>

# Legal Notices

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## FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

## GEORGIA – Medicaid

HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

HIPP: 678-564-1162, ext. 1

CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

CHPRA: 678-564-1162, ext. 2

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840; TTY: 1-617-886-8102

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3739

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPPProgram@mt.gov](mailto:HSHIPPPProgram@mt.gov)

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program.com>

Phone: 1-603-271-5218

Toll free: 1-800-852-3345, ext 5218

Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.1dh.la.gov/lahipp](http://www.1dh.la.gov/lahipp)

Medicaid Hotline: 1-888-342-6207 or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment site:

[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-Medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

## TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: [uup@utah.gov](mailto:uup@utah.gov)

CHIP: <http://health.utah.gov/chip>

Phone: 1-888-222-2542

Adult Expansion: <https://Medicaid.utah.gov/expansion/>

Buyout Program: <https://Medicaid//utah.gov/buyout-program/>

## VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://HealthInsurancePremiumPayment(HIPP)Program|DepartmentofVermontHealthAccess)

Phone: 1-800-250-8427

# Legal Notices

## NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance: 1-609-631-2392

CHIP: <http://www.njfamilycare.org/index.html>

Phone: 1-800-701-0710

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

## VIRGINIA – Medicaid and CHIP

Website: [https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-](https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select)

[select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-](https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)

[insurance-premium-payment-hipp-programs](https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)

Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid

Website: <http://dhhr.wv.gov/bms>

<http://mywvhipp.com>

CHIP: 1-855-699-8447

Medicaid: 1-304-558-1700

## WISCONSIN – MEDICAID & CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any more States have added a premium assistance program since July 31, 2024 or for more information on special enrollment rights, you can 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)  
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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# Legal Notices

## HIPAA NOTICE OF PRIVACY PRACTICES

**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 your 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 22.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



# Legal Notices

## HIPAA NOTICE OF PRIVACY PRACTICES CONT.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us.

**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.
- Contact you for fundraising efforts.

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

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

- Marketing purposes
- Sale of your information

**Our Uses and Disclosures.** We typically use or share your information in the following ways.

**Help manage the health care treatment you receive**

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

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

**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.

### How else can we use or share your health information?

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

# Legal Notices

## HIPAA NOTICE OF PRIVACY PRACTICES CONT.

### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### Do research

- We can use or share your information for health research

### Comply with the law

- We 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.

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

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

### Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

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

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in this notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).**

### Changes to the Terms of This Notice

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

## NFSGI Benefits Administrator

Bethany Stenzel  
bstenzel@newcomer.com  
(785) 233-6655 X 269 or HR Fax (785) 233-5354

# Legal Notices

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## HEALTH INSURANCE MARKETPLACE COVERAGE

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 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value standard" set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

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

### How Can I Get More Information on the Marketplace?

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

# Legal Notices

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## HEALTH INSURANCE MARKETPLACE COVERAGE

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

Employer Name: <b>Newcomer Funeral Service Group Inc.</b>		Employer ID Number (EIN): <b>48-1142399</b>
Employer Street Address: <b>520 SW 27th Street</b>		Employer Phone Number: <b>785.233.6655</b>
City: <b>Topeka</b>	State: <b>KS</b>	Zip: <b>66611</b>
Who may be contacted about employer health coverage at this job?: <b>Bethany Stenzel</b>		
Phone number (if different than above): <b>785-233-6655 X 269</b>		E-mail address: <b>bstenzel@newcomer.com</b>

### More Information:

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



# Legal Notices

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## CONTINUATION COVERAGE RIGHTS UNDER COBRA

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

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

### What is Cobra Continuation Coverage?

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

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

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

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

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

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

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

# Legal Notices

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## CONTINUATION COVERAGE RIGHTS UNDER COBRA CONT.

### **When is COBRA Coverage Available?**

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

### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 day after the qualifying event occurs. You must provide this notice to: Human Resources, Newcomer Funeral Service Group, 520 SW 27<sup>th</sup> Street, Topeka, KS 66611.

You may also submit this information directly to our COBRA vendor, P&A: 1.800.688.2611. P&A can assist you in navigating all your health care options to potentially find more affordable health care.

### **How is COBRA Coverage Provided?**

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

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

### ***Disability exclusions of 18-month period of continuation coverage***

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

# Legal Notices

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## CONTINUATION COVERAGE RIGHTS UNDER COBRA CONT.

### ***Second qualifying event extension of 18-month period of continuation coverage***

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

### **If You Have Questions**

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

### **Keep Your Plan Informed of Address Changes**

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

[illegible]





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