



2020

ABSENCE, BENEFITS, & WELLNESS PROGRAM

The Benefits Section of this document is an outline of the coverage proposed by the carrier(s). 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. Your full Summary Plan Document (SPD) is made available through your Human Resources Department.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee 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 coverage issues can be directed to your Human Resources Team.



Contents

CONTACT INFORMATION	2
ABSENCE (LEAVE)	3
HOLIDAYS	4
LIBRARY ACCESS	5
PARKS & RECREATION ACCESS	6
WELLNESS PROGRAM	7
BENEFITS OVERVIEW	8
BENEFIT PROGRAMS	9
BENEFITS ELIGIBILITY, COVERAGE & QUALIFYING EVENTS	10
CARRIER CONTACT INFORMATION	11
MEDICAL INSURANCE	12
UHC CHOICE PLUS PPO PLAN (1)	13
UHC CHOICE PLUS HDHP PLAN (2)	14
MEDICAL OVERVIEW, FREQUENTLY ASKED QUESTIONS AND EXAMPLES	15
UHC HEALTH4ME APP	19
HEALTH SAVINGS ACCOUNT (HSA)	20
HSA - CONTRIBUTIONS	21
HSA ELIGIBLE EXPENSES	22
MEDICAL PREMIUMS	23
FLEXIBLE SPENDING ACCOUNT (FSA)	24
FSA - CARRY OVER & DEPENDENT CARE	25
FSA OR HSA ONLINE CLAIM SUBMISSION	26
VOLUNTARY VISION INSURANCE	27
DENTAL INSURANCE	28
VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE	29

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ADDITIONAL INFORMATION	30
VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PREMIUMS	32
SHORT-TERM DISABILITY INSURANCE	33
LONG-TERM DISABILITY INSURANCE	34
COMPASS (BENEFITS ASSISTANCE)	35
ALLIANCE WORK PARTNERS (EAP)	35
AFLAC PLANS (ACCIDENT, CANCER, AND CRITICAL ILLNESS)	37
AFLAC ACCIDENT COVERAGE	38
AFLAC ACCIDENT COVERAGE CONTINUED...	39
AFLAC ACCIDENT PREMIUMS	40
AFLAC CANCER COVERAGE	41
AFLAC CANCER COVERAGE CONTINUED...	42
AFLAC CANCER PREMIUMS	43
AFLAC CRITICAL ILLNESS COVERAGE	44
AFLAC CRITICAL ILLNESS PREMIUMS	45
LEGAL SHIELD & ID PROTECTION	46
NOTICES (SPECIAL ENROLLMENT, HIPAA, SUMMARY OF MODIFICATION)	47
NOTICE – WOMEN’S HEALTH & CANCER RIGHTS ACT, AND NEWBORN ACTS DISCLOSURE	48
NOTICE – ASSISTANCE UNDER CHIP	49
MEDICARE D NOTICE	50
MEDICARE D NOTICE CONTINUED...	51

CONTACT INFORMATION SUPPORT TEAM

If you are having problems getting claims paid or have questions regarding your coverage, let us deal with the insurance company for you. Please contact anyone listed below with questions regarding your employee absence, benefits and wellness program package.



Hours of Operation Monday through Friday
8:00am – 5:00pm
Phone / Fax 512.930.3639/512.930.2502

Gallagher Benefit Services Georgetown Team

Account Executive	Rebecca Hawes	512.930.8344	rebecca_hawes@ajg.com
Account Manager	Macy Mullen	512.652.2526	macy_mullen@ajg.com
Benefits Advocate Team		833.424.7886	bac.cityofgeorgetownbenefits@ajg.com

City of Georgetown Human Resources & Organizational Development

HR Director	Tadd Phillips	512.930.2504	tadd.phillips@georgetown.org
Assistant Director of HR	Laura Maloy	512.930.7233	laura.maloy@georgetown.org
Benefit/Wellness Program Administrator	Holly Moyer	512.930.3691	holly.moyer@georgetown.org
HR Generalist	Merrilee Paige	512.931.7645	merrilee.paige@georgetown.org
HR Generalist	Tracey Bousquet	512.930.8494	tracey.bousquet@georgetown.org
HR Specialist	Robyn Iverson	512.930.3637	robyn.iverson@georgetown.org
HR Specialist	Celina Morales	512.930.3639	celina.morales@georgetown.org
Business Systems Analyst	Melanie Anderson	512.930.8485	melanie.anderson@georgetown.org
Safety & Training Supervisor	Casey Lane	512.931.7684	casey.lane@georgetown.org
Safety & Training Specialist	Isaac Conde	512.930.8149	isaac.conde@georgetown.org
Safety & Training Specialist	Adam Young	512.930.8148	adam.young@georgetown.org
L&D Coordinator	Vacant		
Business Process Consultant	Christina Richison	512.931.7626	christina.richison@georgetown.org
Human Resources Assistant (Temp)	Cory Rivera	512.930.3639	cory.rivera@georgetown.org

ABSENCE (LEAVE)



VACATION

Years of Service	Full-time City Employee	Firefighter Operations	Sworn Police Employee
0-3 years	10 days per year	15 days per year*	15 days per year*
4-8 years	15 days per year	15 days per year	15 days per year
9-13 years	17 days per year	17 days per year	17 days per year
14 or more	20 days per year	20 days per year	20 days per year

Civil Service Employees (Firefighters & Sworn Police) receive 15 days of vacation leave per year per Texas Local Government Code Chapter 143. Accruals are earned on the 15th and the last day of the month. Fiscal year (FY) runs October 1 – September 30. See Personnel Policies & Procedures #311 for information regarding minimum use requirements and carry over limits. For the purposes of leave accruals, for regular full-time and Sworn Police employees, one day is equivalent to 8 hours, Firefighter Operations is equivalent to 12 hours. The table below is a semi-monthly hourly accrual.

Years of Service	Full-time City Employee hours	Firefighter Operations hours	Sworn Police Employee hours
0-3	3.33	7.50	5.00
4-8	5.00	7.50	5.00
9-13	5.67	8.50	5.67
14+	6.67	10.00	6.67

SICK LEAVE:

Full-time employees earn one day of sick leave per month. Civil Service Employees (Firefighter & Sworn Police) receive 15 days of sick leave per year per Texas Local Government Code Chapter 143. For the purposes of leave accruals, for regular full-time and Sworn Police employees, one day is equivalent to 8 hours. Firefighter Operations is equivalent to 12 hours. Employees may use sick leave as earned and carry over of sick leave is unlimited. Leave is accrued on the 15th and the last day of the month. The table below provides semi-monthly hourly accrual.

Full-time City Employee	Firefighter Operations	Sworn Police Employee
4.00	7.50	5.00

HOLIDAYS



- Full-time employees enjoy 9 paid holidays per year.
- Part-time employees who are normally scheduled to work a holiday or observed holiday will receive holiday pay for their normally scheduled work hours.
- If eligible, employees who are required to work on a holiday will receive overtime pay.
- Any time a holiday falls on a Saturday, the holiday will be observed on Friday. If a holiday falls on a Sunday, the city will be closed on Monday for observation.

The following holidays are observed:

<u>Holiday</u>	<u>Day</u>
New Year's Day	January 1 st
Martin Luther King Jr Birthday	Third Monday in January
Memorial Day	Last Monday in May
Independence Day	July 4 th
Labor Day	First Monday in September
Thanksgiving	Fourth Thursday in November
Day after Thanksgiving	Following Thanksgiving Day
Christmas Eve & Day	December 24 th and 25 th

PERSONAL HOLIDAY:

Full-time employees receive 4 personal holidays per fiscal year, earning one (1) per quarter. For the purposes of leave accruals, for regular full-time and Sworn Police employees, one day is equivalent to 8 hours. Firefighter Operations is equivalent to 12 hours. Employees who are hired during the quarter will receive the hours on a pro-rated basis. Employees who are hired the last month of the quarter will not receive the personal holiday. The schedule below provides the accrual amount in hours in a fiscal year.

Quarter by Months	Full-time City Employee	Firefighter Operations	Sworn Police Employee
1 st : October - December	8.00	12.00	8.00
2 nd : January – March	8.00	12.00	8.00
3 rd : April – June	8.00	12.00	8.00
4 th : July - September	8.00	12.00	8.00
Fiscal Year Total	32.00	48.00	32.00

LIBRARY ACCESS



Free Library Access for Employees & Family*



The Georgetown Public Library is located at 402 W. 8th Street.

Open 7 days a week, hours are:

Monday – Thursday 9:00AM to 8:00 PM

Friday 9:00 AM to 6:00PM

Saturday 9:00 AM to 5:00PM

Sunday 12:00 Noon to 5:00 PM

- City employees and their family members are eligible for free library cards, regardless of their residency. Once an employee has their library card for one month, they are eligible for a TexShare card. A TexShare card gives you borrowing privileges at most public and academic libraries in Texas. Nearby libraries that participate in this program include Southwestern University, Round Rock, and UT-Austin.
- Forty public computers offering free Internet access are available at the library. Also, the library provides free wireless Internet access to patrons with a personal laptop for (PDA) personal data assistant.
- Free computer classes are available in English and Spanish. A calendar of computer classes can be found on our website at <http://library.georgetown.org>.
- The library offers children's programs throughout the year. A special summer reading program takes place during June and July for children aged 3 through 12. During school breaks and holiday periods, craft projects, storytelling, films, animal shows and puppet shows will be scheduled.
- Tutoring is offered at the library during the school year in partnership with Helping Hands Tutoring.
- Free tax assistance and e-filing services are provided by the library to the public between January and April 15th.

PARKS & RECREATION ACCESS



City Employee Parks and Recreation



Employee & Family Membership

PURPOSE: To provide a Free membership to city employees and their dependents to the Georgetown Recreation Center and Georgetown Tennis Center.

SCOPE: This benefit applies to Regular Full-Time and Regular Part-Time employees; however, temporary employees who are directly employed by the City of Georgetown will receive the City Employee Parks and Recreation Membership.

Georgetown Recreation Center Membership includes:

- Two Gymnasiums
- Fitness/Exercise Center
- Fitness Classes
- Indoor Track
- Racquetball Courts
- Indoor Pool
- Outdoor Splash Pool (seasonal)
- Lockers and Showers
- Teen and Senior Center

Additional Benefits Include:

- Resident rates on most programs and rentals offered through Parks and Recreation Department
- 10% discount on camp registrations for Camp Goodwater and Tennis Camp
- One – 20 punch card for admission to City outdoor pools. The Georgetown Recreation Center's indoor pool, outdoor splash pool, and the Georgetown Tennis Center pool are included in the membership. Swimming Pools that require a punch card or paid admission are the Williams Drive, River Ridge and Village.

WELLNESS PROGRAM



Our wellness program focuses on your entire well-being to reach your true potential in the area of physical, nutritional, mental and financial health. Regular full-time and part-time employees are eligible to participate. All eligible employees are required to complete a Biometric screening to participate in this program.

During the first two months of the calendar year, employees who complete the Biometric screening will receive one day of PTO. Firefighters who complete their annual physical evaluation will receive one day of PTO.

Participation in activities outlined in the program will earn points. Points are tracked to earn Paid Time Off (PTO). There are two sessions per year. Employees can earn between ½ day to 1 1/2 days per session up to a total of 3 days per calendar year.

A variety of activity classes are available at the Georgetown Recreation Center. There are offerings of on-site learning sessions and webinars.

Note: if it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, contact Human Resources Office to discuss options available.



BENEFITS OVERVIEW



The City of Georgetown employees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time. These benefits are not a guarantee of your employment with the City. This Guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Your rights are governed by each plan and not by the information in this Guide. If there is a conflict between the plan documents and this Guide, the terms of the plan document govern. For detailed information about the plans, refer to each plan document, contact the vendor or the Employee Benefits Division of the Human Resources Department.

City Benefits Philosophy

The City is concerned for the health and welfare of its employees and is committed to providing cost-effective benefits that assist employees in being physically and mentally healthy. All benefit plans require employees to assume responsibility for the choices they make and to be informed on how to use their benefits effectively.

Administration

The overall administration of the benefits program is re-evaluated and revised periodically to ensure it is simple, efficient, cost-effective and satisfies overall goals.

Communications

In keeping with this philosophy, the City will explore other areas of benefits to the extent they fill a need of a major portion of the workforce and to the extent they be provided cost effectively and efficiently on a group basis. A variety of media is used to communicate the benefits program to employees and their dependents. Methods used include presentations, newsletters, email and the City's website. In addition, benefits staff is available by phone or in person to discuss benefits issues with employees and their families. Communication goals of the benefits program include:

- Educating employees on how to use their benefits
- Educating employees on how to be better consumers of all benefits
- Increasing employee understanding of the value of their benefits

Cost

Since rising healthcare costs affect both the City and its employees, the City will continue to study new coverage options that help control healthcare costs. The program is designed to be cost-effective, for both the short-term and the long-term. The cost of the program is determined on an actuarial basis and does not vary with short-term financial considerations. Employee contributions are required to finance the cost of parts of the program.

Premium deductions will occur on a semi-monthly basis or 24 of 26 pay periods in a calendar year. Rates in the employee guide are a semi-monthly rate.



BENEFIT PROGRAMS

The City of Georgetown provides several categories of benefits from which employees may choose to participate. The plans are in effect January 1, 2020 to December 31, 2020.



Benefit Plan	Automatic	Voluntary	Who Pays	How You Pay
Medical Plans & Prescription Drugs		✓	You and The City	Before tax*
Flexible Spending Account (FSA)		✓	You	Before tax*
Voluntary Vision Plan		✓	You	Before tax*
Dental Plan		✓	You and The City	Before tax*
Voluntary Life and AD&D		✓	You	After tax
Voluntary Short-Term Disability (STD)		✓	You	After tax
Long-Term Disability (LTD)	✓		The City	No Cost
COMPASS**	✓		The City	No Cost
Employee Assistance Program (EAP)	✓		The City	No Cost
Critical Illness		✓	You	After tax
Cancer, Accident		✓	You	Before tax*
ID Theft & Legal Shield Protection		✓	You	After tax
International City Management Association Retirement Corporation (457 plan)		✓	You	Before tax*
TMRS Supplemental Death Benefit**	✓		The City	No Cost
Retiree Recreation Center Privilege		✓	The City	No Cost

*Your cost for Medical, Dental, Vision, Cancer, Accident, Flexible Spending plans, and ICMA-RC 457 plan in the Benefits Program will be paid on a before-tax basis through your payroll deductions. This means that your benefit deductions go further because you save the federal income tax that would otherwise be required on these contributions.

**If you die while employed by the City, your beneficiary will receive a payment approximately equal to your current annual salary. This benefit applies to both vested and non-vested members.

***The City pays for COMPASS if you and your dependents are covered under the medical plan.

BENEFITS ELIGIBILITY, COVERAGE & QUALIFYING EVENTS



Who is Eligible?

Employees. You are eligible to enroll in the City's benefit plans if you are a regular, active full-time employee scheduled to work at least 30 hours per week. As a regular full-time employee, you are eligible for benefits on the first day of the month following your date of hire.

Retirees. The cost to enroll as a retiree on any of the insurance plans is 100% the retiree's responsibility. The city makes no contribution towards retiree insurance.

Dependent Eligibility

You may also cover your eligible dependents, including:

- Your legal spouse
- Your children up to age 26 for medical coverage; your unmarried, eligible children up to age 26 for dental and vision coverage. Children are defined as your natural children, stepchildren, legally adopted children and children for whom you are the court- appointed legal guardian.
- Dependent Grandchildren. Your unmarried grandchild must meet the requirements listed above and must be listed as a dependent on your last IRS Tax Return or your spouse's federal income tax return. Proof of claiming the dependent may be required from time to time.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be required from time to time.

When Coverage Begins

Initial Enrollment

When you first join the City, you have 31 days to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins the first of the month following your date of hire. If you do not enroll within 31 days of becoming eligible, you will automatically be enrolled in company-sponsored benefit of Long-Term Disability (LTD). You will have to wait until the next annual Open Enrollment to enroll in medical insurance or make changes to your current coverage. You will be able to utilize the Employee Assistance Program (EAP) upon hire.

Annual Open Enrollment

Annual Open Enrollment is October 17th through November 8th, 2019. Coverage takes effect on January 1, 2020. Open Enrollment is the only time employees may enroll in coverage without the occurrence of a qualifying event.

Making Changes to Coverage

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment. You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce, legal separation or death of a spouse
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, or reaching the dependent child age limit
- Change in employment status, such as starting or ending employment for you, your spouse or your children

IRS regulations require that for enrollment due to the qualifying events above, change forms must be submitted to your benefits office within 30 days of that qualifying event.

CARRIER CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.



Benefit	Carrier	Group Number Network	Customer Service	Website/Email
Medical Prescription drugs Flexible Spending Account Voluntary Vision	United Healthcare	Group #: 906136 Choice Plus Network	866.633.2446 877.253.3955 (nurse line)	www.myuhc.com App: Health4Me
Health Savings Account (HSA)	A+ Federal Credit Union	N/A	512.302.6800 Option 6	www.aplusfcu.org
Dental	Ameritas	Group# 01703	800.487.5553	www.ameritas.com
Voluntary Life and AD&D	MetLife	Group# 996616	800.638.5433	www.metlife.com
Voluntary STD & LTD	Dearborn National	Group# GAE40395	800.348.4512	www.dearbornnational.com
Benefit Advocate	Compass	N/A	800.513.1667	Jordan.white@compassphs.com
Employee Assistance Program (EAP)	Alliance Work Partners	N/A	800.343.3822	www.awpnow.com
Cancer Critical Illness Accident	Aflac	N/A	512.470.5322	stephanie_garland@us.aflac.com
ID Theft & Legal Shield Coverage	LegalShield	N/A	888.494.8519	www.legalshield.com
Retirement Corporation (457 Plan)	ICMA	N/A	800.669.7400	www.icmarc.org
Retirement	TMRS	N/A	512.476.7577	www.tmr.com
Hearing Aid Discount	Amplifon	N/A	844.267.5436	www.amplifonusa.com Password: Amplifon
Wellness Program	CHC Wellness	N/A	866.437.2770	www.chcw.com

MEDICAL INSURANCE

Administered by **United Healthcare**

The following comparison chart reflects **In-Network coverage only**. For Out-of-Network descriptions, please refer to the following Summary of Benefits for each plan.



	UHC Choice Plus PPO Plan	UHC Choice Plus HDHP
	In-Network	In-Network
Annual Deductible	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family
Maximum Lifetime Benefits	Unlimited	Unlimited
DOCTOR'S OFFICE		
Virtual Office Visit	\$30 copay	10% after deductible
Primary Care Office Visit	\$30 copay	10% after deductible
Specialist Office Visit	\$50 copay	10% after deductible
Preventive Care Visit	100%, no deductible	100%, no deductible
HOSPITAL SERVICES		
Emergency Room Services	100% after \$250 copay*	10% after deductible
Urgent Care Provider	100% after \$75 copay	10% after deductible
Hospital Care - Inpatient	100% after deductible	10% after deductible
Diagnostic Lab and X-Ray— Outpatient	100%	10% after deductible
Major Diagnostic (CT, PET, MRI)	100% after deductible	10% after deductible
Maternity (includes delivery/ postpartum care) Physician, Facility	100% after \$50 copay* 100% after deductible	10% after deductible 10% after deductible
Home Health Care (60 visits/year)	100% after deductible	10% after deductible
Hospice Care	100% after deductible	10% after deductible
Outpatient Rehabilitation Therapy (limited visits/see plan summary)	100% after \$50 copay	10% after deductible
Chemical Dependency Inpatient Outpatient	100% after deductible \$50 copay	10% after deductible 10% after deductible
Mental Health Services Inpatient Outpatient	100% after deductible \$50 copay	10% after deductible 10% after deductible
Prescription Drugs Generic Preferred Brand Name Non-Preferred Brand Name Mail Order (90-day supply)	\$10 copay \$40 copay \$70 copay 3 times retail copay	\$10 copay after deductible \$40 copay after deductible \$70 copay after deductible 3 times retail copay after deductible

*Waived if admitted.

UHC CHOICE PLUS PPO PLAN (1)

Administered by **United Healthcare**



	In-Network Coverage	Out-of-Network Coverage
Annual Deductible	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$15,000 Individual** \$30,000 Family**
Maximum Lifetime Benefits	Unlimited	Unlimited
DOCTOR'S OFFICE		
Virtual Office Visit	\$30 copay	Out-of-Network Not Available
Primary Care Office Visit	\$30 copay	50% after deductible
Specialist Office Visit	\$50 copay	50% after deductible
Preventive Care Visit	100%, no deductible	Not Covered
HOSPITAL SERVICES		
Emergency Room Services	100% after \$250 copay*	100% after \$250 copay
Urgent Care Provider	100% after \$75 copay	50% after deductible
Hospital Care - Inpatient	100% after deductible	50% after deductible
Diagnostic Lab and X-Ray— Outpatient	100%	50% after deductible
Major Diagnostic (CT, PET, MRI)	100% after deductible	50% after deductible
Maternity (includes delivery/ postpartum care) Physician Facility	100% after \$50 copay* 100% after deductible	50% after deductible 50% after deductible
Home Health Care (60 visits/year)	100% after deductible	50% after deductible
Hospice Care	100% after deductible	50% after deductible
Outpatient Rehabilitation Therapy (limited visits/see)	100% after \$50 copay	50% after deductible
Chemical Dependency Inpatient	100% after deductible \$50 copay	50% after deductible 50% after deductible
Mental Health Services Inpatient Outpatient	100% after deductible \$50 copay	50% after deductible 50% after deductible
Prescription Drugs Generic Preferred Brand Name Non-Preferred Brand Name Mail Order (90-day supply)	\$10 copay \$40 copay \$70 copay 3 times retail copay	70% after deductible 70% after deductible 70% after deductible N/A

***waived if admitted.**

**Please note, that when utilizing an out of network (OON) provider, you may be billed by your OON provider for any amount not covered by UHC and the amount that is billed beyond the covered amounts do not count towards your OON out of pocket maximum. This is called balance billing. The balance billed amounts are your financial responsibility. Please note, that most ambulance services for ER purposes are considered out of network. UHC will pay the ambulance services as if they were in-network, but the patient can still be balanced billed from the provider.



UHC CHOICE PLUS HDHP PLAN (2)*

Administered by **United Healthcare**

	In-Network Coverage	Out-of-Network Coverage
Annual Deductible	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$12,000 Individual** \$24,000 Family**
Maximum Lifetime Benefits	Unlimited	Unlimited
DOCTOR'S OFFICE		
Virtual Office Visit	90% after deductible	Out-of-Network Not Available
Primary Care Office Visit	90% after deductible	50% after deductible
Specialist Office Visit	90% after deductible	50% after deductible
Preventive Care Visit	100%, no deductible	Not Covered
HOSPITAL SERVICES		
Emergency Room Services	90% after deductible	90% after deductible
Urgent Care Provider	90% after deductible	50% after deductible
Hospital Care - Inpatient	90% after deductible	50% after deductible
Diagnostic Lab and X-Ray— Outpatient	90% after deductible	50% after deductible
Major Diagnostic (CT, PET, MRI)	90% after deductible	50% after deductible
Maternity (includes delivery/ postpartum care)	90% after deductible	50% after deductible
Physician	90% after deductible	50% after deductible
Facility		
Home Health Care (60 visits/year)	90% after deductible	50% after deductible
Hospice Care	90% after deductible	50% after deductible
Outpatient Rehabilitation Therapy (limited visits/see)	90% after deductible	50% after deductible
Chemical		
Dependency	90% after deductible	50% after deductible
Inpatient	90% after deductible	50% after deductible
Mental Health		
Services Inpatient	90% after deductible	50% after deductible
Outpatient	90% after deductible	50% after deductible
Prescription		
Drugs	\$10 copay after deductible	70% after deductible
Generic	\$40 copay after deductible	70% after deductible
Preferred Brand Name	\$70 copay after deductible	70% after deductible
Non-Preferred Brand Name	3 times retail copay after deductible	N/A
Mail Order (90-day supply)		

The City of Georgetown contributes to your HSA account. Please see page 21 for details. Contribution is prorated for employees hired after January 1, 2020.

**Please note, that when utilizing an out of network (OON) provider, you may be billed by your OON provider for any amount not covered by UHC and the amount that is billed beyond the covered amounts do not count towards your OON out of pocket maximum. This is called balance billing. The balance billed amounts are your financial responsibility. Please note, that most ambulance services for ER purposes are considered out of network. UHC will pay the ambulance services as if they were in-network, but the patient can still be balance billed from the provider.

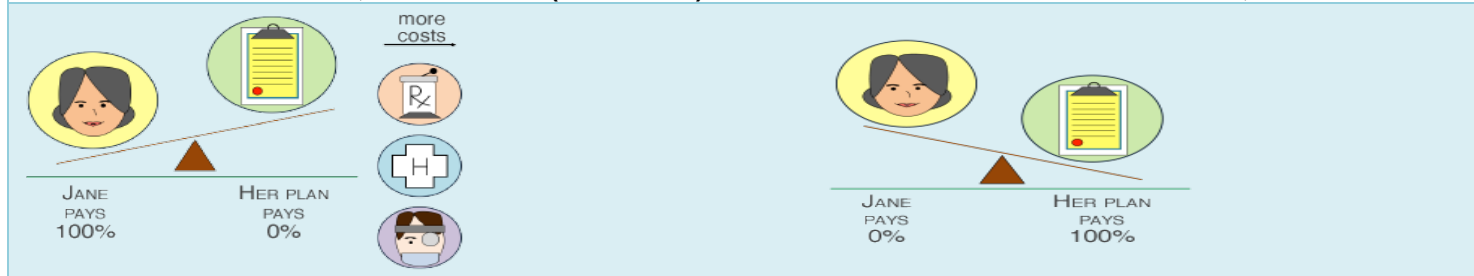
MEDICAL OVERVIEW, FREQUENTLY ASKED QUESTIONS AND EXAMPLES

Here are some examples to help you in understanding healthcare. The first example below is how deductibles work and out of pocket maximum works for both High Deductible Health Plan (HDHP) and PPO plan. The second example is how a family deductible works for both plans.

Example #1 Deductible & Out of Pocket Maximum

Coverage Period Begins: January 1st - December 31st End of Coverage Period

Jane's Plan Deductible: \$3,000 Individual (In-Network) Annual Out-of-Pocket Maximum \$4,000 Individual



<p>Jane hasn't reached her \$3,000 deductible. Her plan doesn't pay any of the costs. Office visit cost: \$30 Jane pays: \$30 Her plan pays: \$0 *Example from www.healthcare.gov</p>	<p>Jane reaches her \$4,000 out-of-pocket limit. Jane has seen the doctor often and paid \$4,000 in total. Office visit cost: \$30 Jane pays: \$0 Her plan pays: \$30</p>
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Example #2 family coverage deductible.



Example: Employee & Family reaches the deductible:

- Family member A has met \$3,000 deductible.
- Family member B has met \$1,500 deductible.
- Family member C has met \$1,000 deductible.
- Family member D has met \$ 500 deductible.

The family has met the \$6,000 deductible.

Below are some commonly ask questions and answers regarding health care plans.

Questions	Answers	Why This Matters:
What is the overall deductible for HDHP? Per Calendar Year	In-Network: \$3,000 Individual / \$6,000 Family Out-of-Network: \$6,000 Individual / \$12,000 Family	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
What is the overall deductible for PPO? Per calendar Year.	In-Network: \$3,000 Individual / \$6,000 Family Out-of-Network: \$6,000 Individual / \$12,000 Family	Member Copayments do not accumulate towards the deductible.
What is the out-of-pocket limit for HDHP (HSA) plan?	In-Network: \$4,000 Individual / \$8,000 Family Out-of-Network: \$12,000 Individual / \$24,000 Family	The HSA out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they must meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is the out-of-pocket limit for PPO plan?	In-Network: \$4,000 Individual / \$8,000 Family Out-of-Network: \$12,000 Individual / \$24,000 Family.	The PPO out-of-pocket maximum includes the Annual Deductible, Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum. Prescription Drug cost shares are included in the Medical Out-of-Pocket Maximum.
Will you pay less if you use a network provider?	Yes. See myuhc.com or call 1-844-253-3955 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see a specialist without a referral.

This example is how a doctor's or testing would apply to the PPO Plan.

Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay per visit, deductible does not apply.	50% coinsurance	Virtual visits (Telehealth) - \$30 copay per visit by a Designated Virtual Network Provider, deductible does not apply. No virtual coverage non-network. If you receive services in addition to office visit, additional copays, deductibles or coinsurance may apply e.g. surgery.
	Specialist visit	\$50 copay per visit, deductible does not apply.	50% coinsurance	If you receive services in addition to office visit, additional copays, deductibles or coinsurance may apply e.g. surgery.
	Preventive care/screening/immunization	No Charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	50% coinsurance	None.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	50% coinsurance	Prauthorization is required non-network for certain services. If you fail to obtain prior authorization as required, benefits will be subject to a \$400 reduction.

The example is how the prescriptions would apply to the PPO Plan.

Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at welcometouhc.com	Tier 1 – Your Lowest Cost Option	Retail: \$10 copay, deductible does not apply. Mail-Order: \$30 copay, deductible does not apply.	Retail: \$10 copay, then 30% coinsurance deductible does not apply.	Provider means pharmacy for purposes of this section. Retail: Up to a 31-day supply. Mail-Order: Up to a 90-day supply. You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use a non-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount. Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your plan. Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copay and/or coinsurance may be applied.
	Tier 2 – Your Mid-Range Cost Option	Retail: \$40 copay, deductible does not apply. Mail-Order: \$120 copay, deductible does not apply.	Retail: \$40 copay, then 30% coinsurance deductible does not apply.	
	Tier 3 – Your Highest Cost Option	Retail: \$70 copay, deductible does not apply. Mail-Order: \$210 copay, deductible does not apply.	Retail: \$70 copay, then 30% coinsurance deductible does not apply.	
	Tier 4	Not Applicable	Not Applicable	

The examples below are how the PPO plan might cover medical care.

EXAMPLE : This is not a cost estimator. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Meg is having a Baby (9 months of In-Network pre-natal care and a hospital delivery)		Joe's Type 2 Diabetes (a year of routine In-Network care of well-controlled condition)		Mia's Simple Fracture (In-Network emergency room visit and follow up care)	
• Plan overall Deductible	\$3,000	• Plan overall Deductible	\$3,000	• Plan overall Deductible	\$3,000
• Specialist Co-Pay	\$50	• Specialist Co-Pay	\$50	• Specialist Co-Pay	\$50
• Hospital (facility) co-insurance	0%	• Hospital (facility) co-insurance	0%	• Hospital (facility) co-insurance	0%
• Other co-insurance	\$30	• Other co-insurance	\$30	• Other co-insurance	\$30
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,800	Total Example Cost	\$7,400	Total Example Cost	\$1,900
In this example, Meg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$3,000	Deductibles	\$200	Deductibles	\$750
Copayments	\$90	Copayments	\$1,300	Copayments	\$500
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$60	Limits or exclusions	\$30	Limits or exclusions	\$30
Total Meg would pay is	\$3,150	Total Joe would pay is	\$1,530	Total Mia would pay is	\$1,280

The scenario below will help you understand healthcare as it applies to High Deductible Health Plan (HDHP) or more commonly known as HSA plan.

Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance	50% coinsurance	Virtual visits (Telehealth) – 10% coinsurance by a Designated Virtual Network Provider. No virtual coverage out-of-network.
	Specialist visit	10% coinsurance	50% coinsurance	None.
	Preventive care/screening/immunization	No Charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	50% coinsurance	None.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	50% coinsurance	Preauthorization is required non-network for certain services. If you fail to obtain prior authorization as required, benefits will be subject to a \$400 reduction.

The example below is how the HDHP plan applies to Prescriptions.

Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most.)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at welcometouhc.com	Tier 1 – Your Lowest Cost Option	Retail: \$10 copay. Mail-Order: \$30 copay	Retail: \$10 copay, then 30% coinsurance	Provider means pharmacy for purposes of this section. Retail: Up to a 31-day supply. Mail-Order: Up to a 90-day supply. You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount. Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your plan. Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copay and/or coinsurance may be applied. Prescription drug costs are subject to the annual deductible. Network deductible will be applied to the out-of-network provider and applies to the network out-of-pocket limit.
	Tier 2 – Your Mid-Range Cost Option	Retail: \$40 copay Mail-Order: \$120 copay	Retail: \$40 copay, then 30% coinsurance	
	Tier 3 – Your Highest Cost Option	Retail: \$70 copay Mail-Order: \$210 copay	Retail: \$70 copay, then 30% coinsurance	
	Tier 4	Not Applicable	Not Applicable	

The examples below are how the PPO plan might cover medical care.

EXAMPLE ONLY: This is not a cost estimator. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Meg is having a Baby (9 months of In-Network pre-natal care and a hospital delivery)		Joe’s Type 2 Diabetes (a year of routine In-Network care of well-controlled condition)		Mia’s Simple Fracture (In-Network emergency room visit and follow up care)	
• Plan overall Deductible	\$3,000	• Plan overall Deductible	\$3,000	• Plan overall Deductible	\$3,000
• Specialist Co-Pay	\$50	• Specialist Co-Pay	\$50	• Specialist Co-Pay	\$50
• Hospital (facility) co-insurance	0%	• Hospital (facility) co-insurance	0%	• Hospital (facility) co-insurance	0%
• Other co-insurance	\$30	• Other co-insurance	\$30	• Other co-insurance	\$30
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,800	Total Example Cost	\$7,400	Total Example Cost	\$1,900
In this example, Meg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$3,000	Deductibles	\$3,000	Deductibles	\$1,900
Copayments	\$30	Copayments	\$700	Copayments	\$0
Coinsurance	\$800	Coinsurance	\$40	Coinsurance	\$0
What isn’t covered		What isn’t covered		What isn’t covered	
Limits or exclusions	\$60	Limits or exclusions	\$30	Limits or exclusions	\$0
Total Meg would pay is	\$3,890	Total Joe would pay is	\$3,770	Total Mia would pay is	\$1,900

UHC HEALTH4ME APP



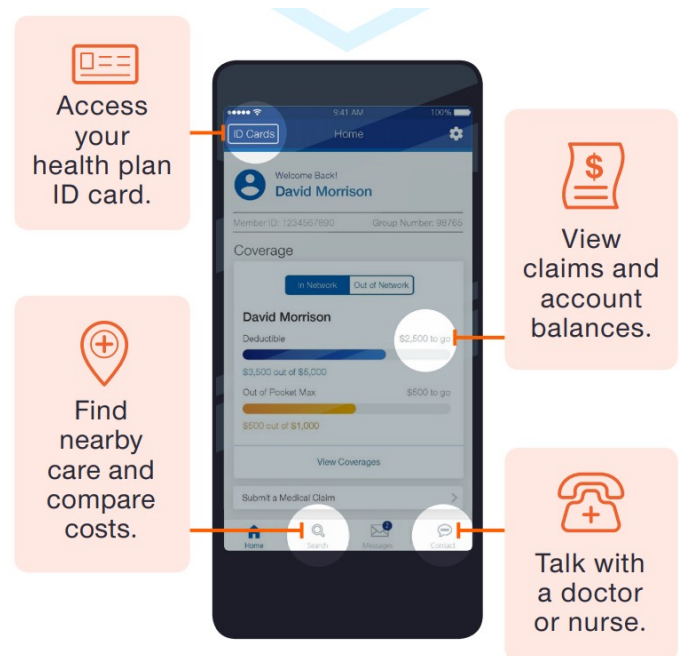
Register for myuhc.com and download the UnitedHealthcare Health4Me mobile app

Use myuhc.com to find tools and information to help you manage your health and benefits.

- Find a doctor or facility that is part of your plan's network
- Track claims and expenses for your family
- Plan ahead for tests and treatments
- Stay on top of your medical history
- Get tips to help improve your health

Registration is quick and simple.

1. Go to myuhc.com.
2. Click on **Register Now**. You'll need your ID card or you can use your Social Security number and date of birth to register.
3. Follow the step-by-step instructions.



Download the Health4Me mobile app to your Apple or Android smartphone or tablet, and you can:

- Find nearby doctors
- View, sort and pay claims
- Estimate costs of common procedures and conditions
- See your account balance
- Pull up an image of your ID card
- Track your physical activity, including wirelessly connecting to a Fitbit device

HEALTH SAVINGS ACCOUNT (HSA)

Participants in the City of Georgetown High Deductible Health Plan (HDHP) may be eligible to open a Health Savings Account.

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works in conjunction with a HDHP. Participants can pay for **qualified** medical expenses with **tax-free** dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is **portable** and the balance plus earnings (from interest and/or investments) carries over year after year, all **tax-free**. If HSA monies are used for **non-qualified** medical expenses prior to age 65, a 20% penalty *plus* ordinary income tax must be paid to the IRS.

Eligibility requirements:

In order to open an HSA, you **MUST** meet the following requirements:

- Covered by a HDHP Plan
- **NOT** covered by another health insurance plan that is not a qualified HDHP including:
 - A spouse's medical plan
 - Medicare
 - Tricare
 - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long-term care insurance plans.
- **NOT** participating in an employer-sponsored Flexible Spending Account (FSA) (unless limited use)
- Your spouse must also **NOT** participate in a Healthcare FSA. The Dependent Care FSA will not disqualify you from opening an HSA.
- **NOT** claimed as a dependent on someone else's tax return

HSAs allow:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "use it or lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.



In addition to paying for current expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified HDHP and meet the eligibility requirements you may open an HSA. HSA plans are intended to be used to pay for healthcare for the individual and his or her covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213 (d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through an HSA under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
 - Psychologists' fees;
- Acupuncture
- Over-the-counter-drugs can be reimbursed from the HSA if they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.

For a complete list of eligible expenses please see IRS Publication 502.

HSA - CONTRIBUTIONS

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you or anyone else. The IRS calendar year maximums for these savings accounts are listed below:
Maximum 2020 (calendar year) Contribution:

- \$3,550 for Employee Only
- \$7,100 for Employee + Spouse, Employee + Child(ren), or Employee + Family
- \$1,000 Catch Up Contribution for Employees age 55 and up

A Calendar Year is the 12-month period of January 1st - December 31st.

If you are age 55 or older, you can make an additional contribution amount of \$1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <https://www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx>.

Note for Newly Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13-month period beginning December 1st of the year in which you become eligible and ending on December 31st of the following year.

If you do not remain eligible for a 13-month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

HSA Contributions & Medicare:

When you or any covered family member reaches age 65, you cannot contribute to your HSA if you are enrolled in Medicare. Enrollment in any Medicare coverage (Parts A, B, C, D, or Medigap) will end HSA contribution eligibility.

If you apply for Social Security benefits at age 65, you will automatically be enrolled in Medicare Part A. You lose your eligibility to make an HSA contribution as of the first day of the month you turn age 65 and enroll in Medicare. You can make a pro-rated contribution for the year to your HSA for the months before you became ineligible due to your enrollment in Medicare.

This contribution can be made until the HSA contribution deadline, which is generally April 15, of the following year. For more details please go to Internal Revenue Service (IRS) Publication 969.



Using your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. If your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that City of Georgetown make to your HSA are yours. There are no vesting requirements or forfeiture provisions. Unlike FSAs, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

Tax filing

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

Employer contributions

City of Georgetown contributes the following amounts to employee accounts. This amount does count towards your maximum contribution (calendar year).

Tier	Annual Contribution*
Employee Only	\$1,100
Employee + Spouse	\$1,200
Employee + Child(ren)	\$1,200
Employee + Family	\$1,400

*New hires benefit effective February-December will receive pro-rated amount

You are responsible for the eligibility of all items and keeping receipts for tax purposes.

Not all expenses that are qualified health care expenses under the HSA count toward the satisfaction of the calendar year deductible.

HSA ELIGIBLE EXPENSES*



HEALTH SAVINGS ACCOUNT (HSA) ELIGIBLE EXPENSES*

Ambulance	Drug Addiction	Organ Donors
Acupuncture	Eye Exam	Osteopath
Alcoholism	Eyeglasses	Oxygen
Artificial Limb	Eye Surgery	Physical Examination
Artificial Teeth	Fertility Enhancement	Pregnancy Test Kit
Bandages	Founder's Fee	Prosthesis
Birth Control Pills	Hearing Aids	Psychiatric Care
Body Scan	Home Care	Psychoanalysis
Braille Books and Magazines	Hospital Services	Psychologist
Breast Pumps and Supplies	Special Home for Intellectually and Developmentally Disabled	Sterilization
Breast Reconstruction Surgery	Laboratory Fees	Stop-Smoking Programs
Chiropractor	Lactation Expenses	Surgery
Christian Science Practitioner	Learning Disability	Therapy
Contact Lenses	Long-Term Care Premiums	Transplants
Crutches	Prescriptions	Trips
Dental Treatment	Nursing Home	Vasectomy
Diagnostic Devices	Nursing Services	Vision Correction Surgery
Disabled Dependent Care Expenses	Optometrist	Wheelchair
		X-Ray

*For a complete list of eligible expenses see IRS Publication 502 or visit <http://www.irs.gov/publications/p502/>.

MEDICAL PREMIUMS

If you choose NOT to enroll in one of the UHC medical plans, the City will pay you \$150 per month. Restrictions apply.



MEDICAL—UHC CHOICE PLUS PPO PLAN	MEDICAL PREMIUMS SEMI-MONTHLY
Employee Only	\$41.48
Employee + Spouse	\$302.92
Employee + Child(ren)	\$75.60
Employee + Family	\$302.92
MEDICAL—UHC CHOICE PLUS HDHP	MEDICAL PREMIUMS SEMI-MONTHLY
Employee Only	\$6.82
Employee + Spouse	\$152.25
Employee + Child(ren)	\$38.32
Employee + Family	\$152.25

FLEXIBLE SPENDING ACCOUNT (FSA)



What is the purpose of the plan?

City of Georgetown has established this plan to help employees save tax dollars and increase their net pay.

What is an FSA?

An FSA is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax, nor will it be subject to Social Security tax.

What are eligible expenses under the plan? Premium Payments

Allows you to use pre-tax rather than after-tax dollars to pay for your share of employer sponsored insurance premiums (medical, dental and vision). Premium payment is a simple payroll adjustment which is handled internally by your employer's payroll department. Do not add premium contributions to your medical expense account contributions.

Medical Expenses (paid by the employee)

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Medical Expense Reimbursement Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is **\$2,700 for the 2020 plan year**. Eligible expenses can include (but not limited to*):

Above Usual & Customary Charges
Co-insurance
Dental Expenses
Hearing Aids
Psychologist
Special Tests (allergy, etc.)

Chiropractor
Deductibles
Eyeglasses & Contact Lenses
Prescribed Birth Control
Special Medical Equipment

*For a complete list of eligible expenses see IRS Publication 502 or visit <http://www.irs.gov/publications/p502/>

Your FSA Plan includes a Debit Card

You will be provided with a Health Care Spending Card Debit MasterCard® that may be used to pay for certain Eligible Expenses directly from your HCSA and/or DCSA. The Health Care Spending Card Debit MasterCard® allows for direct payment to qualified locations and providers and can be used at any approved location that accepts MasterCard®. Use of the Health Care Spending Card Debit MasterCard® is voluntary.

The Health Care Spending Card Debit MasterCard® may be used at any approved provider or merchant with a Point-of- Service (POS) bankcard terminal that accepts MasterCard® or your Health Care Spending Card Debit MasterCard® number can be entered online or on an order form, like using a credit card number. You can even use your Health Care Spending Card Debit MasterCard® to pay for a bill you receive in the mail if the merchant or provider accepts MasterCard®. Examples of qualified locations and providers include hospitals, physician and dental offices, vision care providers, retail pharmacy counters, and child and adult day care facilities.

FSA - CARRY OVER & DEPENDENT CARE



Health Care FSA Carry Over

Up to \$500 of unused Health Care FSA dollars for a plan year may be carried over to the following plan year. The amount of the allowed carry over is determined by your employer.

Funds eligible for carry over from a previous plan year will be available to you after the end of the claims run-out period. The maximum carry over amount allowed by your employer, does not affect your ability to elect the maximum annual election allowed each plan year for the Health Care FSA. For example, if you elected \$2,500 for the plan year, and had \$500 of unused funds carried over from your previous plan year, the carry over balance would be added to your current election giving you a total annual election of \$3,000. **You have one (1) year to use the rollover funds.**

You do not have to re-enroll in the new plan year to have unused Health Care FSA dollars carry over to a new plan year.

If you have elected not to participate in the FSA program because of the “use-it-or-lose-it” rule, it might be time to reconsider your options!

Dependent Care (must be work related)

Another important part of the FSA is the ability to pay for childcare or day care services with before-tax dollars. Your savings will amount to 22% to 35% of your actual childcare expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is **\$5,000 per plan year, per family**. Eligible expenses can include:

Nursery
Private Pre-K

Baby-Sitting
Extended Day Care before & after school

Note: If you are a highly compensated employee, City of Georgetown may be required to discontinue or limit your contributions to the Dependent Care Reimbursement account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule. Please see your Human Resources Department if you have any questions.

Reimbursement Requests

To submit a claim, complete the request for reimbursement form. Attach your receipts and mail or fax the claim directly to United Healthcare.

Mail:
Health Care Account Service Center

Fax:
915.231.1709

Website:
www.myuhc.com

PO Box 981506
El Paso, TX 79998-1506

866.262.6354

Employees should be aware that if you elect the Dependent Care Reimbursement Account, your election cannot exceed the IRS limitation of \$5,000 per Calendar year.

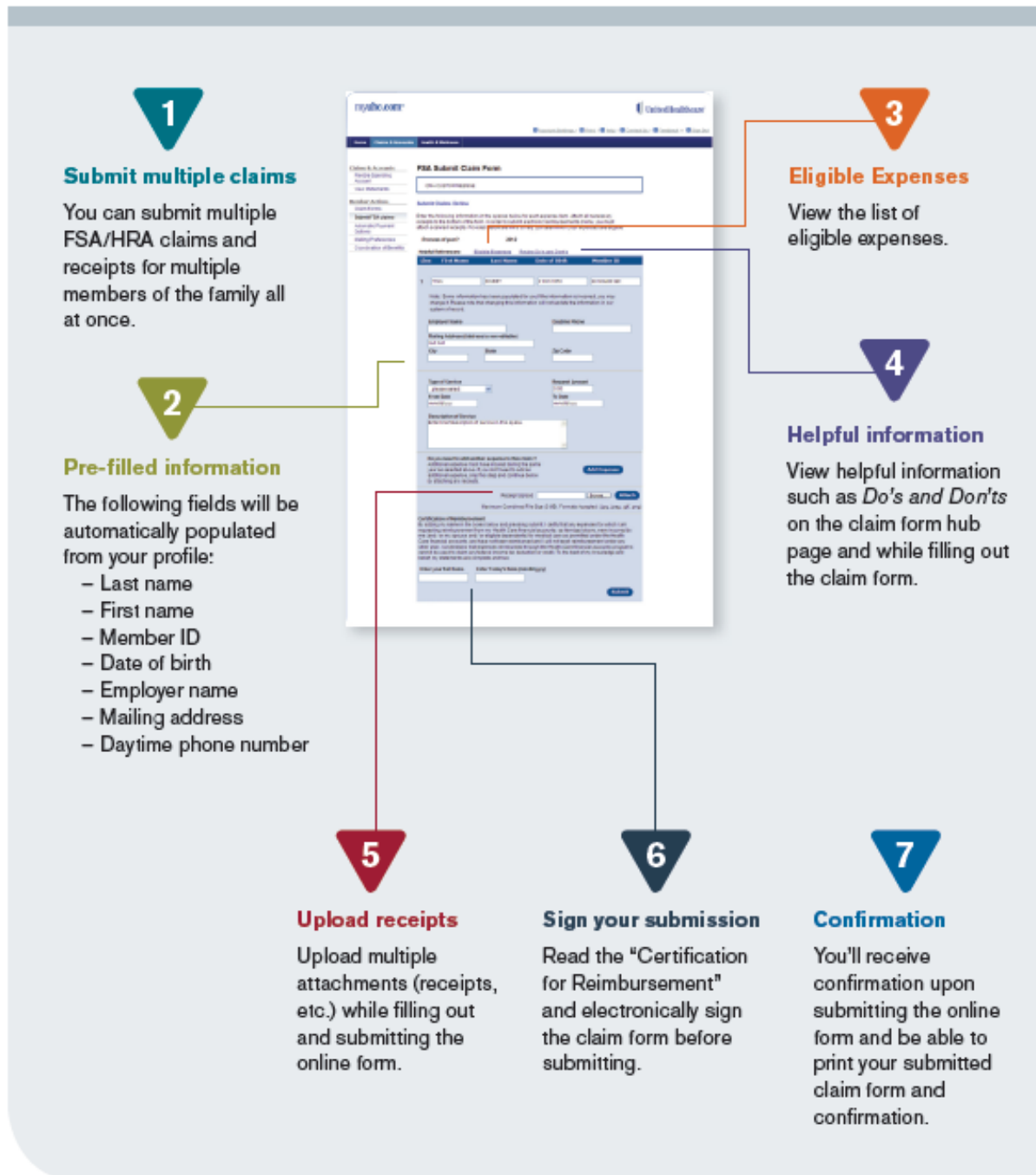
You will be required to coordinate your total payroll deductions to accommodate this IRS limitation. In addition, the IRS limits your elections and or changes to only the open enrollment period unless you have a qualifying event.

IRS rules state that regardless of the number of pay periods left in the calendar year when you are hired, you may not contribute more than \$5,000 to the Dependent Care Reimbursement Account. Your employer will consider how many pay periods are left in the year to determine your per-pay period deductions.



Online Claim Submission

Log in to myuhc.com® and submit claims for your UnitedHealthcare Flexible Spending Account or Health Reimbursement Account



VOLUNTARY VISION INSURANCE

Administered by United Healthcare



The City's basic Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through UHC. The vision plan includes a routine/basic vision examination yearly and provides coverage for lenses or contacts every year.

In-Network Providers

With your vision benefits, choose a provider from the participating provider list. Present your ID card for services at the time of service. Except for any applicable co-payment, do NOT pay your participating provider for services or eye wear covered by your UHC benefit.

Out-of-Network Providers

If you choose a non-participating provider, you will be expected to pay the doctor for services received. You will then need to send the original receipt from your non-participating doctor to UHC for reimbursement. UHC will review your eligibility and send the appropriate reimbursement to you.



	In-Network	Out-of-Network
Eye Exam — once every 12 months	\$10 copay	up to \$40 reimbursement
Lenses — <i>once every 12 months</i> <i>(clear, standard, glass or plastic)</i>		
Single Vision Lenses (per pair)	\$25 copay	up to \$40 Reimbursement
Lined Bifocal Lenses (per pair)	\$25 copay	up to \$60 Reimbursement
Lined Trifocal Lenses (per pair)	\$25 copay	up to \$80 Reimbursement
Frames — once every 12 months	\$25 copay; up to \$150 allowance	up to \$45 reimbursement
Contact Lenses* - once every 12 months if you elect contacts instead of lenses/frames		
Evaluation & Fitting	Up to \$60 allowance	N/A
Elective	\$25 copay & up to \$150 allowance	up to \$150 Reimbursement
Medically Necessary	\$25 copay	up to \$210 Reimbursement

UHC VOLUNTARY VISION SEMI-MONTHLY PREMIUM	
Employee Only	\$2.81
Employee + Spouse	\$4.77
Employee + Child(ren)	\$5.63
Employee + Family	\$7.86

*Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglasses. Coverage includes all contact lens types (i.e., standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

DENTAL INSURANCE

Administered by Ameritas



City of Georgetown’s dental plan provides you and your family with coverage for typical dental expenses such as cleanings, x-rays, fillings and orthodontia for children. You get benefits for a wide range of services. While there is a network of providers you can utilize, benefit percentages are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider will result in a lower patient responsibility overall. Out-of-network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges above this amount.

You can take advantage of online self-service capabilities with Ameritas online services at www.ameritas.com.

Check the status of your claims

Estimate dental cost

Find a provider

View your Explanation of Benefits online

Services	In-Network and Out-of-Network PPO
Annual Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum (per individual)	\$2,000
Preventive Dental Services* Cleanings (2 in 12 months) Examinations (1 in 6 months) Fluoride Treatments (2 in 12 months*) Full-mouth X-rays (1 in 60 months) Bitewing X-rays (1 in 12 months) Space Maintainers Sealants**	100%; no deductible* **children 13 and under
Basic Restorative Dental Services Endodontics Root Canal Periodontal Surgery & Maintenance General Anesthesia Oral Surgery	80%
Major Restorative Dental Services Implants Bridges (1 in 5 years) Dentures (1 in 5 years) Crowns/Inlays/Onlays (1 per tooth in 5 years) Repairs Consultations	50%
Orthodontia Services (covered to age 19) *Must be In-Network and a cost savings provider	60% to \$1,500 lifetime maximum

AMERITAS DENTAL PLAN SEMI-MONTHLY PREMIUMS	
Employee Only	\$1.05
Employee + Spouse	\$8.92
Employee + Child(ren)	\$10.50
Employee + Family	\$21.52



VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by MetLife



Build your benefit with MetLife’s supplemental term life insurance, the City of Georgetown gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children—all at affordable group rates.

Plan Features	Employee	Spouse	Child(ren)
Life Coverage: provides a benefit in the event of death	Minimum election of \$20,000 Increments of \$10,000	Minimum election of \$5,000 Increments of \$5,000	Flat Amount of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Guaranteed Issue Amount*	\$200,000	\$50,000	\$10,000
Overall Benefit Maximum	The lesser of 5 times your basic annual earnings or \$500,000	Up to \$250,000; not to exceed 50% of employee amount	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident	Same Benefit as Life Amount	Same Benefit as Life Amount	Same Benefit as Life Amount
Employee Contribution	100%	100%	100%

Life & AD&D Must Match!
Cannot have stand alone AD&D!

*Please note, that the Guaranteed Issue Amount applies to NEW HIRES ONLY. Any new enrollments that were previously waived or increases in coverage for Employees, Spouse and Children will require the completion of an Evidence of Insurability form from each individual for approval. Please see Human Resources for details.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ADDITIONAL INFORMATION



Features available with Supplemental Life

MetLife Estate Resolution Services (ERS)⁴: is a valuable service offered under the group policy. A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Will Preparation Service⁴: Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 11,500 participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

Portability⁵: If your present employment ends, you can choose to continue your current life benefits.

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. Please note that a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate, for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

¹ Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.

² Cannot exceed spouse amount.

³ Child benefits for children under 6 months old are limited.

⁴ Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

⁵ Subject to state availability. To take advantage of this benefit, coverage of at least \$10,000 must be elected.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PREMIUMS



VOLUNTARY LIFE										
EMPLOYEE/SPOUSE SEMI-MONTHLY PREMIUM										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-29	0.20	0.40	0.60	0.80	1.00	1.20	1.40	1.60	1.80	2.00
30-34	0.21	0.42	0.63	0.84	1.05	1.26	1.47	1.68	1.89	2.10
35-39	0.27	0.53	0.80	1.06	1.33	1.59	1.86	2.12	2.39	2.65
40-44	0.40	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00
45-49	0.63	1.26	1.89	2.52	3.15	3.78	4.41	5.04	5.67	6.30
50-54	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
55-59	1.56	3.11	4.67	6.22	7.78	9.33	10.89	12.44	14.00	15.55
60-64	2.31	4.61	6.92	9.22	11.53	13.83	16.14	18.44	20.75	23.05
65-69	4.29	8.58	12.87	17.16	21.45	25.74	30.03	34.32	38.61	42.90
70-99	8.11	16.21	24.32	32.42	40.53	48.63	56.74	64.84	72.95	81.05
VOLUNTARY AD&D SEMI-MONTHLY PREMIUM										
	0.18	0.35	0.53	0.70	0.88	1.05	1.23	1.40	1.58	1.75
EMPLOYEE/SPOUSE SEMI-MONTHLY PREMIUM										
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
0-29	2.20	2.40	2.60	2.80	3.00	3.20	3.40	3.60	3.80	4.00
30-34	2.31	2.52	2.73	2.94	3.15	3.36	3.57	3.78	3.99	4.20
35-39	2.92	3.18	3.45	3.71	3.98	4.24	4.51	4.77	5.04	5.30
40-44	4.40	4.80	5.20	5.60	6.00	6.40	6.80	7.20	7.60	8.00
45-49	6.93	7.56	8.19	8.82	9.45	10.08	10.71	11.34	11.97	12.60
50-54	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00
55-59	17.11	18.66	20.22	21.77	23.33	24.88	26.44	27.99	29.55	31.10
60-64	25.36	27.66	29.97	32.27	34.58	36.88	39.19	41.49	43.80	46.10
65-69	47.19	51.48	55.77	60.06	64.35	68.64	72.93	77.22	81.51	85.80
70-99	89.16	97.26	105.37	113.47	121.58	129.68	137.79	145.89	154.00	162.10
VOLUNTARY AD&D SEMI-MONTHLY PREMIUM										
	1.93	2.10	2.28	2.45	2.63	2.80	2.98	3.15	3.33	3.50

DEPENDENT CHILD SEMI-MONTHLY PREMIUM				
\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
0.12	0.24	0.48	0.60	1.20
DEPENDENT CHILD AD&D SEMI-MONTHLY PREMIUM				
0.02	0.04	0.08	0.10	0.21

SHORT-TERM DISABILITY INSURANCE

Administered by Dearborn National



The City offers you the option of obtaining Short-Term Disability (STD) insurance administered by Dearborn National. Short-Term disability is intended to protect your income for a short duration in case you become ill or injured. If you are currently enrolled in the Short-Term Disability insurance, you may increase your benefit amount with proof of good health.

If you are a **new hire** and are applying within 31 days of becoming eligible, proof of good health is not required. If you are eligible to increase increments, proof of good health is required.

BENEFITS	
Eligibility	You are eligible to participate if you are an active full-time employee working 30 or more hours per week.
Weekly Benefit Amount The City will allow you to use your leave accruals to subsidize your STD benefit to equal 100% of pay if you have leave accruals available. You will receive your STD benefit for the amount you elect and can use your accruals to make your pay close to or 100%, if accruals are available. Once your leave bank is exhausted, should you have additional STD left, you will only receive the STD benefit from Dearborn.	You may select units of \$50 with a minimum election of \$100 and a maximum election of \$1,000, not to exceed 60% of your weekly covered basic pay.
Maximum Duration	13 weeks
Benefits Begin	8th day for accident 8th day for sickness or pregnancy*
Pre-existing Conditions	<p>Pre-existing condition means a condition which:</p> <ol style="list-style-type: none"> was caused by, or results from a sickness or injury for which you received medical treatment, or advice was rendered, prescribed or recommended whether or not the sickness was diagnosed at all or was misdiagnosed within 3 months prior to your effective date; and Results in a disability which begins in the first 12 months after your effective date.

*typical 6 weeks payment for vaginal healthy delivery; 8 weeks payment for cesarean delivery

		SEMI-MONTHLY PREMIUMS				
		AGE	0-49	50-54	55-59	60+
ANNUAL	WEEKLY BENEFIT		\$0.486	\$0.649	\$0.893	\$1.014
\$8,665	\$100		\$2.43	\$3.25	\$4.47	\$5.07
\$13,000	\$150		\$3.65	\$4.87	\$6.70	\$7.61
\$17,330	\$200		\$4.86	\$6.49	\$8.93	\$10.14
\$21,665	\$250		\$6.08	\$8.11	\$11.16	\$12.68
\$26,000	\$300		\$7.29	\$9.74	\$13.40	\$15.21
\$30,330	\$350		\$8.51	\$11.36	\$15.63	\$17.75
\$34,665	\$400		\$9.72	\$12.98	\$17.86	\$20.28
\$39,000	\$450		\$10.94	\$14.60	\$20.09	\$22.82
\$43,330	\$500		\$12.15	\$16.23	\$22.33	\$25.35
\$47,665	\$550		\$13.37	\$17.85	\$24.56	\$27.89
\$52,000	\$600		\$14.58	\$19.47	\$26.79	\$30.42
\$56,330	\$650		\$15.80	\$21.09	\$29.02	\$32.96
\$60,665	\$700		\$17.01	\$22.72	\$31.26	\$35.49
\$65,000	\$750		\$18.23	\$24.34	\$33.49	\$38.03
\$69,330	\$800		\$19.44	\$25.96	\$35.72	\$40.56
\$73,665	\$850		\$20.66	\$27.58	\$37.95	\$43.10
\$78,000	\$900		\$21.87	\$29.21	\$40.19	\$45.63
\$82,330	\$950		\$23.09	\$30.83	\$42.42	\$48.17
\$86,665	\$1,000		\$24.30	\$32.45	\$44.65	\$50.70

LONG-TERM DISABILITY INSURANCE

Administered by Dearborn National



The City provides you with Long-Term Disability insurance through Dearborn National. Long-term disability is intended to help continue your income if you become unable to work due to illness or injury.

This plan is 100% Employer-paid.

BENEFITS	
Eligibility	You are eligible to participate if you are an active full-time employee working 30 or more hours per week.
Monthly Benefit	60% of pre-disability monthly income
Maximum Monthly Benefit	\$8,000
Elimination Period	90 days of disability
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Own Occupation Limitation	24 months
Mental Health Limitation	24 months
Substance Abuse Limitation	24 months
Income Definition	Average monthly earnings
Pre-existing Condition Limitation	If you have been disabled for a previous issue or condition within 3 months of becoming eligible for long-term disability, then you will have to wait 12 months after your eligibility date with no other medical treatment for that condition before you are eligible to receive long-term disability payout for that particular issue.



COMPASS (BENEFITS ASSISTANCE)



Your team of dedicated Health Pros is here to help.

Health Benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming. Compass is here to simplify your healthcare experience and help you take control of healthcare costs. Your personal Compass Health Pro consultant will take care of you, so you can take care of other things.

Compass can help you...

- Understand insurance benefits
- Pay less for prescriptions
- Find highly rated doctors
- Resolve billing issues
- Save money on healthcare
- Schedule your appointments

Contact your Health Pro today:

jordan.white@compassphs.com

—OR—

800.513.1667 x 475

**Get started. Complete your online profile at
member.compassphs.com.**



City of Georgetown

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:
AWP-COGE-1341

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

WellCoach

Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 8 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...

AWP-EAP Benefit_2015

AFLAC PLANS (ACCIDENT, CANCER, AND CRITICAL ILLNESS)

City of Georgetown offers the following Aflac insurance plans to its employees:



Accident

- Emergency Treatment Benefit
- Specific-Sum Injuries Benefit
- Accidental-Death Benefit
- Initial Hospitalization Benefit
- Hospital Confinement Benefit



Cancer/Specified-Disease

- Initial Diagnosis Benefit
- Hospital Confinement Benefit
- Radiation and Chemotherapy Benefits
- Surgical/Anesthesia Benefit
- Benefits paid regardless of any other insurance
- Ambulance, Transportation and Lodging Benefits
- Cancer Wellness Benefit



Lump Sum Critical Illness

- Pays a lump sum benefit up to \$100,000 for a covered critical illness event: heart attack, stroke, coma, paralysis, major human organ, transplant, end-stage renal disease.
- Pays a benefit for a recurrence of the same critical illness event or an occurrence of a different critical illness event with no lifetime maximum
- Guaranteed-issue available to all applicants for \$10,000 of coverage

For more information about policy benefits, limitations and exclusions, please call your Aflac insurance agent/producer,

Stephanie Garland at (512) 470-5322 or email Stephanie_garland@us.aflac.com

This is a brief product overview only. Plans may not be available in all states. Benefits are determined by situs state and plan level selected.

Aflac for City of Georgetown Employees:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays you cash benefits, unless assigned, to use as you see fit.
- Aflac benefits can help with unexpected expenses.
- Aflac insurance policies belong to you—not your company.
- Aflac offers competitive rates.
- Aflac processes claims quickly—usually within 4 days*
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.

AFLAC ACCIDENT COVERAGE



Voluntary accident coverage pays cash benefits for treatment and services rendered due to a covered accidental injury that occurs on OR off the job and can help protect hard-earned savings. Most major medical insurance plans only pay a portion of the bills. This plan coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses. The plan covers treatment received for services rendered in and out of the hospital. Pays above and beyond any other insurance.

BENEFIT NAME	BENEFIT AMOUNT
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$1,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$200 per day, up to 365 days per covered accident, per covered person
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$400 per day for up to 15 days, per covered accident, per covered person
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150
AMBULANCE BENEFIT	\$150 ground ambulance transportation or \$1,000 air ambulance transportation
BLOOD/PLASMA/PLATELETS BENEFIT	\$100 once per covered accident, per covered person
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$150 per calendar year, per covered person
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$25 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person
THERAPY BENEFIT	\$25 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$200 Wheelchair: \$250 Walker: \$50 Body jacket: \$250 Leg brace: \$75 Walking boot: \$50 Knee scooter: \$250 Crutches: \$50 Cane: \$25 Payable once per covered accident, per covered person
PROSTHESIS BENEFIT	\$500 once per covered accident, per covered person
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$500 once per covered person, per lifetime
REHABILITATION FACILITY BENEFIT	\$100 per day
HOME MODIFICATION BENEFIT	\$2,000 once per covered accident, per covered person

AFLAC ACCIDENT COVERAGE CONTINUED...



BENEFIT NAME	BENEFIT AMOUNT		
ACCIDENT SPECIFIC-SUM INJURIES BENEFIT	Pays benefits for the treatments listed below:		
	DISLOCATIONS.....\$75-\$3,000 BURNS..... \$100-\$10,000 SKIN GRAFTS.....50% of the burns benefit amount EYE INJURIES Surgical repair.....\$250 Removal of foreign body.....\$50 LACERATIONS Not requiring sutures.....\$25 Less than 5 centimeters.....\$50 Between 5cm-15cm.....\$200 FRACTURES.....\$100-\$2,750 CONCUSSION (brain).....\$100	EMERGENCY DENTAL WORK Broken tooth repaired w/crown...\$300 Broken tooth resulting in extraction...\$100 COMA.....\$10,000 PARALYSIS Quadriplegia.....\$10,000 Paraplegia.....\$5,000 Hemiplegia.....\$4,000 SURGICAL PROCEDURES.....\$175-\$1,000 MISC SURGICAL PROCEDURES...\$100-\$250 PAIN MANAGEMENT (non-surgical). Epidural.....\$100	
ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident INSURED \$100,000 SPOUSE \$100,000 CHILD \$15,000	Other Accident \$25,000 \$25,000 \$10,000	Hazardous Activity Accident \$10,000 \$10,000 \$5,000
ACCIDENTAL-DISEMEMBERMENT BENEFIT	\$250-\$25,000		
WELLNESS BENEFIT	\$60 once per calendar year		
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident		
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year		
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, if conditions are met		
WAIVER OF PREMIUM BENEFIT	Yes		
TRANSPORTATION BENEFIT	\$400 per round trip, up to 3 round trips per calendar year, per covered person		
FAMILY LODGING BENEFIT	\$100 per night, up to 30 days per covered accident		

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITALS,

AFLAC ACCIDENT PREMIUMS



Accident Advantage	SEMI-MONTHLY PREMIUMS
Individual	\$8.65
Insured / Spouse	\$12.29
One-Parent Family	\$14.63
Two-Parent Family	\$19.11



AFLAC CANCER COVERAGE

Group cancer coverage provides cash benefits for a covered initial diagnosis of internal or skin cancer and other specified diseases. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries or utilities—the choice is yours. The AFLAC Cancer plan is here to help you and your family better cope financially – and emotionally—if a positive diagnosis of cancer ever occurs. Pays above and beyond any other insurance.



BENEFIT NAME	BENEFIT AMOUNT
CANCER WELLNESS BENEFIT	\$75 per year, per covered person
CANCER DIAGNOSIS BENEFITS:	
Initial Diagnosis Benefit	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per covered person
Medical Imaging with Diagnosis Benefit	\$135; two payments per year, per covered person, no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per covered person
CANCER TREATMENT BENEFITS:	
Injected Chemotherapy Benefit	\$600 per week; no lifetime max
Non-hormonal Oral Chemotherapy Benefit	\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit
Hormonal Oral Chemotherapy Benefit	\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 per month for Oral/Topical Benefit
Topical Chemotherapy Benefit	\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit
Radiation Therapy Benefit	\$350 per week; no lifetime max
Experimental Treatment Benefit	\$350 per week if charged; \$100 per week if no charge; no lifetime max
Immunotherapy Benefit	\$350 once per month; \$1,750 lifetime max per covered person
Ant nausea Benefit	\$100 per month; no lifetime max
Stem Cell Transplantation Benefit	\$7,000; lifetime max \$7,000 per covered person
Bone Marrow Transplantation Benefit	\$7,000; \$7,000 lifetime max per covered person; \$750 to donor
Blood and Plasma Benefit	Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical /Anesthesia Benefit	\$100-\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$35-\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$200 per day; no lifetime max

AFLAC CANCER COVERAGE CONTINUED...



BENEFIT NAME	BENEFIT AMOUNT
HOSPITALIZATION BENEFITS:	
Hospital Confinement Benefit: <ul style="list-style-type: none"> • Hospitalization for 30 days or less • Hospitalization for Days 31+ 	Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
CONTINUING CARE BENEFITS:	
Extended-Care Facility Benefit	\$100 a day, limited to 30 days per year, per covered person
Home Health Care Benefit	\$100 per day, limited to 30 days per year, per covered person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$10,000 lifetime max per covered person
Nursing Services Benefit	\$100 per day; no lifetime max
Surgical Prosthesis Benefit	\$2,000; lifetime max \$4,000 per covered person
Nonsurgical Prosthesis Benefit	\$175 per occurrence; lifetime max \$350 per covered person
Reconstructive Surgery Benefit	\$220—\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per covered person
AMBULANCE, TRANSPORTATION, LODGING, AND OTHER BENEFITS:	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$0.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit	\$65 per day; limited to 90 days per year
Bone Marrow Donor Screening	\$40; limited to one benefit per covered person, per lifetime
REFER TO THE OUTLINE OF COVERAGE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.	

AFLAC CANCER PREMIUMS



Cancer Care Plan Classic	SEMI-MONTHLY PREMIUMS
Individual	\$19.25
Insured / Spouse	\$34.33
One-Parent Family	\$19.71
Two-Parent Family	\$34.79



AFLAC CRITICAL ILLNESS COVERAGE

Voluntary critical illness coverage provides a lump sum cash benefit if you experience a covered critical illness. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses or to help with any purpose you choose. Pays above and beyond any other insurance.



Critical illness events covered by the Lump Sum Critical Illness policy includes:

Lump Sum Benefit options of \$10,000, \$20,000 or \$30,000 for primary insured.

- Coma
- Major Human Organ Transplant
- End-Stage Renal Failure
- Paralysis
- Heart Attack
- Stroke

BENEFIT NAME	BENEFIT AMOUNT
MAJOR CRITICAL ILLNESS EVENT BENEFIT	
Primary Insured:	\$10,000 (additional amounts may be available in \$5,000 increments up to \$100,00)*
Spouse/Dependent children:	50% of the primary insured benefit amount Payable once per covered person, per lifetime
SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT	
Primary Insured:	\$5,000
Spouse/Dependent children:	\$2,500 No lifetime max
CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	
Primary Insured:	\$3,000
Spouse/Dependent children:	\$1,500 Payable once per covered person, per lifetime
SUDDEN CARDIAC ARREST BENEFIT**	
Primary Insured:	\$10,000
Spouse/Dependent children:	\$5,000 Payable once per covered person, per lifetime
*Applicants who apply for \$15,000-\$30,000 require underwriting; applicants who apply for \$35,000 and above require underwriting and must meet other stipulations. Ask your AFLAC agent for more information.	
**Sudden cardiac arrest is not a heart attack.	



We've got you under our wing.®

AFLAC CRITICAL ILLNESS PREMIUMS



NON-TOBACCO RATES		SEMI-MONTHLY PREMIUMS				
AGE	COVERAGE	\$10,00		\$20,00		\$30,00
		Total		Total		Total
18-24	INDIVIDUAL OR ONE-PARENT FAMILY	\$2.21		\$2.99		\$3.77
25-29		\$2.47		\$3.64		\$4.81
30-34		\$3.25		\$4.81		\$6.37
35-39		\$4.42		\$6.63		\$8.84
40-44		\$5.72		\$8.71		\$11.70
45-49		\$6.96		\$10.73		\$14.50
50-54		\$8.13		\$12.55		\$16.97
55-59		\$9.23		\$14.30		\$19.37
60-64		\$10.86		\$16.84		\$22.82
65-70		\$10.86		\$16.84		\$22.82
18-24	HUSBAND WIFE OR TWO-PARENT FAMILY	\$3.58		\$5.01		\$6.44
25-29		\$4.03		\$5.98		\$7.93
30-34		\$5.27		\$7.87		\$10.47
35-39		\$6.96		\$10.60		\$14.24
40-44		\$8.71		\$13.26		\$17.81
45-49		\$10.60		\$16.32		\$22.04
50-54		\$12.74		\$19.63		\$26.52
55-59		\$14.95		\$23.01		\$31.07
60-64		\$18.40		\$28.54		\$38.68
65-70		\$18.40		\$28.54		\$38.68

TOBACCO RATES		SEMI-MONTHLY PREMIUMS				
AGE	COVERAGE	\$10,000		\$20,00		\$30,00
		Total		Total		Total
18-24	INDIVIDUAL OR ONE-PARENT FAMILY	\$2.86		\$4.29		\$5.72
25-29		\$3.58		\$5.53		\$7.48
30-34		\$4.94		\$7.80		\$10.66
35-39		\$6.76		\$10.66		\$14.56
40-44		\$8.78		\$14.11		\$19.44
45-49		\$10.73		\$17.23		\$23.73
50-54		\$12.55		\$20.35		\$28.15
55-59		\$14.17		\$23.01		\$31.85
60-64		\$16.58		\$26.98		\$37.38
65-70		\$16.58		\$26.98		\$37.38
18-24	HUSBAND WIFE OR TWO-PARENT FAMILY	\$4.94		\$7.54		\$10.14
25-29		\$5.98		\$9.36		\$12.74
30-34		\$8.06		\$12.74		\$17.42
35-39		\$10.73		\$17.10		\$23.47
40-44		\$13.52		\$21.58		\$29.64
45-49		\$16.51		\$26.39		\$36.27
50-54		\$19.89		\$31.85		\$43.81
55-59		\$23.21		\$37.38		\$51.55
60-64		\$28.34		\$46.02		\$63.70
65-70		\$28.34		\$46.02		\$63.70

LEGAL SHIELD & ID PROTECTION

Employees have the option of starting, changing, or stopping coverage at any time. There is no requirement for qualifying event to occur.














HAVE YOU EVER?

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information on-line
- Feared the security of your medical information
- Been pursued by a collection agency

WHAT IS LEGALSHIELD?





LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 23 if a full-time college student; and physically or mentally disabled dependent children.

THE IDSHIELD™ MEMBERSHIP INCLUDES:

-  **Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
-  **Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield Plans are available for Groups at individual or family plan rates. A family rate covers the member, member's spouse or domestic partner and up to 8 dependents up to the age of 26*.
*Dependents that are over 18, under 26, and either live at home or are a full-time student and have never been married will receive unlimited consultation and complete restoration by Kroll licensed private investigators. Monitoring is not available for dependents in this category.

Payroll Deductions Semi-Monthly (24 PP)	Family	Individual
LegalShield	\$7.98	\$7.98
IDShield	\$9.48	\$4.48
Combined	\$15.45	\$12.45

For more information, please call your independent associate:

Jason and Kacy Lavender
512.740.3322
jlavender@legalshieldassociate.com

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

NOTICES (SPECIAL ENROLLMENT, HIPAA, SUMMARY OF MODIFICATION)



This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit Plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan document is the final authority. City of Georgetown reserves the right to change or discontinue its benefit plans at any time.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if your dependents lose eligibility for that other (or if your employer stops contributing towards your or your dependents' other coverage). However, you must request and complete enrollment with 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request and complete enrollment within 31 days after the marriage, birth, adoption, or placement for adoptions.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances, relating to Medicaid and state CHIP. As described above, a 31-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact your Human Resources Department.

HIPAA PRIVACY NOTICE

HIPAA requires City of Georgetown to notify you that a privacy notice is available upon request. Please contact your Human Resources Department if you have any questions.

SUMMARY OF MATERIAL MODIFICATION

This summary of material modification (SMM) describes changes to the City of Georgetown Plan and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is January 1st, 2019. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

NOTICE – WOMEN’S HEALTH & CANCER RIGHTS ACT, AND NEWBORN ACTS DISCLOSURE



The Women’s Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for a mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery / reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant’s rights under the plan to avoid these requirements; or
- Offer inducements to the health care provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

These benefits will be provided, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the City of Georgetown Health Plan. Please see the Medical Benefit Plan for specific details.

NEWBORN ACTS DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours as applicable. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

NOTICE – ASSISTANCE UNDER CHIP



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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **January 31, 2019**. Contact your State for more information on eligibility

Alabama - Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447	Iowa - Medicaid Website: http://dhs.iowa.gov/hawki Phone: 1-800-257-8563
Alaska - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4881 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhs.alaska.gov/dpa/Pages/medicaid/default.aspx	Indiana - Medicaid Healthy Indiana Plan for low-income adults 1964 Website: http://www.in.gov/ssa/hip Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Kansas - Medicaid Website: http://www.kdhs.gov/hdf/ Phone: 1-785-296-3512
Florida - Medicaid Website: https://fimedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Kentucky - Medicaid Website: http://chfs.ky.gov Phone: 1-800-635-2570
Georgia - Medicaid Website: www.medicaid.georgia.gov Click on Health Insurance Premium Payment (HIPP) Phone: 404-856-4507	Louisiana - Medicaid Website: http://dh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-895-2447

Maine - Medicaid Website: http://www.maine.gov/dhhs/dfi/public-assistance/index.html Phone: 1-800-442-8003 TTY: Maine relay 711	Oregon - Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	Pennsylvania - Medicaid Website: http://www.dhs.pa.gov/provider/medicaidassistance/healthinsurancepremiumpaymenthipp-program/index.htm Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Rhode Island - Medicaid Website: www.edhs.ri.gov Phone: 855-697-4347
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	South Carolina - Medicaid Website: http://www.scdhs.gov Phone: 1-888-648-0820
Nevada - Medicaid Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	West Virginia - Medicaid Website: http://www.mywvhipp.com/ Phone: 855-MyWVHIPP (855-699-8447)
New Hampshire - Medicaid Website: https://www.dhhs.nh.gov/oir/hipp.htm Phone: 603-271-5218 Toll-Free: 800-852-3345, ext 5218	Utah - Medicaid and CHIP Medicaid Website: http://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7689
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 800-831-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Virginia - Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-6924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-5282
Montana - Medicaid Website: http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Washington - Medicaid Website: http://www.hc.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program Phone: 1-800-662-3022 ext. 15473
North Carolina - Medicaid Website: https://www.dma.ncdhs.gov/ Phone: 919-855-4100	Texas - Medicaid Website: https://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-954-4825	Wisconsin - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Wyoming - Medicaid Website: https://health.wyo.gov/healthcareinmedicaid Phone: 307-777-7531

To see if any other states have added a premium assistance program since **January 31, 2019**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Medicare D Notice

Important Notice from City of Georgetown 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 City of Georgetown 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. City of Georgetown has determined that the prescription drug coverage offered by the City of Georgetown Medical 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 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 City of Georgetown coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan in this book for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current ABC Recycling coverage, be aware that you and your dependents may not be able to get this coverage back.



Medicare D Notice

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 ABC Recycling 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.

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

Contact the person listed below for further information. **NOTE:** You will 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 ABC Recycling changes. You also may request a copy of this notice at any time.

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
- 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
- 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, 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).

Date: January 1, 2020 - December 31, 2020

Name of Entity/Sender:	City of Georgetown
Contact--Position/Office:	Human Resources Address: 808
Martin Luther King Jr. St.	Georgetown, Texas 78626
Phone Number:	512.930.3691



The Benefit Summary section prepared by



Gallagher

Insurance | Risk Management | Consulting