



EMPLOYEE BENEFITS GUIDE

Benefit Plans Effective

January 1, 2024 – December 31, 2024

GET TO KNOW YOUR BENEFITS



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REVIEW THIS GUIDE TO RESEARCH BENEFITS OFFERED AND IDENTIFY WHICH ONES ARE BEST FOR YOU.

There are changes to multiple benefits for the 2024 year beginning on January 1, 2024. The City of Georgetown benefits team encourages you to review, ask questions, and evaluate different coverage options available to determine which is best for you. Please review page 3 for more information.

You can contact vendors or visit the Benefits and Total Rewards page on the SharePoint site for more detailed benefits information.

IMPORTANT REMINDERS



1. Submit all changes no later than November 10, 2023
2. Check your health and other insurance plans about tier changes, network coverage, providers, drug tiers, wellness benefits, and more.
3. NEW HIRE? Please read this guide entirely and reach out to Benefits@georgetown.org for any questions or assistance you might need. More information is also available on the Total Rewards, Benefits & Compensation SharePoint site.
4. TURNING 65? Visit the HR SharePoint Site and talk to Celina Morales for more information on retiring from the City of Georgetown.
5. Doctors and hospitals within your network may change during the year. If your provider is no longer available, your health insurance carrier will help you find a new one. Your doctor or hospital leaving a network is not a qualifying event to change health plans.
6. When checking provider coverage, the myUHC app or website is your best source of information. Not yet enrolled, you can still access provider information online at myuhc.com by entering your zip code or calling UHC member services at 844-253-3955. City of Georgetown group number is 906136.
7. Changes to your Benefits elections can only be made during the Open Enrollment window or within 30 days of a qualifying event status change. See Eligibility on page x for more details or the SharePoint site.

WHAT'S NEW for 2024

High Deductible Health Care Plan

The IRS has raised the minimum deductibles for High Deductible Insurance Plans beginning in the 2024 year. The individual deductible for the High Deductible Health Plan will increase to \$3200.

OPTUM Health Savings Account

Optum will be the New City Sponsored HSA vendor for 2024. This move comes with Investment Opportunities. When you elect the HSA account in Workday, your account with Optum will be automatically opened including a one-time \$25.00 contribution from Optum Financial when the employer or employee contribute \$250. Note, this contribution does count towards your IRS maximum contribution limit.

The IRS has also increased the contribution limits for Health Savings accounts in 2024. The total contribution limit for Individuals in 2024 is \$4,150 and \$8,300 for a family. You may only enroll in the HSA accounts if you choose the HDHP Medical Plans.

OnePass Gym Membership

This is a new wellness benefit offered through United HealthCare available to all employees and up to 4 family members, friends, or co-workers. OnePass provides reduced cost access to numerous fitness, nutritional, and wellness digital platforms and brick and mortar gyms in the Central Texas region. Learn more about this awesome opportunity on page 36. *Membership fee is per person*; family and friends may have different membership levels.

Delta Dental

Our new Dental Plan will be offered through Delta Dental. They offer a larger network of providers and enhanced preventative services for patients with at risk medical conditions and orthodontics is covered for child dependents until age 26. Read more about our new Dental Plan on page 22.

Employee Assistance Program

Deer Oaks will be our new provider for the Employee Assistance Program. This is a free, voluntary, and confidential program that offers a variety of programs to assist you and your family navigate life challenges, adverse events, stress, and other circumstances.

OCHS Life Insurance Products

OCHS Incorporated, a division of Securian Life, will be administering our City sponsored insurance products: basic Life, Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD) insurance products. They will also be offering the employee elected voluntary products: Life, AD&D, and Short-Term Disability (STD) insurance. Life Insurance products include: no age reduction, 100% accelerated death benefits, and higher maximum benefit amounts for STD and LTD. See more information for these products on page 23.

Aflac Supplemental Insurance Plans

Aflac will now be providing our Critical Illness, Accident Plan, and newly offered Hospital Indemnity Plan. These are voluntary supplemental insurance products that help offset the cost of unexpected health care costs.

- **Critical Illness:** Changes this year include automatic coverage for dependent children at no additional cost. Dependents are covered at 50% of the employee election.
- **Accident Plan:** There is now only one Accident Plan. This plan provides cash benefits directly to employees that help with out-of-pocket expenses – medical and non-medical – associated with treatment in the event of a covered accident.
- **Hospital Indemnity:** The Aflac Group Hospital Indemnity Plan provides cash benefits directly to employees that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.



MEET YOUR HUMAN RESOURCES TEAM



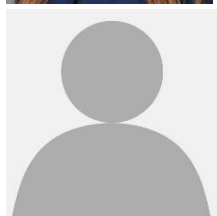
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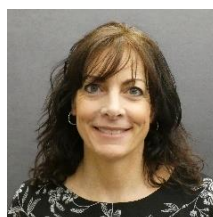
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The Human Resource Department's mission is to foster employee development and wellbeing through our commitment to the City's core values.

The City of Georgetown is proud of our employees and offers a comprehensive Total Rewards package that includes competitive compensation, broad range of benefits, Level-Up Wellness & Wellbeing program, recognition, and a focus on professional development. We believe in work-life balance and appreciate your commitment to excellence and do our best to offer a rewards program that provides the same level of support and commitment to taking care of our employees.

Compensation

A citywide market review is conducted annually during the Spring and Summer months. This market review ensures all positions are competitive with our council approved benchmark cities and utilities.

In addition to base pay, in December, longevity is received by employees who have 2 years of continuous service by December 1 of that year and in January, merit increases are effective for those who have been employed prior to April 1 of the previous year. City of Georgetown also provides paid Holidays and employees accrue sick and vacation leave each pay period.

The City also provides many other perks such as membership to the Georgetown Rec Center, Tennis Club, and Library.

Benefits

The City of Georgetown provides a comprehensive, cost effective, health and welfare package that includes the following: medical, dental, voluntary vision, life and accidental death & dismemberment insurance, long & short-term disability, health care spending accounts, and many more additional programs including financial planning and retirement planning opportunities.

Level-Up Wellness

The City is concerned for the health and welfare of its employees and is committed to providing a robust and well-rounded benefit program 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. Learn more about the Wellness program and our Employee Assistance Program on pages 37.



Training and Development

Investment in our employees is a top priority. Organizational Development (OD) offers a variety of development initiatives and training opportunities to engage city staff. Training and Development opportunities are evaluated and updated on a yearly basis and occurs prior to our budget planning process. Learn more on page 7.

COMPENSATION: Vacation, Sick Leave, and Holidays

Time and leave are managed by fiscal year, which runs from October 1 – September 30th of the following year.

Vacation

All full-time employees accrue vacation time based on the schedule below. Part-time employees earn vacation on a pro-rated schedule.

Civil Service Employees (Firefighters & Sworn Police) receive at least 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 and available to use on the 16th and 1st of the following month.

Years of Service	Full-time City Employee	Firefighter Operations	Sworn Police Employee
0-3	12 days per year	15 days per year*	15 days per year*
4-8	15 days per year	15 days per year	15 days per year
9-13	17 days per year	17 days per year	17 days per year
14+	20 days per year	20 days per year	20 days per year

Beginning the first full fiscal year of employment, full-time employee must take a minimum of 40 hours of vacation and part-time employees must take a minimum of 20 hours vacation annually. Any mandatory time off not utilized will be forfeited. For example, an employee must take 40 hours between Oct 1–Sept 30 of the fiscal year; if only 24 hours of vacation are taken, 16 hours will be forfeited.

For the purposes of leave accruals, for Sworn Police and regular full-time employees, one day is equivalent to eight (8) hours. Firefighter Operations is equivalent to twelve (12) hours. The table below is a semi- monthly hourly accrual.

Years of Service	Full-time Employee	Firefighter Operations	Firefighter Administration	Sworn Police
0-3	4.00	7.50	5.35	5.00
4-8	5.00	7.50	5.35	5.00
9-13	5.67	8.50	6.08	5.67
14+	6.67	10.0	7.15	6.67

Employees can carry-over vacation from one fiscal year to the next. The maximum amount any regular full-time employee can carry over from Sept. 30th to Oct 1st is 240 hours, 360 hours for Firefighters assigned in operations, or 257 hours for Firefighter assigned to Administration. The maximum carry over vacation amount for part-time employees who are scheduled 0-19 hours per week is 120 hours, and those scheduled 20-29 hours per week is 180 hours.

Sick Time

Full-time employees earn one day of sick leave per month, part-time employees on a pro-rated basis. Civil Service Employees (Firefighter & Sworn Police) receive 15 days of sick leave per year per Texas Local Government Code. For the purposes of leave accruals, regular full-time, Sworn Police, and Sworn Fire Administration employees, one day is equivalent to eight (8) hours. Firefighter Operations one day is equivalent to twelve (12) hours. Employees may use earned sick leave and carryover 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 & Fire Administration
4.00	7.50	5.00

HOLIDAYS

To provide a paid time off benefit to recognize traditional holidays preserving the rich heritage and traditions of our community and enhancing the quality of life.

Full-time employees enjoy thirteen (13) paid holidays per year.

When a holiday lands on a Part-time employee's normally scheduled workday, they will receive 1.5 times their regular pay and their normally scheduled work hours will be banked, up to (8) hours to be used at a day of their choosing before the end of the fiscal year.

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 holiday will be observed on a Monday.

The following holidays are observed:

New Year's Day
Martin Luther King Jr Birthday
President's Day
Good Friday
Memorial Day
Juneteenth
Independence Day
Labor Day
Veterans
Thanksgiving
Day after Thanksgiving
Christmas Eve
Christmas Day

Monday January 1st
Monday January 15th
Monday February 19th
Friday March 28th
Monday May 27th
Wednesday June 19th
Thursday July 4th
Monday September 2nd
Monday November 11th
Thursday November 28th
Friday November 29th
Tuesday December 24th
Wednesday December 25th



PERSONAL HOLIDAY:

Full-time employees receive (2) personal holidays at the beginning of each fiscal year on October 1st. Employees hired between October 1st and March 31st will receive (2) personal holidays available on the date of hire. Employees hired between April 1st and September 1st will receive (1) personal holiday. Any hours not used by September 30th will be forfeited.

For the purposes of leave accruals one day is equivalent to 8 hours for regular full-time and Sworn Police employees; Firefighter Operations is equivalent to 12 hours.



LIBRARY ACCESS

Free Library Access for Employees & Family

City employees and their family members are eligible for free Library cards, regardless of their residency. The Library's collection serves adults, teens, and children and includes books, DVDs, music CDs, audiobooks on CD, magazines, and newspapers. The Library also has cake pans and jigsaw puzzles to check out! City employee Library cards provide access to digital resources too, including genealogy, business, and education databases, e-books, and e-audiobooks.



402 W. 8th Street | <https://library.georgetown.org/>

After an employee has had a Library account in good standing for one month, they are eligible for a TexShare card. A TexShare card from our Library gives the employee borrowing privileges at most other public and academic libraries in Texas. Nearby libraries that participate in this program include Smith Library Center at Southwestern University, Round Rock Public Library, and the libraries at UT-Austin.

Public computers with free Internet access and 10-cent per page color printing are available for use at the Library. The Library also provides free wireless Internet access for all patrons with no password required.

The library hosts art exhibits year-round and sponsors periodic City staff art exhibits, which qualify participants for points in the Wellness Program. There will be a City Staff Art Show April 11-May 14, 2023, with a reception on Friday, April 14th from 4-6 p.m. For more information visit library.georgetown.org/city-staff-art-show

Adult programs are offered free of charge year-round, including basic technology assistance, tax assistance, genealogy and local history programs, a knitting group, and more. An Adult Summer Reading Program is offered each year in July and August.

The Library also offers free children's, family, and teen programs throughout the year, including story times for young children. A special Summer Reading Program takes place in June and July for children through age 12 and teens ages 12 to 18.

Training and Development

The City of Georgetown uses Workday Learning to house all required training opportunities and many of the discretionary training opportunities. Workday Learning is a learning management system (LMS). In this system, we use functionality that assigns out required training to the individual level. Optional training is also available and is readily available to all employees simply by searching for and enrolling in a course. Because we use an LMS, training records are easy to access, and employees have the capability to access their transcript.

There are many more coursework and development opportunities for employees. Succession planning is done at the departmental level; talk to your supervisor and be sure to visit the SharePoint site for more detailed information. For questions regarding training and development opportunities, please contact OD@georgetown.org.

BENEFITS OVERVIEW

As part of your total rewards package, The City of Georgetown proud to provide access to high-quality benefits that support your health, lifestyle, and financial goals. As a newly eligible employee, this guide will help you navigate benefits and your related enrollment deadlines. Please review this material mindfully before making your enrollment decisions.

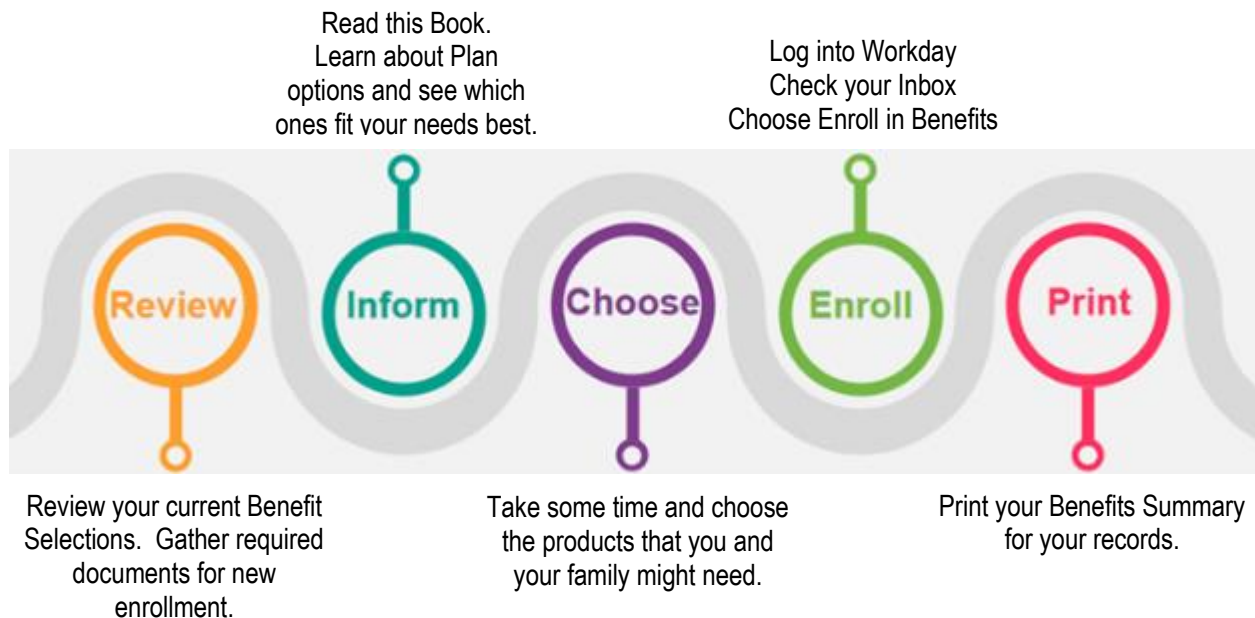
The overall administration of the benefits program is re-evaluated and revised periodically to ensure it is simple, efficient, cost-effective and maintains high quality customer service. All benefits are approved by the City Council yearly as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time. These benefits are not a guarantee of your employment with the City.

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 prevail. For detailed information about the plans, including terms, coverage, exclusions, limitations, and conditions, contact the Employee Benefits Division of the Human Resources Office, benefits@georgetown.org or the City's SharePoint site under HR Services – Total Rewards for plan documents. The guidebook doesn't intend to provide legal advice or address your specific issues. Any questions about the covered healthcare plans can be directed to our Benefits Advocacy Center at 877-489-6236 or benefits@georgetown.org.

Communications

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, flyers, 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

Our program is designed to be cost-effective for the City and the employees. 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 benefits program. Your Benefit team is constantly reviewing programs and plans to identify the most cost-effective programs that do not sacrifice quality of care and service.

All elected benefits are deducted from the first two paychecks of the month for a total of 24 payroll deductions per calendar year. TMRS and Mission Square Retirement Plans are deducted on a semi-monthly basis for a total of 26 payroll deductions per calendar year.

The City of Georgetown offers a variety of voluntary benefit programs. The plans are in effect from January 1 – December 31.

City Sponsored Benefit Plans	Who Pays	How You Pay
Basic Life and AD&D	The City	No Cost
Long-Term Disability (LTD)	The City	No Cost
Benefits Advocacy Center****	The City	No Cost
Employee Assistance Program (EAP)	The City	No Cost
Benefit Discount Page	The City	No Cost
Urban Sitters	The City	\$200.00 Reimbursement
TMRS Supplemental Death Benefit**	The City	No Cost
TMRS Retirement & Supplemental Death Benefit	Shared	Before tax*
Retirement Concierge (Post-retirement medical plans)	The City	No Cost
Retiree Recreation Center Privilege (Retiree Only)	The City	No Cost
Voluntary Benefit Plans		
Medical Plans & Prescription Drugs	Shared	Before tax*
Dental Plan	Shared	Before tax*
Vision Plan	You	Before tax*
HealthCare Spending Account – Employer Contribution*	The City	Before tax*
Flexible Spending Accounts (FSA)	You	Before tax*
Supplemental Life and AD&D	You	After tax
Short-Term Disability (STD)	You	After tax
Critical Illness	You	After tax
Accident Plan	You	Before tax*
Hospital Indemnity	You	After tax
ID Theft & Legal Shield Protection	You	After tax
MissionSquare Plans	You	Plan Dependent

*Your cost for Medical, Dental, Vision, Cancer, Accident, Flexible Spending plans, TMRS, and MissionSquare 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 Benefits Advocacy Center if you and your dependents are covered under the medical plan.

Electing Benefits

There are a few times during the year when you can elect or change your benefit elections under our plan. They are:

- As a new hire
- When you have a qualifying life event
- During Annual Open Enrollment

The City of Georgetown's plan year runs from January 1 through December 31.

Eligibility

Employees: All City of Georgetown employees scheduled to work at least 30 hours per week are eligible for voluntary benefits on the first day of the month following your date of hire. Initial enrollment period must be completed within 31 days of your hire date.

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.

Eligible dependents include:

- Your lawful spouse as determined by the state in which you reside.
- Your or your spouse's children and stepchildren, adopted children or children placed for adoption with the eligible employee or eligible employee's spouse and any children whom you have legal custody. Any dependent children, which by court order must be provided healthcare coverage by the eligible employee or the eligible employee's spouse. Court or government approval of guardianship is required. (up to age 26).
- Your or your spouse's unmarried child over age 26 certified as disabled.
- Your unmarried dependent 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.

Duplicate Coverage: An individual is not eligible to be covered if any of the below conditions apply:

- As both a City employee and spouse for the same benefit
- As both a City employee and as a dependent
- As a dependent for more than one City employee and/or City retiree for the same benefit

Qualifying Life Events

You can add/remove a qualified dependent to your current plans during the year if you experience a qualifying life event within 30 days of the event. Qualifying life events include:

Life Event	Documentation
Marriage	Marriage Certificate
Divorce	Divorce Decree
Birth/Adoption	Birth certificate/Adoption Decree
Death of spouse or dependent child	Certified copy of Death Certificate
Change in employment status of employee, spouse or dependent child	Document showing loss/gain of coverage effective date
Entitlement to Medicare or Medicaid	Document showing coverage effective date
Qualification by Plan Administrator of a child support order for medical coverage	Document will be submitted by State to Plan Administrator
Change in cost of dependent care (only for flexible dependent care spending account)	Employee statement of decreased daycare costs

Coverage Ending Dates

Coverage for you and your dependents will end on the earliest of the following:

- The last day of the month. Coverage will end on the last day of the month of termination and loss of dependent eligibility.
- Qualifying Event: Coverage ends the day before the date of the qualifying event. An example of this is when an employee gains coverage through their spouse's employment. Employee is eligible under spouses' plan March 16th. The last date of coverage with the City is March 15th.
- An employee turns age 65 and enrolls into Medicare. Medicare enrollment is effective on the first day of the month of your birthday. The last date of coverage will be the last day of the month preceding your birth month.
- The last day the plan ends.

Waiving Coverage

Have medical coverage elsewhere? The City will provide a \$150.00 monthly stipend, paid semi-monthly. You must complete the City's Opt-out form to be eligible. Per IRS regulations, this form must be completed on an annual basis for each year or partial year that you waive coverage.

Please Note: If you are waiving coverage and later decide you would like City provided coverage, you will not be able to enroll until the next Open Enrollment or within 30 days of a qualifying event.

Compare your Health Benefits Options:

City of Georgetown offers two medical plans, the PPO plan and the High Deductible plan, also known as the HDHP / HSA Plan. Both plan options provide you with the same United HealthCare network, giving you and your covered dependents access to a broad network of physicians, facilities, and health care services.

There are options on both plans to lower your out-of-pocket costs (co-pays and deductibles) through virtual providers and completing your annual physical to qualify for the Medical Premium Credit.

Use the overview below and full details comparison on the following pages to choose a plan that best fits your needs and those of your dependents.

Medical Premiums

Medical Opt Out

If you choose NOT to enroll in one of the UHC medical plans, the City will pay you \$150 per month. Employees must complete the Opt-Out form. Restrictions apply.

Medical Premium Credit

Employees enrolled in the City's medical plan who complete their annual wellness exam with their primary care provider (PCP) in calendar year 2023 are eligible to receive a \$12.50 semi-monthly premium credit in the calendar year 2024. All Firefighters and Police Officers who completed their annual Frontline physical in 2023 through their departments are also eligible for the medical premium credit. **Note:** Employees who have selected UHC Choice Plus HDHP – "Employee Only" will receive \$10.17 semi-monthly premium credit.

Medical Premiums	UHC PPO PLAN Semi-Monthly Deduction	UHC HDHP PLAN Semi-Monthly Deduction
Employee Only	\$50.85	\$10.17
Employee + Spouse	\$323.44	\$165.60
Employee + Child(ren)	\$95.18	\$46.80
Employee + Family	\$345.08	\$176.55

MEDICAL INSURANCE



Side by Side Comparison:

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. Co-pays, deductibles, Annual OOP maximum or applicable percentages are the member's responsibility. Group Number: 906136

OUT OF POCKET COSTS	UHC CHOICE PLUS PPO PLAN IN-NETWORK	UHC CHOICE PLUS HDHP PLAN IN-NETWORK
Annual Deductible	\$3,000 Individual \$6,000 Family	\$3,200 Individual \$6,000 Family
Annual Out-of-Pocket (OOP) Maximum	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family
Maximum Lifetime Benefits	Unlimited	Unlimited
DOCTOR'S OFFICE		
Virtual Office Visit Designated Virtual Network Provider	\$30 copay	10% coinsurance <u>after</u> deductible (estimated \$49 charge)
Primary Care Office Visit	\$30 copay	10% coinsurance <u>after</u> deductible
Specialist Office Visit	\$50 copay	10% coinsurance <u>after</u> deductible
Annual Wellness Exam	Plan Pays 100%, no deductible	Plan Pays 100%, no deductible
HOSPITAL SERVICES		
Urgent Care Provider	Plan pays 100% after \$75 copay	10% coinsurance <u>after</u> deductible
Emergency Room	\$250 copay* per visit, deductible doesn't apply	10% coinsurance <u>after</u> deductible
Hospital Care - Inpatient	Plan pays 100% after deductible	10% coinsurance <u>after</u> deductible
Diagnostic Lab and X-Ray— Outpatient	Plan pays 100%, no deductible	10% coinsurance <u>after</u> deductible
Major Diagnostic (CT, PET, MRI)	Plan pays 100% after deductible	10% coinsurance <u>after</u> deductible
Maternity: Office Visits	No Charge	No Charge
Delivery-professional services	Plan pays 100% <u>after</u> deductible	10% coinsurance <u>after</u> deductible
Delivery-facility services	Plan pays 100%, <u>no</u> deductible	10% coinsurance <u>after</u> deductible
Home Health Care (60 visits/year)	Plan pays 100% after deductible	10% coinsurance <u>after</u> deductible
Hospice Care	Plan pays 100% after deductible	10% coinsurance <u>after</u> deductible
Outpatient Rehabilitation Therapy (limited visits/see plan summary)	Plan pays 100% after \$50 copay	10% coinsurance <u>after</u> deductible
Chemical Dependency	<i>Preauthorization Required</i>	<i>Preauthorization Required</i>
Outpatient Services	\$50 copay; deductible <u>doesn't</u> apply	10% coinsurance <u>after</u> deductible
Inpatient Services	Plan pays 100% after deductible	10% coinsurance <u>after</u> deductible
Mental Health Outpatient Services	\$50 copay	10% coinsurance <u>after</u> deductible
Mental Health Inpatient Services	Plan pays 100% after deductible	10% coinsurance <u>after</u> deductible
PRESCRIPTION DRUGS GENERIC	PPO DEDUCTIBLE DOESN'T APPLY	HDHP AFTER DEDUCTIBLE
Tier 1 – Your Lowest Cost Option	Retail: \$10 copay / Mail-Order: \$30 copay	Retail: \$10 copay / Mail-Order: \$30 copay
Tier 2 – Your Mid-Range Cost Option	Retail: \$40 copay / Mail-Order: \$120 copay	Retail: \$40 copay / Mail-Order: \$120 copay
Tier 3 – Your Mid-Range Cost Option	Retail: \$70 copay / Mail-Order: \$210 copay	Retail: \$70 copay / Mail-Order: \$210 copay

*Waived if admitted

UHC CHOICE PLUS PPO PLAN



	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	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Virtual Office Visit	\$30 copay	Out-of-Network Not Available
Primary Care Office Visit	\$30 copay	Plan pays 50% after deductible
Specialist Office Visit	\$50 copay	Plan pays 50% after deductible
Annual Wellness Exam	Plan pays 100%, no deductible	Not Covered
Preventative screening/immunization	No Charge	Not Covered
COMMON MEDICAL SERVICES	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Emergency Room Services	\$250 copay* per visit, deductible doesn't apply	\$250 copay per visit, deductible doesn't apply
Emergency Medical Transportation	Plan pays 100% <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Urgent Care Provider	Plan pays 100% <u>after</u> \$75 copay	50% coinsurance <u>after</u> deductible
Hospital Care - Inpatient	Plan pays 100% <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Diagnostic Lab and X-Ray— Outpatient	Plan pays 100%, <u>no</u> deductible	50% coinsurance <u>after</u> deductible
Major Diagnostic (CT, PET, MRI)	Plan pays 100% <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Maternity: Office Visits	\$50 copay	50% coinsurance <u>after</u> deductible
Delivery-professional services	Plan pays 100% <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Delivery-facility services	Plan pays 100%, <u>no</u> deductible	50% coinsurance <u>after</u> deductible
Home Health Care (60 visits/year)	Plan pays 100% <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Hospice Care	Plan pays 100% <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Outpatient Rehabilitation Therapy (limited visits/see plan summary)	50 copay per visit deductible does not apply	50% coinsurance <u>after</u> deductible
Chemical Dependency	<i>Preauthorization Required</i>	<i>Preauthorization Required</i>
Outpatient Services	\$50 copay; deductible <u>doesn't</u> apply	50% coinsurance <u>after</u> deductible
Inpatient Services	Plan pays 100% after deductible	50% coinsurance <u>after</u> deductible
Mental Health Outpatient Services	Plan pays 100% after deductible	50% coinsurance <u>after</u> deductible
Mental Health Inpatient Services	\$50 copay	50% coinsurance <u>after</u> deductible
PRESCRIPTION DRUGS GENERIC	DEDUCTIBLE DOES NOT APPLY	DEDUCTIBLE DOES NOT APPLY
Tier 1 – Your Lowest Cost Option	Retail: \$10 copay / Mail-Order: \$30 copay	Retail: \$10 <u>copay</u> , then 30% <u>coinsurance</u>
Tier 2 – Your Mid-Range Cost Option	Retail: \$40 copay / Mail-Order: \$120 copay	Retail: \$40 <u>copay</u> , then 30% <u>coinsurance</u>
Tier 3 – Your Mid-Range Cost Option	Retail: \$70 copay / Mail-Order: \$210 copay	Retail: \$70 <u>copay</u> , then 30% <u>coinsurance</u>

*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 HIGH DEDUCTIBLE HEALTH PLAN – (HDHP)

	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Annual Deductible	\$3,200 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	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Virtual Office Visit	10% coinsurance <u>after</u> deductible	Out-of-Network Not Available
Primary Care Office Visit	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Specialist Office Visit	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Annual Wellness Exam	No Charge	50% coinsurance <u>after</u> deductible
Preventative screening/immunization	No Charge	50% coinsurance <u>after</u> deductible
COMMON MEDICAL SERVICES	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Emergency Room Services	10% coinsurance <u>after</u> deductible	10% coinsurance <u>after</u> deductible**
Emergency Medical Transportation	10% coinsurance <u>after</u> deductible	10% coinsurance <u>after</u> deductible**
Urgent Care Provider	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Hospital Care - Inpatient	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Diagnostic Lab and X-Ray— Outpatient	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Major Diagnostic (CT, PET, MRI)	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Maternity: Office Visits	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Delivery-professional services	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Delivery-facility services	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Home Health Care (60 visits/year)	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Hospice Care	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Outpatient Rehabilitation Therapy (limited visits/see plan summary)	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Chemical Dependency	<i>Preauthorization Required</i>	<i>Preauthorization Required</i>
Outpatient Services	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Inpatient Services	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible
Mental Health Outpatient Services	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible**
Mental Health Inpatient Services	10% coinsurance <u>after</u> deductible	50% coinsurance <u>after</u> deductible**
PRESCRIPTION DRUGS GENERIC	All <u>copayment</u> & <u>coinsurance</u> costs below are after your <u>deductible</u> has been met	
Tier 1 – Your Lowest Cost Option	Retail: \$10 copay / Mail-Order: \$30 copay <u>after</u> deductible	Retail: \$10 <u>copay</u> , then 30% <u>coinsurance</u>
Tier 2 – Your Mid-Range Cost Option	Retail: \$40 copay / Mail-Order: \$120 copay <u>after</u> deductible	Retail: \$40 <u>copay</u> , then 30% <u>coinsurance</u>
Tier 3 – Your Mid-Range Cost Option	Retail: \$70 copay / Mail-Order: \$210 copay <u>after</u> deductible	Retail: \$70 <u>copay</u> , then 30% <u>coinsurance</u>

*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. **Network deductible applies. 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.

BENEFITS ADVOCACY CENTER

City of Georgetown provide employees and family members on our healthcare plans the opportunity to work with our Benefits Advocacy Center to help with understanding benefits, eligibility, pre-authorizations and much more.

My Benefits Champion



GET HELP WITHIN 24 HOURS

- Enrolling in your benefits
- Understanding your benefits
- Resolving claims issues
- Demystifying Medicare
- Obtaining pre-authorizations
- Finding a provider
- Determining eligibility
- Defining QLEs
- Getting a new ID card
- And more

PHONE: 877-GTWN-BEN (877-489-6236)

EMAIL: champion@hubinternational.com

FAX: 866-667-2529

HOURS: Monday - Friday 7 AM to 5:30 PM CST.

Free for You & Your Household!

UHC MOBILE APP

UnitedHealthcare® app Get your health info, anytime

When you want to easily access your health information anywhere you go, the UnitedHealthcare app is your go-to. Download it today to get instant access to your health plan details.

Use your mobile device to download the app



Find care

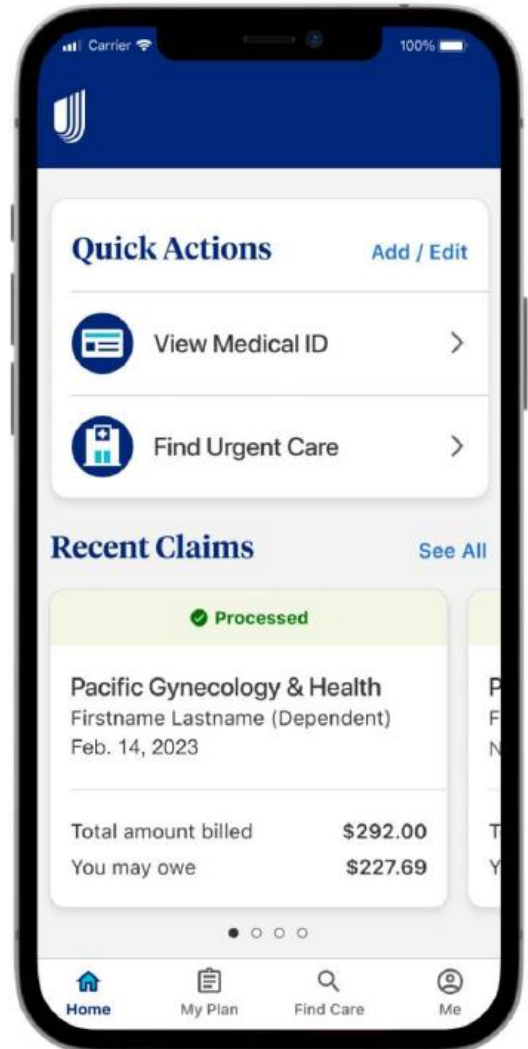
- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

Manage your health plan details

- Generate and share digital health plan ID cards.
- View claims and account balances.
- Manage prescription drugs and refills.

Stay on top of costs

- Estimate the costs of common procedures.
- View your copay, annual deductible and out-of-pocket expenses.
- View your Health Reimbursement Account, Flexible Spending Account or Health Savings Account, if applicable.



Note: Not all UnitedHealthcare plans are currently supported by the app, not all features are available for every plan.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the High Deductible Health Plan (HDHP), you will also be enrolled in a Health Savings Account (HSA). You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages.

Through tax-free payroll deductions, you can make contributions to your Health Savings Account.

Take advantage of the dollars in your Health Savings Account by:

- Using available Health Savings Account funds to cover the cost of healthcare services:
- Cover the Deductible- 100% of healthcare service costs paid by you (dollars out of your pocket) until the deductible of the plan is satisfied.
- Cover the Coinsurance- A percentage of healthcare expenses paid by you after plan's deductible is met, and until the Maximum Out of Pocket of the plan is satisfied.

Save dollars for future use:

- Let your Health Savings Account balance accumulate.
- Invest your Health Savings Account balance after reaching an account balance of \$1,000.
- Use for future eligible healthcare expenses, including in retirement.
 - COBRA premiums
 - Long-term Care premiums
 - Out-of-pocket expenses for Medicare

Let's Break it Down

- Anyone can contribute funds into the HSA that are not subject to federal income taxes up to the IRS Maximum Contribution Limits
- The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll over funds year after year.
- If you leave the City of Georgetown for any reason, you can take your HSA account with you.
- Unlike FSAs, HSAs do not have a "use it or lose it" requirement.

To be eligible and qualify for an HSA, you must meet the following requirements:

- Are covered under a qualifying high-deductible health plan which meets the minimum deductible and the maximum out of pocket threshold for the year
- Are not covered by any other medical plan, such as a spouse's plan, Medicare, Medicaid, Tricare or Tricare for Life
- Are not claimed as a dependent on someone else's tax return
- Have not used Veterans Administration medical benefits in the past three months (exceptions apply to veterans enrolled in a high-deductible health plan who either have a service-connected disability or have only accessed disregarded coverage and preventive services in the past three months).
- Do not have any disqualifying alternative medical savings accounts, like a Healthcare Flexible Spending Account or Health Reimbursement Account

The City pays your HSA account set-up fee and monthly service fee, which includes a no-cost debit card and an electronic monthly statement. There is a \$1.50 monthly charge if you elect paper statements. You can use the debit card for eligible purchases at merchant locations with no transaction charge, up to your available account balance. ATM cash withdrawals using your card, to reimburse yourself for eligible expenses, are subject to a fee of \$2.50 per transaction (plus any fees that may be imposed by the owner of the ATM). For more information contact Optum Bank at 1-866-743-6549.

***For a complete list of eligible expenses please see [IRS Publication 502](#)

City Contributions to the HSA

- \$1,100 for Employee Only
- \$1,200 for Employee + Spouse
- \$1,200 for Employee + Child(ren)
- \$1,400 for Employee + Family

Please Note: New Hires effective February – December will receive a pro-rated amount. However, if you are hired on or after December 1st, there will not be any City Contribution amount.

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.

2024 Contribution Limits

- \$4,150 for individual coverage
- \$8,350 for family coverage levels
- If you are 55 or older you may contribute an additional \$1,000

IRS Limits are a combination of the employer AND employee funds. If you are married and your spouse has a separate HSA account, the maximum contribution limit applies to the combined total of all family HSA accounts.

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.

Payroll Deductions:

The amount you elect to contribute to your HSA will be deducted from the first two semi-monthly paychecks of each month for a total of 24 total payroll deductions.

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

You will receive an Optum HSA MasterCard / debit card in the mail. After you activate your card, you can use this card to pay for qualified health care expenses listed above, you will not pay taxes.

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.

FLEXIBLE SPENDING ACCOUNTS

There are three types of FSA plans available to eligible City employees and administered by Optum Service. All plans lower your income tax liability by the amount of your deductions.

- **Limited Purpose FSA:** can be used in conjunction with an HSA account for those enrolled in the HDHP plan to pay for eligible vision and dental expenses.
- **Health Care FSA:** used to pay for medical expenses for you and your eligible dependents.
- **Dependent Care FSA:** used to pay for childcare or assistance with disabled adult dependents.

Health Care Items You Might Not Realize are FSA Eligible

- ✓ Sunscreen
- ✓ Heating and cooling pads
- ✓ First Aide Kits
- ✓ Prescription Sunglasses
- ✓ Shoe Inserts
- ✓ Motion Sickness Bands

Check Out the Optum FSA Store at <https://store.optum.com>

Refer to [IRS Publication 502](#) for more information.

How FSAs Work

- Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
- Your contributions are deducted from your first 2 monthly paychecks on a before-tax basis in equal installments throughout the calendar year.
- As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed, and you will be reimbursed from your account.
- Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa. FSAs are administered by Optum Financial Services.

You must actively re-enroll in either FSA Plan each year. You are not automatically re-enrolled!

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	\$3,050	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$5,000	Daycare, nursery school, Elder-care expenses, etc.*

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

The Health Care FSA offers a grace period to ensure you get the maximum benefit from the account. If any money is left in your Health Care FSA at the end of 2023, expenses incurred between January 1, 2024, through March 15, 2024, can be used to exhaust up to \$610 of your remaining FSA account. Expenses incurred after March 15th following the close of the Plan Year are not eligible. Deadline to submit 2023 expenses for reimbursements is March 30, 2024, for both Health Care and Dependent Care FSAs.

There is no grace period with the Dependent Care FSA. Dependent Care expenses

VISION INSURANCE

Administered by United Healthcare

The City's basic Vision Plan promotes preventive care through regular eye exams. The vision plan includes a routine/basic vision examination yearly and provides coverage for lenses or contacts every year.

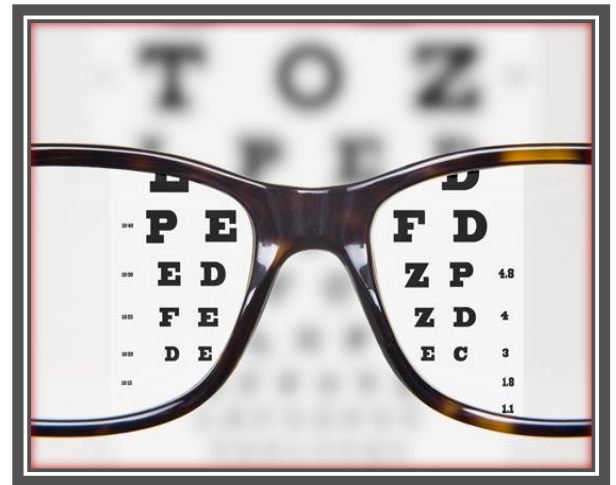
Contact lenses and related professional services (fitting, evaluation, and follow-up) are covered in lieu of eyeglasses. Coverage includes all contact lens types (i.e., standard daily wear, extended wear, disposable, gas permeable, and bifocal).

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.



UHC VOLUNTARY VISION	2024 Semi-Monthly Rates
Employee Only	\$3.16
Employee + Spouse	\$5.35
Employee + Child(ren)	\$6.33
Employee + Family	\$8.82

	In-Network	Out-of-Network
Eye Exam — Once every 12 months	\$10 copay	up to \$40 reimbursement
Glasses or Contacts once every 12 months		
Eyeglasses	In-Network	Out-of-Network
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	In-Network	Out-of-Network
Evaluation & Fittings	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

Keep Smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO1 network to maximize your savings.2 These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.3 Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.4 Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care5, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at 855-248-2020 and Amplifon at 888-779-1429

SEMI-MONTHLY PREMIUMS

Employee Only	\$1.36
Employee + Spouse	\$9.46
Employee + Child(ren)	\$11.14
Employee + Family	\$22.44



NON-DELTA DENTAL

1. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.
2. You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.
3. You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.
4. Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.
5. Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

BENEFIT HIGHLIGHTS: DELTA DENTAL PPO

Group Number: 22424

Effective Date 01/01/2024

Benefits	Delta Dental PPO or Premier Dentist**	Non-Delta Dental Dentists**
Deductibles		
per member / per family each calendar year	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists	
Deductibles waived for Orthodontics?	Yes, for all Dentists	
Maximums		
Per member each calendar year	\$2,000	\$2,000
D&P counts toward maximum?	No, for all Dentists	
Covered Services*	Delta Dental PPO or Premier Dentist	Non-Delta Dental Dentists**
Diagnostic & Preventive Services (D&P)		
Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%
Basic Services		
Fillings, Simple Extractions and Posterior Composites	80%	80%
Endodontics		
Root Canals	80%	80%
Periodontics		
Surgical and Non-Surgical Periodontics	80%	80%
Oral Surgery	80%	80%
Major Services		
Crowns, Inlays, Onlays and Cast Restorations	50%	50%
Prosthodontics		
Bridges, Dentures	50%	50%
Implants		
Implant Services	50%	50%
Temporomandibular Joint (TMJ) Services	50%	50%
Orthodontic Services		
Dependent Children	60%	60%
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations, or exclusions for your plan, please consult your company's benefits representative.



GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Life Insurance Coverage Available - **No Health Questions!**

There are many reasons to consider Supplemental Life Insurance and there are certain times in which you can enroll for coverage without answering health questions. **Below is a summary of those options.**

Looking for a higher amount of coverage? A full list of your life Insurance coverage options is outlined on the following pages. To apply for coverage other than the amounts listed below, health questions and underwriting approval is required.

New Hire Opportunity

New hire eligibility refers to when you are hired and become eligible for benefits.

- ✓ Employee - up to \$250,000
- ✓ Spouse - up to \$50,000
- ✓ Child - all coverage
- ✓ Voluntary AD&D - all coverage

Annual Enrollment Opportunity

Available during your employer's annual enrollment period.

- ✓ Child - all coverage
- ✓ Voluntary AD&D - all coverage

Qualified Status Change

If you experience an employment or family status change, check with your employer within 30 days to confirm guaranteed coverage availability

YOUR BASIC AND SUPPLEMENTAL LIFE AND AD&D INSURANCE COVERAGES:

Basic Life Coverage – 100% employer

Basic Term Life	\$50,000	✓ Includes a matching AD&D benefit
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Supplemental Life Coverage – 100% employee paid

Supplemental Term Life	Elect in \$10,000 increments Maximum \$750,000 or 5x annual salary	
Spouse Term Life	Elect in \$5,000 increments Maximum 50% of the supplemental amount for which the employee is enrolled, not to exceed \$375,000	
Child Term Life	Elect in \$5,000 increments Maximum \$15,000 not to exceed 50% of the supplemental amount for which the employee is enrolled	✓ Includes 1st newborn child benefit ✓ Available to elect without health questions each annual enrollment
Voluntary AD&D (employee, spouse or child)	Employee: elect in \$10,000 increments up to \$750,000 Spouse: elect in \$5,000 increments up to 50% of employee election Child: elect in \$5,000 increments up to lesser of \$15,000 or 50% of the employee election	✓ Available to elect without health questions each annual enrollment

If your spouse or child is eligible for employee coverage, they cannot also be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible

Monthly Cost:

Employee or Spouse Supplemental Life	
Age	Rate
Under 25	\$0.051
25 – 29	\$0.061
30 – 34	\$0.082
35 – 39	\$0.092
40 – 44	\$0.103
45 – 49	\$0.153
50 – 54	\$0.234
55 – 59	\$0.435
60 – 64	\$0.667
65 – 69	\$1.298
70+	\$1.621

Rates increase with age and subject to change

Here is how to calculate your monthly premium:

Total supplemental term life amount \$ _____
 ÷ 1,000 \$ _____
 x your rate (based on age) \$ _____
= Monthly Premium \$ _____

Ava's Example – age 42

Ava's elected term life amount \$150,000
 ÷ 1,000 \$150.00
 x your rate (.103) ÷ 2 \$15.45 ÷ 2
= Monthly Premium **\$7.73**

Child Life		
\$5,000	\$10,000	\$15,000
\$1.20	\$2.40	\$3.60

Voluntary AD&D
Employee, Spouse, or Child*
\$0.04 per \$1,000

Why Life Insurance?

No matter where you are in life, there are many reasons to consider Life Insurance. Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. Life and AD&D Insurance benefits are disbursed to you and/or your beneficiaries to help pay for things like:


- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

How much Life Insurance do I need?

To estimate the amount of Life Insurance you need, you'll want to determine what you must protect in the event of your death. Determine your needs today.



Check out our Life Insurance calculator: [click here.](#)

Or scan here: 

Naming a Beneficiary:

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.

Questions? Contact Ochs. Email: ochs@ochsinc.com Phone: 800-392-7295

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life Insurance Company is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series 14-31700 and 14-31900.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its subsidiaries. Securian Life Insurance Company and Minnesota Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

Ochs, Inc. | A Securian Financial Company | 400 Robert Street N, Ste. 1880, St. Paul, MN 55101

DISABILITY INSURANCE

TWO MAIN TYPES:

- Short Term Disability
 - Covers 40-60% of base salary
 - Can last from few weeks to a year
 - Short waiting period
- Long Term Disability
 - Covers 50-70% of base salary
 - Benefits end when disability ends
 - 90-day waiting period after onset of disability



DISABILITY IN THE WORKPLACE INFO:

- Americans with Disabilities Act--www.ada.gov
- The National Organization on Disability--www.nod.org
- Council for Disability Awareness--www.disabilitycanhappen.org
- Social Security Administration--www.ssa.gov/disability



DID YOU KNOW?

- Leading causes of long-term absences are NOT work related
- Average duration of absences due to disability is 34 months

Long-Term Disability Insurance

Initial Enrollment Effective January 1, 2024

Long-term disability is intended to help continue your income if you become unable to work due to illness or injury. The City provides regular full-time employees with long-term disability insurance. Effective January 1, 2024, the Group Long Term Disability plan will be underwritten by Madison National Life Insurance Company, Inc and serviced by Ochs.

Benefit Amount

60% of your basic monthly earnings, to a maximum monthly benefit of \$8,000.

Elimination Period

Benefits will begin 90 days after suffering a covered illness or accident.

Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. See your certificate of insurance for details.

Pre-Existing Conditions

Definition: A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 3-month period prior to your effective date of coverage.

Coverage under this plan:

You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 12 months and been actively at work for at least one day after the end of the 12 months.

DISCLAIMER: This is a brief description of coverage and is not a contract. Read your group certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer



Voluntary Group Short-Term Disability Insurance

Enrollment Effective January 1, 2024

The City of Georgetown is offering a Voluntary Group Short Term Disability plan, underwritten by Madison National Life Insurance Company, Inc and serviced by Ochs. 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 and are eligible to increase your amount or waived as a new hire and electing to enroll, you may increase your benefit amount with proof of good health is required. If you are a new hire and are applying within 31 days of becoming eligible, proof of good health is not required.

Choice of Benefit Amount

You may elect a benefit in \$50 increments, up to 60% of your basic weekly earnings, to a maximum weekly benefit of \$1,500. Minimum election is \$100.

When Benefits Begin

Benefit payments will begin after one of the following timeframes:

For a covered injury: 7 calendar days

For a covered sickness (including pregnancy): 7 calendar days

When Benefits Ends

Commencing at the end of the Elimination Period and continuing for the lesser of 12 weeks or until Long Term Disability Benefits commence, whichever comes first.

Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. See your certificate of insurance for details.

Annual Enrollment Period

During your annual enrollment period, evidence of insurability will be required for all increases. The pre-existing condition exclusion applies to all amounts elected during the annual enrollment period.

Pre-Existing Conditions

Definition: A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 3-month period prior to your effective date of coverage.

Coverage under this plan: You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 12 months and been actively at work for at least one day after the end of the 12 months.

Rate per \$10 of Weekly Benefit	
Age	Rate
0 – 49	\$0.413
50 – 54	\$0.552
55 – 99	\$0.759
60 – 99	\$0.862

Short Term Disability Calculation	Calculation Example	Your Math
Enter your basic weekly salary (yearly salary divided by 52).	$\$68,000 / 52 = \$1,307$	_____
Multiply the amount above by 0.60 – not to exceed the maximum weekly benefit amount of \$1,500 .	$\$1,307 \times .60 = \784	_____
Enter the amount above rounded to the lowest \$50.00 increment and divide by 10.	$\$750 / 10 = \75	_____
Multiply the amount above by the rate in the table above for your age. <i>Example assumes age 35</i>	$\$75 \times \$0.413 = \$30.96$	_____
Divide the amount above by 2 and you will have your semi-monthly payroll deduction Your rate will be reevaluated annually according to your attained age on each subsequent policy anniversary.	$\$30.96 / 2 = \15.48	_____

DISCLAIMER: This is a brief description of coverage and is not a contract. Read your group certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer

Aflac Hospital Indemnity

How the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover.

Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Successor Insured Benefit



Benefits Overview	BENEFIT AMOUNT
HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. Aflac will not pay benefits for admission of a newborn child following his birth; however, they will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	\$2,000
HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	\$200
HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$200

How It Works:

Aflac Group Hospital Indemnity coverage is selected	Aflac Group Hospital Indemnity plan pays: \$2400
The insured has a high fever and goes to the emergency room	
The physician admits the insured into the hospital	
The insured is released after two days	
Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000) and Hospital Confinement (\$200 per day).	

DISCLAIMER: This is a brief description of coverage and is not a contract. Read your group certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series In Texas, C80100TX

Coverage Tier	Semi-Monthly Premium
Employee	\$14.80
Employee and Spouse	\$28.60
Employee and Child(ren)	\$22.54
Employee and Family	\$36.32

Aflac can help ease the financial stress of surviving a critical illness.

- It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

Base Benefits	Reimbursement
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Paralysis	100%
Cancer Benefits	Reimbursement
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1000 per calendar year
Metastatic Cancer	25%
Health Screening Benefit	Reimbursement
Health Screening (payable for employee and spouse only)	\$50
Health Screening (payable for dependent children)	100% of the Health Screening amount
Payable per calendar year	1

*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Employee Semi-Monthly Rates			
Age	\$10,000	\$20,000	\$30,000
18-24	\$1.71	\$3.42	\$5.13
25-29	\$2.23	\$4.45	\$6.68
30-34	\$3.07	\$6.14	\$9.21
35-39	\$3.94	\$7.88	\$11.82
40-44	\$5.38	\$10.77	\$16.15
45-49	\$6.72	\$13.44	\$20.16
50-54	\$11.18	\$22.35	\$33.53
55-59	\$13.86	\$27.72	\$41.57
60-64	\$19.66	\$39.32	\$58.97
65+	\$36.83	\$73.65	\$110.47
Spouse Age	\$5,000	\$10,000	\$15,000
18-24	\$0.86	\$1.71	\$2.57
25-29	\$1.13	\$2.26	\$3.39
30-34	\$1.54	\$3.07	\$4.61
35-39	\$1.97	\$3.94	\$5.91
40-44	\$2.69	\$5.38	\$8.08
45-49	\$3.36	\$6.72	\$10.08
50-54	\$5.59	\$11.18	\$16.77
55-59	\$6.93	\$13.86	\$20.79
60-64	\$9.83	\$19.66	\$29.49
65+	\$18.41	\$36.83	\$55.24



How Coverage Works:

Employee picks desired coverage amount.

If you choose to cover your spouse as well, coverage is 50% of the amount employee elects.

AFLAC GROUP ACCIDENT INSURANCE

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

What you need; when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance ride
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burn

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed with group election.
- Benefits are paid regardless of any other medical insurance.



Coverage	Semi- Monthly Premium
Employee	\$6.23
Employee and Spouse	\$10.51
Employee and Child(ren)	\$13.43
Family	\$17.71

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes. Please contact your Benefits Team for full policy details and exclusions. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

457 DEFERRED COMPENSATION

Where employees may invest into another retirement program. In addition to 457 Deferred Compensation, Roth IRA and Roth/457 Deferred Combined plan(s) are available. There is no requirement for qualifying event to occur and employees have the option to start, change, or stop contributions at any time. A 457 deferred compensation plan allows you to save and invest money for retirement with tax benefits.

Roth contributions give you another tax-advantaged savings option, allowing you to benefit from tax-free withdrawals in retirement.

What are Roth contributions?

Roth contributions to your 457 Deferred Compensation Plan are made on an after-tax basis and can be withdrawn tax-free if certain criteria are met.

How It Works

- A percentage of your pay, or a specified dollar amount, can be contributed to your 457 plan as a Roth contribution.
- Roth contributions are made on an after-tax basis and won't reduce your income taxes for the year (unlike pre-tax contributions).
- Roth contributions and associated earnings can be withdrawn tax-free if the requirements for a qualified distribution are met.

Distributions

Distributions of Roth assets will be tax-free if the following conditions are met:

- A period of five (5) years has passed since January 1 of the year of your first Roth contribution
- You are aged 59 ½ or older, disabled, or deceased

You are eligible for distributions upon separation from service with the City of Georgetown. In-service withdrawal options, such as emergency withdrawals, may also be available.

If the requirements for a qualified distribution are not met, and the assets are not rolled into another eligible plan, the earnings portion of any distribution will be taxable.

How Roth 457(b) Plans Work

Roth contributions and associated earnings can be withdrawn tax-free in retirement if the requirements for a "qualified distribution" (also known as withdrawal) are met. If the Roth contribution option is available in your 457(b) plan, you can designate a portion or all of your contributions to the plan as Roth.



Benefits of Roth Contributions

In addition to potentially tax-free distributions in retirement, making Roth contributions to your 457(b) plan has the following benefits:

- Higher After-Tax Contribution Limits Than Roth IRAs — 457(b) plans allow for greater after-tax savings.
- Eligibility at All Income Levels — Unlike Roth IRAs, your ability to make Roth contributions to a 457 plan doesn't depend on your income.
- Tax Planning and Flexibility — Having both pre-tax assets and Roth assets available in retirement can be a valuable benefit, allowing you to choose the source of funds most advantageous to your situation at the time of the distribution.

Contributions

In addition to pre-tax contributions, your employer's 457(b) plan may also permit Roth contributions, which are made on an after-tax basis.

Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time. A 457 plan is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely to be enough. Savings to your 457 deferred compensation plan can help you maintain your desired standard of living.

457 Deferred Compensation allows pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings are then not subject to tax until you withdraw them. IRA Roth is a post-tax contribution. With a combined Roth/457, you also may be able to make after-tax Roth Contributions which allow for potentially tax-free earnings.

Payroll Contributions

All plans are deducted from 26 pay checks annually. If you elected \$2400 annually, Workday shows \$100 amount (semi-monthly), however your payroll deduction will be \$92.31 (bi-weekly) or \$2400.06 (annually).

Age 50 Catch Up:

During the calendar year when an employee turns 50, they are eligible to start contributions at the beginning of the calendar year.

2024 Retirement Savings Plan Contribution Limits

Plan	Normal	"Age 50" Catch-up Limit*	"Pre-Retirement" Catch-up Limit*
457	\$22,500	\$6,500	\$22,500
IRA Roth	\$10,000	\$1,000	N/A
Roth/457	\$22,500		

Traditional ROTH-IRA – 5 Things to Consider

1. Variety of savings goals: retirement, health care, house, education, emergencies and more
2. Tax-free earnings potential
3. Flexibility – withdraw contributions at any time with no taxes or penalties
4. More investment options
5. Compliments 457 plan – get tax benefit with 457 plan and one later when you withdraw from your Roth IRA. Make paychecks to both.

Tax Year Maximum Contribution

- \$6,500
- If age 50+:
 - Additional \$1,000 for a total of \$7,500 pre-retirement catch up.
 - Modified adjusted gross income must be less than \$214,000 (married filing jointly) or \$144,000 (single or head of household)
 - For more information, view IRS Publication [590](#)

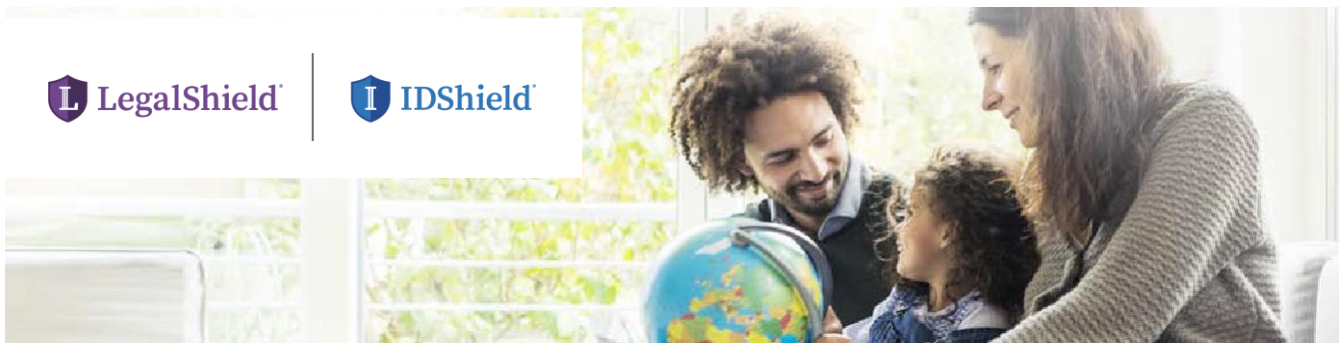
To learn more, contact your ICMA-RC representative

Sallie Harborth

MissionSquare Retirement Specialist

Work: (202) 759-7098 | Cell: (202) 253-7691 | eFax: (210) 626-9028

Email: SHarborth@missionsq.org | Web: www.missionsq.org



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?

- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- Dedicated Law Firm Direct access, no call center
- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Residential Loan Document Assistance for the purchase of your primary residence
- Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- Speeding Ticket Assistance Upload your speeding ticket from the mobile app directly to law firm
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- 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, personal injury, etc.)
- 24/7 Emergency Access for covered situations

The IDShield Membership Includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$1 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

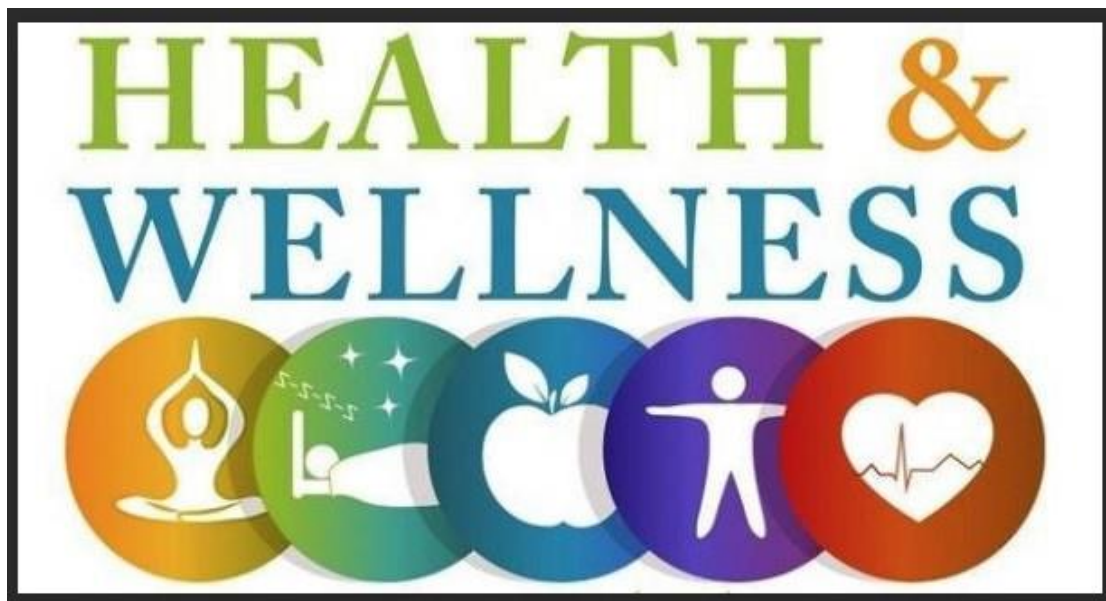
Monthly	Family	Individual
LegalShield	\$18.95	\$18.95
IDShield	\$18.95	\$8.95
Combined	\$33.90	\$27.90

Prepared for:

For more
information, contact
your Independent
Associate:

Kacy Lavender
512.923.5303
lavenderk@legalshieldassociate.com

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18 to 26. LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.



LEVEL-UP WELLNESS PROGRAM

Our wellness program focuses on your entire well-being to reach your true potential in the areas 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 health survey and annual wellness screening to participate in this program.

Participation in activities outlined in the program will earn points. Points are tracked to earn Paid Time Off (PTO). There are three sessions per year. Employees can earn from ½ day to 1 day per session up to a total of 3 days per calendar year. Employees hired through-out the calendar year are eligible for the program.

A variety of activities are available at the Georgetown Recreation Center, City Sponsored Classes, and events. 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 the Benefits Division of the Human Resources Office or benefits@georgetown.org to discuss options available.

Program Elements Include:

Physical Wellness:

"Sitting is the New Smoking" to promote movement we provide a free membership to the Georgetown Rec Center, offer optional One Pass Select Gym access, provide onsite physical activity challenges and many more options to move.

Emotional Wellbeing:

We have many support options available through the Wellness Platform and our Employee Assistance Program

Financial Wellness

Financial planning and support options are provided through onsite seminars, MissionSquare, the EAP program, and wellness platform to name some examples

Social Interaction

We host many events to bring employees together and this year will be adding a social platform to the Wellness Portal

Health Education

Many educational and support programs provided through onsite events, EAP health coaching, Benefit Vendor support programs



GEORGETOWN RECREATION MEMBERSHIPS

Employee & Family Membership

Provides a free membership to city employees and their immediate family members to the Georgetown Recreation Center and Georgetown Tennis Center. This benefit applies to Regular Full-Time and Regular Part-Time employees. Temporary employees will receive individual City Employee Parks and Recreation Membership during active employment status



RECREATION CENTER LOCATION
1003 N. AUSTIN AVENUE



TENNIS CENTER LOCATION:
400 SERENADA DRIVE

Recreation Center Facilities

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

Tennis Center Facilities

11 hard surface, lighted tennis courts
12 pickleball courts
Clubhouse with showers
Pro Shop
Full stringing services and tennis accessories
Playmate Ace Ball Machine Rental
* User must be 16+ years old
* No charge for members
Ball Basket Rental
* No charge for members

Additional Benefits Include:

- 10% discount on camp registrations for Camp Goodwater and Tennis Camp
- One – 20 punch cards for admission to City outdoor pools.

Please Note: 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.

One Pass Select

Rediscover your passion for health

With One Pass Select, we're on a mission to make fitness engaging for everyone.

One Pass Select can help you reach your fitness goals, while finding new passions along the way.

Available to all regular City employees and eligible family members (18+).



Learn more about One Pass Select* at OnePassSelect.com.

Enroll in One Pass Select starting on January 01, 2024

*Eligible One Pass Select members will not be able to enroll in One Pass Select until January 01, 2024.



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.



In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

Choose the Membership Tier that fits your lifestyle best and provides everything you need for whole body health in one easy, affordable plan.

One Pass Select Commercial Brands

Digital \$19.99 / month	Classic \$29.00 / month	Standard \$64.00 / month	Premium \$99.00 / month	Elite \$144.00 / month
LES MILLS ON DEMAND	LA FITNESS	CYCLESBAR	LIFETIME HEALTHY WAY OF LIFE	CrossFit
DAILY BURN	planet fitness	LIFETIME HEALTHY WAY OF LIFE	Orangetheory FITNESS	LIFETIME HEALTHY WAY OF LIFE
fitbit premium	CRUNCH FITNESS	pure barre	CLUB PILATES	F45
yogaworks	ANYTIME FITNESS	ROW HOUSE	CRUNCH FITNESS	The Exercise Coach
VOLT	SNAP FITNESS 24-7	STRETCH LAB	RUMBLE	EAT THE FROG FITNESS
FITNESS ON DEMAND				
PINK HUGGLE				

** Grocery deliveries available from Classic Tier up.



Discover Your EAP+ Work-Life Benefit

Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

Program Access: You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.

Telephonic Assessments & Support: In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.

Short-term Counseling: Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.

Referrals & Community Resources: Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.

Advantage Legal Assist: Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.

Advantage Financial Assist: Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial

resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).

Alternate Modes of Support: Your EAP offers support alternatives in addition to traditional short-term counseling including telephonic life coaching, AWARE stress reduction sessions, and virtual group counseling. During your call with one of our counselors, ask if these programs would be right for you.

Work-life Services: Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.

Child & Elder Care Referrals: Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.

Take the High Road Ride Reimbursement Program: Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of \$45.00 (excludes tips).

Contact Us:

Toll-Free: (888) 993-7650 | www.deeroakseap.com Email: eap@deeroaks.com





Who knew work perks now include savings on _____?!

Home & auto insurance. Vacations. Tickets to concerts. Gym memberships.
Local restaurants. Car rentals. Supplements. Clothing. TVs. Coffee. Jewelry.
Getting it?!

Here's how it works:

You sign up.

You save.

You never think about your benefits the same way again.

Get your savings!

- 1 Go to mycompanyportal.benefithub.com
- 2 Enter this secret code:
CONTACT REFERRAL CODE
- 3 Sign up & start saving!

Or scan here.



Your UrbanSitter Benefit at a Glance

What's Included

1

Free UrbanSitter Membership

Get access to find and book caregivers who

Meet the needs of your schedule and family.

2

Care Credit Allowance (\$200/year)

Use the funds provided by City of Georgetown to pay for your caregivers.

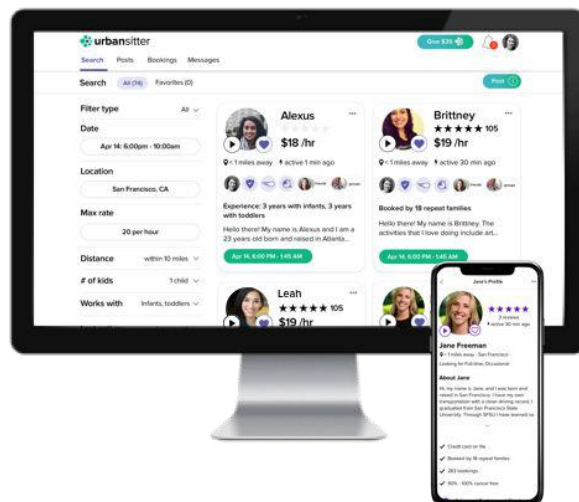
Once the care credit is depleted, you will pay your caregivers out of pocket.

3

Free Caregiver Membership

City of Georgetown is covering the membership fee for 1 caregiver per employee

that joins the UrbanSitter platform. You will receive a welcome email with the codes for your caregiver to use to redeem their membership.



What services are available?

Backup Child Care

For last-minute emergencies and when plans change

Full/Part-Time Child Care

For finding the perfect nanny to fit any schedule

Tutor/Homework Help

For finding someone to help with school (in person or virtual)

Pet Care

For dogs, cats, and other animals

Household Help

For household tasks and errands

Senior Care

For non-medical senior/companion care assistance

How do I get started?

1. Enroll with your work email address: urbansitter.com/redeem-benefits
2. Check your email to verify your account

Posting a Job

Post a job to let caregivers know what type of job you need help with. You can include interview questions and they can express interest.

(Tip: this is the fastest way to reach more people!)

-OR-

Searching for a Caregiver

Search for caregivers who have the qualifications you're looking for, send a message to introduce yourself, and create a booking!

Find details on how to post jobs and more through the corporate benefits section on our support page: support.urbansitter.com

Via Benefits

Helps you find a plan that covers you and your family



Via Benefits Insurance Services is a free resource that offers you an online marketplace and personal shopping assistance to make it easier to understand your options and enroll in health insurance. **We are not an insurance company, nor are we directly affiliated with any** — so you get unbiased support and guidance in finding the best plan for you and your family.

When you use Via Benefits you get access to:



An easy-to-use online experience



Friendly phone support



A robust recommendation engine



Efficient, accurate enrollment



Objective guidance



Support after you enroll

Use Via Benefits' tools and website to evaluate options

In our online marketplace, we provide decision-support tools that take into consideration you and your family's particular needs, prescription drugs, and budget. You are able to compare the most appropriate plans side by side. If at any time you have questions or can't find what you are looking for, our friendly support staff is available to assist you over the phone. **Our service is at no cost to you.**

Turn the page to learn how Via Benefits can assist you with your health care choices.

Go online to find plans:
marketplace.viabenefits.com

Call, and ask for Via Benefits
1-800-591-2611 (TTY:711)

Monday through Friday,
8:00 a.m. until 7:00 p.m.
Eastern time



Unbiased, personalized support

To help understand health care and navigate your choices, Via Benefits is here to assist you. Our representatives will answer your questions and assist with your enrollment. When you call, please mention Via Benefits to get the assistance you need to make your decisions and enroll in a plan which fits your needs and budget.

How Via Benefits can help you

-  Navigate the complexities of health care
-  Easily shop and compare plans
-  Understand your health care needs
-  Identify whether you qualify for a tax credit
-  Simplify your choices and answer your questions
-  Enroll in plans that fit you and your family

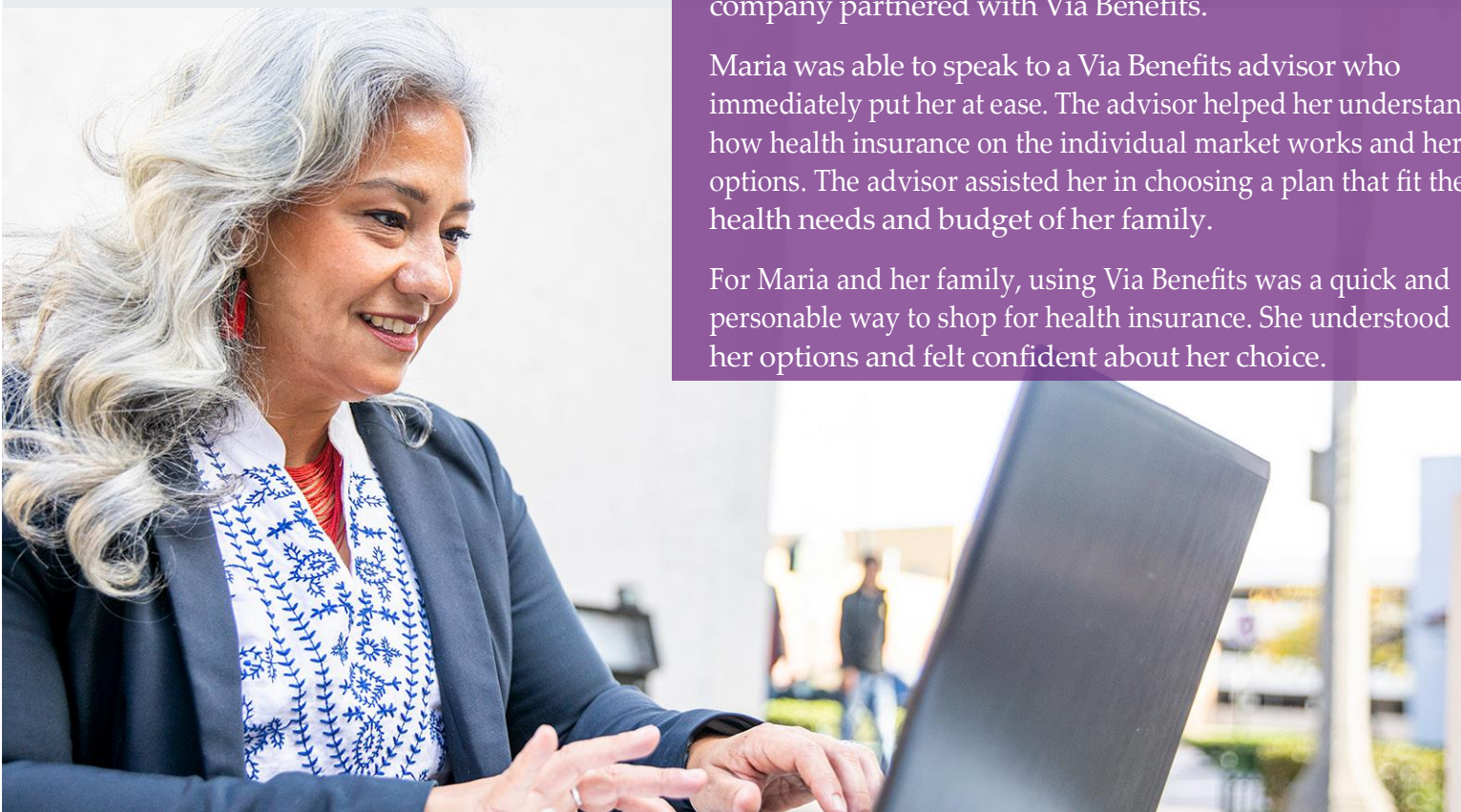
Working with Via Benefits

After a long career, Maria retired early in 2022. When she was employed, Maria and her family were on her company's group plan but the company did not have a retiree plan in place.

To help employees with health insurance in retirement the company partnered with Via Benefits.

Maria was able to speak to a Via Benefits advisor who immediately put her at ease. The advisor helped her understand how health insurance on the individual market works and her options. The advisor assisted her in choosing a plan that fit the health needs and budget of her family.

For Maria and her family, using Via Benefits was a quick and personable way to shop for health insurance. She understood her options and felt confident about her choice.



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2024 Required Annual Notices to Employees

NOTICES:

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 30 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 because 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 30 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 30-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 at benefits@georgetown.org.

Summary of Material Modifications

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, 2024. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference

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.

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits]. If you would like more information on WHCRA benefits, call your plan administrator Tracy Beeman, 512-930-3691.

Newborn Disclosures

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 more than 48 hours or 96 hours.

Notice: Premium Assistance

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPPA Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPPA Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPPA Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPPA Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPPA) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihapp.aspx Phone: 1-855-459-6328 Email: KIHAPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicare.la.gov or www.ldh.la.gov/laapp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPPA)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPPA Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
WWW.DOL.GOV/AGENCIES/EBSA
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

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 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:

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.

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 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 City of Georgetown coverage, be aware that you and your dependents may not be able to get this coverage back.

MEDICARE D NOTICE CONTINUED

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 City of Georgetown and do not 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) if 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 the City of Georgetown 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 will 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 you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

Date:	January 1 - December 31, 2024
Name of Entity/Sender	City of Georgetown
Contact--Position/Office:	HR Address: 808 Martin Luther King Jr. St. Georgetown, TX 78627
Phone Number:	512.930.3691

