CITY OF

MISSION

2017 - 2018
Employee Benefits Guide

Part Time

GEF Financial Group
Wealth Management - Investments - Insurance

WELCOME TO YOUR BENEFITS GUIDE

This booklet has been provided to you to inform you of all the benefit options available to you. Please take the time to review the various plan designs and coverages and decide which option(s) best fit your needs for the 2017-2018 plan year.

Human Resources Department

Noemi Munguia – Human Resources Director	nmunguia@missiontexas.us	(956)580-8734
Nereyda Peña – Asst. Human Resources Director	npena@missiontexas.us	(956) 580-8630
Catherine N. Hernandez – Human Resources Coordinator	chernandez@missiontexas.us	(956) 580-8681

What You Need To Enroll?

You will need the following items on hand:

- Names, social security numbers, dates of birth and addresses of any/all dependents you may wish to enroll in one or more of the plans.
- Life insurance beneficiary information (primary and contingent).
- Proof of dependent status, if you are adding a new dependent (i.e. marriage certificate, birth certificate, court order, etc.)
- Previous or current medical credible coverage information.

During your enrollment, you will be meeting with a benefits representative who can answer questions about the benefit plans available to you.

Taking Advantage of Pre-Tax Benefits

The City of Mission offers enrollment in a Section 125 pre-tax plan. Certain coverages you contribute to are deducted from your paycheck on a pre-tax basis. The IRS stipulates that when you elect to have your deductions taken out with pre-tax dollars, you also agree to remain in the benefit plan of your selection for one full year, unless you experience a qualifying event. Examples of qualifying events include the following:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or dependent
- Change from part-time to full-time status
- Leave of absence

- Loss of coverage
- Eligibility of new coverage
- Termination of spouse's employment
- Commencement of spouse/dependent's employment
- Significant change in the cost or coverage of spouse's health plan (increase of at least 10%)

Notification and proper documentation must be given to the Human Resources Department within 31 days of the qualifying event.

KNOW YOUR BENEFITS

Medical Insurance – Blue Cross Blue Shield of Texas – www.bcbstx.com – (800) 521-2227

- Medical insurance pays the large expense that can be incurred when you or a family member, visit doctors, go to the hospital, or seek other costly medical services. Medical insurance allows you to obtain high quality medical care without severe financial hardship to your family. The City pays the premium for employee coverage; while the employee incurs premiums for spouse ad dependents should they elect to add them to the plan.

Dental Insurance – Human Dental – www.humana.com – (800) 233-4013

- Dental insurance is designed to discount the cost of professional dental care. Benefits include preventative care and discounts on basic and major care as well as orthodontia with restrictions on frequency and annual maximum dollar amounts.

Vision Insurance – Avesis – www.avesis.com – (800) 828-9341

- Vision insurance is designed to discount the costs of professional vision care. Benefits include exams, lenses, contact lenses and discounts on various other vision needs with restrictions on frequency and annual maximum dollar amounts.

Life Insurance – Lincoln Financial Group – www.LincolnFinancial.com – (800) 423-2765

- Basic Life Insurance in the amount of $10,000 is provided to each employee at no cost. Accidental Death and Dismemberment (AD&D) in the amount of $10,000 is provided to each employee at no cost. In addition to the Basic Life and AD&D provided by the City, employees can enroll themselves, their spouse and dependents in Voluntary Life Insurance. This enables you to tailor coverage for your individual needs and helps provide financial security for you and your family members.

Voluntary Long Term Disability – Lincoln Financial Group – www.LincolnFinancial.com – (800) 423-2765

- Long Term Disability Insurance is intended to protect your income for a long duration after you have depleted Short Term Disability (if applicable) or any sick leave you have accrued. Maximum benefit duration is later of age 65 or social security normal retirement age with an elimination period that requires you to be disabled for 90 days prior to collecting benefits.

Supplemental Insurance Policies – Aflac – www.aflac.com – (800) 992-3522

- Aflac provides a variety of Supplemental Insurance policies that help protect you from unexpected medical expenses, and help guard against financial hardship. These plans are designed to supplement your health insurance so that you do not pay out of pocket for deductibles, co-payments, travel expenses or hotel stays if needed. All these plans pay you directly, regardless of other insurance you may already have.

Legal Shield – www.legalshield.com – (800) 654-7757

- Legal Shield plans assist in providing legal services at negotiated prepaid rates with law firms throughout North America at a fraction of what they traditionally cost. An Identity Theft Plan is also available to help protect you and your family from Identity Theft and fraud.

MASA – www.masaassist.com – (800) 643-9023

- Through the membership services, if an emergency response team determines that air or ground evacuation is your fastest and safest option, air or ground ambulance will provide medical transport dramatically reducing the time to an emergency treatment facility. Aside from your membership fee, you will not incur any out of pocket expenses in connection with your transportation.

Employee Assistance Program – Deer Oaks EAP Services – www.deeroaks.com – (800) 327-2400

- Deer Oaks employee assistance program is a free service provided for you and your dependents by the City. This program offers a wide variety of confidential counseling, referral and consultation service s which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives.

Retirement Plans

- Texas Municipal Retirement System (TRS) – www.tmrs.org – (800) 924-8677
    - The city mandates that all employees participate in TMRS at a 6% contribution rate per pay period. The City contributes 2 to 1 matching funds for all participating employees. City funds are kept separate until employee retires.
- ICMA 457 Deferred Compensation Plan – www.icmarc.org – (866) 886-8024
    - The ICMA 457 deferred compensation plan is a supplemental retirement savings program that allows the participant to make contributions on a pre-tax basis. Contributions may be increased, decreased, stopped and restarted without restrictions, fees, or penalties.
- Nationwide Insurance – www.nrsforu.com – (877) 677-3678
    - Nationwide 457 deferred compensation plan is a supplemental retirement savings program that allows the participant to make contributions on a pre-tax basis.

New Hires:

Coverage effective date for all benefits is the first day of the month following a 30-day waiting period.

Plan year:

October 1st 2017 – September 30th 2018

CITY OF MISSION

HEALTH INSURANCE PREMIUMS - 30 Hour Employees

October 1, 2017 - September 30, 2018

Insurance Premiums are calculated and deducted based on 24-pay periods

Medical Insurance - BlueCross BlueShield

Coverage	Semi-Monthly Amount	Monthly Employee Share
Employee Only	$ 47.00	$ 94.00
Employee + Child(ren)	$ 197.85	$ 395.70
Employee + Spouse	$ 211.62	$ 423.24
Employee + Family	$ 376.94	$ 753.88

Voluntary Dental Insurance - Humana

Coverage		Semi-Monthly Amount	Monthly Premium
Basic Plan			
Employee Only	Maximum Benefit $1,000	$ 6.81	$ 13.62
Employee + Spouse	Maximum Benefit $1,000	$ 13.93	$ 27.86
Employee + Child(ren)	Maximum Benefit $1,000	$ 18.94	$ 37.88
Employee + Family	Maximum Benefit $1,000	$ 26.06	$ 52.12
High Plan (w/Ortho)			
Employee Only	Maximum Benefit $1,500	$ 11.95	$ 23.90
Employee + Spouse	Maximum Benefit $1,500	$ 24.60	$ 49.20
Employee + Child(ren)	Maximum Benefit $1,500	$ 32.33	$ 64.66
Employee + Family	Maximum Benefit $1,500	$ 44.99	$ 89.98

Voluntary Vision Insurance - Avesis

Coverage	Semi-Monthly Amount	Monthly Premium
Employee Only	$ 3.45	$ 6.90
Employee + Spouse	$ 6.51	$ 13.02
Employee + Child(ren)	$ 7.06	$ 14.12
Employee + Family	$ 9.16	$ 18.32

Voluntary Life Insurance - Lincoln Financial Group

Coverage	Rate	Semi-Monthly Amount	Monthly Premium
Employee Only (up to $500,000)	Varies due to age and elected amount		Varies
Spouse (up to $250,000)	Varies due to age and elected amount		Varies
Dependent - Child(ren) (up to $10,000)	$0.18 per thousand regardless of # of children	$ 0.90	$ 1.80
Long Term Disability	Varies due to age and salary amount		Varies

Supplemental Products - Colonial

Coverage	Semi-Monthly Amount	Monthly Premium
Accident Insurance		Varies
Cancer Insurance		Varies
Critical Illness Insurance		Varies
Hospital Confinement		Varies
Short-Term Disability Insurance		Varies
Universal Life		Varies

*In the event of a qualifying event, notification must be provided to the Human Resources Department in writing within 30 days with appropriate documentation.
Coverage effective date for all benefits is the 1st day of the month following a 30 day waiting period.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-521-2227 or visit www.bcbstx.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-800-521-2227 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For In-Network: $500 Individual / $1,000 Family For Out-of-Network: $2,500 Individual / $5,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Services that charge a copay, prescription drugs, and In-Network preventive care, diagnostic tests, home health, skilled nursing, and hospice are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. Per occurrence: $500 Out-of-Network inpatient admission. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For In-Network: $2,000 Individual / $4,000 Family For Out-of-Network: $6,000 Individual / $10,000 Family Prescription drug limit: $4,600 Individual / $9,200 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, Out-of-Network deductibles, Out-of-Network copays, preauthorization penalties, balanced-billed charges, and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 copay/visit; deductible does not apply	50% coinsurance	None
	Specialist visit	$35 copay/visit; deductible does not apply	50% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No Charge for child immunizations Out-of-Network through the 6th birthday.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge; deductible does not apply	50% coinsurance	Office visit copay may apply.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbstx.com	Generic drugs	$10 retail $20 mail order copay/prescription; deductible does not apply	$10 copay/prescription plus 20% coinsurance; deductible does not apply	Prescription drug out-of-pocket limit: $4,600 Individual / $9,200 Family Retail covers a 30 day supply. With appropriate prescription, up to a 90 day supply is available. Mail order covers a 90 day supply. Out-of-Network mail order is not covered. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. For Out-of-Network pharmacy, member must file claim. Specialty drugs are available at any retail pharmacy. $75 copay covers a 30 day supply.
	Preferred brand drugs	$25 retail $50 mail order copay/prescription; deductible does not apply	$25 copay/prescription plus 20% coinsurance; deductible does not apply	
	Non-preferred brand drugs	$40 retail $80 mail order copay/prescription; deductible does not apply	$40 copay/prescription plus 20% coinsurance; deductible does not apply	
	Specialty drugs	$75 copay/ prescription; deductible does not apply	$75 copay/prescription plus 20% coinsurance; deductible does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	$125 copay/visit plus 20% coinsurance; deductible does not apply	$125 copay/visit plus 20% coinsurance; deductible does not apply	Emergency room copay waived if admitted. If admitted, inpatient hospital expenses will apply. 20% coinsurance after deductible applies for ER physician services.
	Emergency medical transportation	20% coinsurance	20% coinsurance	Ground and air transportation covered.
	Urgent care	$45 copay/visit; deductible does not apply	50% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	$500 deductible per admission for Out-of-Network providers. Preauthorization is required; $250 penalty if services are not preauthorized Out-of-Network.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$20 copay/office visit; deductible does not apply	50% coinsurance	Certain services must be preauthorized; refer to benefits booklet for details.
	Inpatient services	20% coinsurance	50% coinsurance	$500 deductible per admission for Out-of-Network providers. Preauthorization is required; $250 penalty if services are not preauthorized Out-of-Network.
If you are pregnant	Office visits	$20 copay/visit; deductible does not apply	50% coinsurance	Copay applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	50% coinsurance	$500 deductible per admission for Out-of-Network providers. Preauthorization is required; $250 penalty if services are not preauthorized Out-of-Network.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No Charge; deductible does not apply	50% coinsurance	Limited to 60 visits per plan year. Preauthorization is required.
	Rehabilitation services	$35 copay/visit; deductible does not apply	50% coinsurance	Limited to 12 visits per plan year each for occupational, physical, and speech therapies.
	Habilitation services	$35 copay/visit; deductible does not apply	50% coinsurance	
	Skilled nursing care	No Charge; deductible does not apply	50% coinsurance	Limited to 25 days per plan year. Preauthorization is required.
	Durable medical equipment	20% coinsurance	50% coinsurance	None
	Hospice services	No Charge; deductible does not apply	50% coinsurance	Preauthorization is required.
If your child needs dental or eye care	Children's eye exam	$20 PCP / $35 SPC copay/visit; deductible does not apply	50% coinsurance	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids (limited to 1 new aid per ear per 36-month period)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (with the exception of person with diagnosis of diabetes)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care (10 visits per year)
- Bariatric surgery
- Routine eye care (Adult)
- Weight loss programs

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit www.bcbstx.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Texas Department of Insurance's Consumer Health Assistance Program at 1-800-252-3439 or visit www.texashealthoptions.com.

Does this plan provide Minimum Essential Coverage? Yes
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227.
Chinese (中文): 如果需要中文的帮助， **请拨打这个号码** 1-800-521-2227.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-521-2227.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

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

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist *copayments*	$35
Hospital (facility) *coinsurance*	20%
Other *coinsurance*	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost sharing	
Deductibles	$500
Copayments	$0
Coinsurance	$1,500
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,060**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist *copayments*	$35
Hospital (facility) *coinsurance*	20%
Other *coinsurance*	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost sharing	
Deductibles	$500
Copayments	$900
Coinsurance	$200
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$1,660**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist *copayments*	$35
Hospital (facility) *coinsurance*	20%
Other *coinsurance*	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,000**

In this example, Mia would pay:

Cost sharing	
Deductibles	$500
Copayments	$200
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$900**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
300 E. Randolph St.	TTY/TDD:	855-661-6965
35th Floor	Fax:	855-661-6960
Chicago, Illinois 60601	Email:	CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building 1019	Complaint Portal:	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Washington, DC 20201	Complaint Forms:	http://www.hhs.gov/ocr/office/file/index.html

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Humana Dental Preventive Plus 14

TEXAS

City of Mission

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$1,000			
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (routine extractions)	80% after deductible		80% after deductible	
More Value **Basic services** • Stainless steel crowns • Harmful habit appliances for children **Major services** • Crowns • Inlays and onlays • Bridges • Dentures • Denture relines/rebases • Denture repair and adjustments • Implants • Periodontics (gums) • Endodontics (root canals) **Orthodontia services** • Adult and child orthodontia	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Humana Dental Preventive Plus 14

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant [1]	No	12 months	Not available	Not available

[1] Late applicants not allowed with open enrollment option.

Bi-monthly rates* (24 deductions per year)

Employee	$6.81
Employee + spouse:	$13.93
Employee + child(ren):	$18.94
Family:	$26.06

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Preventive Plus plan focuses on prevention and early diagnosis, providing two exams and cleanings every calendar year.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Preventive Plus plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered servcies by choosing dentists in the HumanaDental Preventive Plus Network. To find a dentist in HumanaDental's Preventive Plus Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana®

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Humana Dental Traditional Plus 14

TEXAS

City of Mission

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$1,500 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		80% after deductible	
Major services • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth ever 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered)	50% after deductible		50% after deductible	

Humana Dental Traditional Plus 14

Orthodontia services

Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant [2, 3]	No	12 months	12 months	12 months

[2] Late applicants not allowed with open enrollment option.
[3] Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Bi-monthly rates* (24 deductions per year)

Employee	$11.95
Employee + spouse:	$24.60
Employee + child(ren):	$32.33
Family:	$44.99

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.
* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.
* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered servcies by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

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See your dentist

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Learn what your plan paid

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CITY OF MISSION

Vision Summary of Benefits

Avēsis
A National Vision, Dental and Hearing Company

Your vision health is an important part of complete wellness. Avēsis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

Group No. 10771-1253

IN-NETWORK BENEFITS

SERVICE		OUT-OF-NETWORK
Eye Examination	• Covered in full after $10 copay • Once every **12** months • Includes dilation when professionally indicated.	• Reimbursement up to $45
Frame Benefit*	• Once every **24** months • Members receive a $50 wholesale allowance (equates to $100-$150 retail) toward any frame in a participating provider's office.	• One pair every **24** months • Reimbursement up to $45
Standard Spectacle Lenses	• Covered in full • One pair every **12** months • Standard single vision, bifocal, trifocal, lenticular covered in full	• One pair every **12** months • Plan reimburses $40 for single vision lenses, $60 for bifocal lenses, $80 for trifocal lenses and $80 for lenticular lenses
Progressive Lenses	• EyeFOCAL L2 Digital Progressives covered in full	• $60 for Progressive Lenses
Lens Options	**Covered in Full Lenses** • **Plastic or Glass** • **Oversized** • **Fashion Gradient Tinting** • **Glass-Grey #3 Prescription Sunglasses** • **Polycarbonate Lenses** • **Scratch Resistant Coating[1]** • **Ultraviolet Coating[1]** • **Photochromic Glass** [1] **Included with Polycarbonate Materials** **20% Discount + Lens Allowance** • **Standard Anti-Reflective Coating** • **Premium AR Coating** • **Ultra AR Coating** • **Premium Progressives** • **Hi-Index** • **Polarized** • **Plastic Photosensitive**	• Standard Lens Allowance
Contact Lenses**	• One pair every **12** months • Elective covered up to $150 allowance • Medically Necessary covered in full	• Once every **12** months • Reimbursement up to $150 allowance • Reimbursement up to $250
Laser Vision Correction	• $150 onetime/lifetime allowance	• $150 onetime/lifetime allowance

RATES - Employee Contribution

Tier	Rates
Employee Only	$ 6.89
Employee + Spouse	$13.02
Employee + Child(ren)	$14.12
Employee + Family	$18.32

* Please note, if purchased in-network, discounted prices may be offered through the Avēsis Vision Plan. However, as with most products, retail prices may vary. Discounts are not available at Wal-Mart locations or other select retailers.
** If you choose contact lenses, this benefit is provided instead of the benefit for spectacle lenses and frames.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO

USING OUT OF NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center, your group administrator or by visiting www.avesis.com.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

1) Orthoptics or vision training;
2) Subnormal vision aids and any supplemental testing;
3) Plano (non-prescription) lenses, sunglasses;
4) Two pair of glasses in lieu of bifocal lenses;
5) Any medical or surgical treatment of eye or support structures;
6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
7) Any eye examination or corrective eyewear required by an employer as a condition of employment;
8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

NOTES AND DISCLAIMERS

Notes and Disclaimers:

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Only one co-pay applies to either frame or lenses.

Termination Provisions:

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Lincoln Financial Group®
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Group Term Life Insurance
Life and AD&D

SUMMARY OF BENEFITS

Sponsored by: City of Mission

All Full-Time Employees excluding Chief of Police and City Manager

Coverage	
Life	$10,000
Guarantee Issue	$10,000
AD&D	Will Equal the Life Benefit
Benefit Reduction	**Employee**
Benefits will reduce:	35% at age 65; An additional 20 % of original amount at age 70; An additional 15 % of original amount at age 75; An additional 10 % of original amount at age 80; An additional 5 % of original amount at age 85; Benefits terminate at retirement
Additional Benefits	
See Understanding Your	Accelerated Death Benefit
Benefits Page:	Conversion
	Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit
Enrolling for Coverage	
Eligibility:	All employees in an eligible class.

(Please see other side)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Not for use in New York.
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Understanding Your Benefits	
Accelerated Death Benefit	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to $10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Additional Benefits	
***LifeKeys*℠**	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
***TravelConnect*℠**	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: **MISNCTY3**	www.LincolnFinancial.com

Lincoln Financial Group®

You're In Charge®

Voluntary Life Insurance

SUMMARY OF BENEFITS

Sponsored by: **City of mission**

All Full-Time Employees

Life Benefit	Employee	Spouse	Dependent
	Employee must elect coverage for Spouse or dependents to be eligible.		
Amount	Choice of $10,000 increments	Choice of $5,000	Age 1 Day to 6 months: $250 6 months to age 26 years: $10,000
Minimum Amount	$10,000	$5,000	$10,000
Maximum Amount	$500,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is $50,000	$250,000, limited to 100% of employee amount	$10,000
Guarantee Issue for Newly Eligible Employee	$150,000	$30,000	
Current Eligible Employees	You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.		

Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; Additional 20% of original amount at age 70; Additional 15% of original amount at age 75; Additional 10% of original amount at age 80; Additional 5% of original amount at age 85; Benefits terminate at retirement	35% at Spouse Age 65; Additional 20% of original amount at Spouse Age 70; Additional 15% of original amount at Spouse Age 75; Additional 10% of original amount at Spouse Age 80; Additional 5% of original amount at Spouse Age 85 Benefits terminate at Employee Retirement

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion

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Definitions	
Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
Limited Activity	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Term Life	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.
Additional Benefits	
***LifeKeys*SM**	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
***TravelConnect*SM**	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: **MISNCTY3**	www.LincolnFinancial.com

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Semi-Monthly Employee Premium
Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

Semi-Monthly RATE Per $1000	AGE	$ 10,000	$20,000	$30,000	$40,000	$50,000	$ 60,000	$ 70,000	$ 80,000	$ 90,000	$100,000
0.0445	<25	$0.45	$0.89	$1.34	$1.78	$2.23	$2.67	$3.12	$3.56	$4.01	$4.45
0.0445	25-29	$0.45	$0.89	$1.34	$1.78	$2.23	$2.67	$3.12	$3.56	$4.01	$4.45
0.0445	30-34	$0.45	$0.89	$1.34	$1.78	$2.23	$2.67	$3.12	$3.56	$4.01	$4.45
0.0625	35-39	$0.63	$1.25	$1.88	$2.50	$3.13	$3.75	$4.38	$5.00	$5.63	$6.25
0.0895	40-44	$0.90	$1.79	$2.69	$3.58	$4.48	$5.37	$6.27	$7.16	$8.06	$8.95
0.1390	45-49	$1.39	$2.78	$4.17	$5.56	$6.95	$8.34	$9.73	$11.12	$12.51	$13.90
0.2155	50-54	$2.16	$4.31	$6.47	$8.62	$10.78	$12.93	$15.09	$17.24	$19.40	$21.55
0.3550	55-59	$3.55	$7.10	$10.65	$14.20	$17.75	$21.30	$24.85	$28.40	$31.95	$35.50
0.4720	60-64	$4.72	$9.44	$14.16	$18.88	$23.60	$28.32	$33.04	$37.76	$42.48	$47.20
0.8095	**65-69**	***$6,500***	***$13,000***	***$19,500***	***$26,000***	***$32,500***	***$39,000***	***$45,500***	***$52,000***	***$58,500***	***$65,000***
		$5.26	*$10.52*	*$15.79*	*$21.05*	*$26.31*	*$31.57*	*$36.83*	*$42.09*	*$47.36*	*$52.62*
1.4995	**70-74**	***$4,500***	***$9,000***	***$13,500***	***$18,000***	***$22,500***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$6.75	*$13.50*	*$20.24*	*$26.99*	*$33.74*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
5.4985	**75-79**	***$3,000***	***$6,000***	***$9,000***	***$12,000***	***$15,000***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$16.50	*$32.99*	*$49.49*	*$65.98*	*$82.48*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
5.4985	**80-84**	***$2,000***	***$4,000***	***$6,000***	***$8,000***	***$10,000***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$11.00	*$21.99*	*$32.99*	*$43.99*	*$54.99*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
5.4985	**85-99**	***$1,500***	***$3,000***	***$4,500***	***$6,000***	***$7,500***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$8.25	*$16.50*	*$24.74*	*$32.99*	*$41.24*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:
Use this formula to calculate premium for benefit amounts over $ 100,000

	Age	Semi-Monthly Rate Per $1,000	X	Benefit In $1,000's	=	Semi-Monthly Cost
Example:	**35**	**0.0625**	**X**	**150**	**=**	**$ 9.38**
			X		**=**	

Dependent Children Benefit	**$10,000**
Semi-Monthly Rate:	$ 0.90

Premium covers all dependent children regardless of the number of children.

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Semi-Monthly Spouse Premium
Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on the Spouse Age
Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

Semi-Monthly RATE Per $1000	AGE	$ 5,000	$10,000	$ 15,000	$ 20,000	$ 25,000	$ 30,000	$ 35,000	$ 40,000	$ 45,000	$ 50,000
0.0445	<25	$0.22	$0.45	$0.67	$0.89	$1.11	$1.34	$1.56	$1.78	$2.00	$2.23
0.0445	25-29	$0.22	$0.45	$0.67	$0.89	$1.11	$1.34	$1.56	$1.78	$2.00	$2.23
0.0445	30-34	$0.22	$0.45	$0.67	$0.89	$1.11	$1.34	$1.56	$1.78	$2.00	$2.23
0.0625	35-39	$0.31	$0.63	$0.94	$1.25	$1.56	$1.88	$2.19	$2.50	$2.81	$3.13
0.0895	40-44	$0.45	$0.90	$1.34	$1.79	$2.24	$2.69	$3.13	$3.58	$4.03	$4.48
0.1390	45-49	$0.70	$1.39	$2.09	$2.78	$3.48	$4.17	$4.87	$5.56	$6.26	$6.95
0.2155	50-54	$1.08	$2.16	$3.23	$4.31	$5.39	$6.47	$7.54	$8.62	$9.70	$10.78
0.3550	55-59	$1.78	$3.55	$5.33	$7.10	$8.88	$10.65	$12.43	$14.20	$15.98	$17.75
0.4720	60-64	$2.36	$4.72	$7.08	$9.44	$11.80	$14.16	$16.52	$18.88	$21.24	$23.60
0.8095	**65-69**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***$19,500***	***$22,750***	***$26,000***	***$29,250***	***$32,500***
		$2.63	*$5.26*	*$7.89*	*$10.52*	*$13.15*	*$15.79*	*$18.42*	*$21.05*	*$23.68*	*$26.31*
1.4995	**70-74**	***$2,250***	***$4,500***	***$6,750***	***$9,000***	***$11,250***	***$13,500***	***$15,750***	***$18,000***	***$20,250***	***$22,500***
		$3.37	*$6.75*	*$10.12*	*$13.50*	*$16.87*	*$20.24*	*$23.62*	*$26.99*	*$30.36*	*$33.74*
5.4985	**75-79**	***$1,500***	***$3,000***	***$4,500***	***$6,000***	***$7,500***	***$9,000***	***$10,500***	***$12,000***	***$13,500***	***$15,000***
		$8.25	*$16.50*	*$24.74*	*$32.99*	*$41.24*	*$49.49*	*$57.73*	*$65.98*	*$74.23*	*$82.48*
5.4985	**80-84**	***$1,000***	***$2,000***	***$3,000***	***$4,000***	***$5,000***	***$6,000***	***$7,000***	***$8,000***	***$9,000***	***$10,000***
		$5.50	*$11.00*	*$16.50*	*$21.99*	*$27.49*	*$32.99*	*$38.49*	*$43.99*	*$49.49*	*$54.99*
5.4985	**85-99**	***$750***	***$1,500***	***$2,250***	***$3,000***	***$3,750***	***$4,500***	***$5,250***	***$6,000***	***$6,750***	***$7,500***
		$4.12	*$8.25*	*$12.37*	*$16.50*	*$20.62*	*$24.74*	*$28.87*	*$32.99*	*$37.11*	*$41.24*

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:
Use this formula to calculate premium for benefit amounts over $ 50,000

	Age	Semi-Monthly Rate Per $1,000	X	Benefit In $1,000's	=	Semi-Monthly Cost
Example:	**35**	**0.0625**	**X**	**75**	**=**	**$ 4.69**
			X		**=**	

Dependent Children Benefit	**$10,000**
Semi-Monthly Rate:	$ 0.90

Premium covers all dependent children regardless of the number of children.

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York**.

Lincoln Financial Group®

You're In Charge®

Group Long-Term Disability Insurance
Specialty Worksite

SUMMARY OF BENEFITS

Sponsored by: **City of Mission**

All Full-Time Employees

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit

	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Employee Paid Plan	60% of monthly salary up to $5,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days

Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Benefit Limitations	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: 24 Months

Enrolling for Coverage

Eligibility:	All employees in an eligible class. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

Semi-Monthly Premium Calculation**

		EXAMPLE Age 35
List your monthly earnings (*Maximum covered payroll is $8,333 Monthly)	$_____	$2,643
Multiply by your premium factor	_____	0.00162
Your Estimated Semi-Monthly Premium**	$_____	$4.28

**This is an estimate of premium cost.
Actual deductions may vary slightly due to rounding and payroll frequency.

Attained Age	Premium Factor
0 - 29	0.00063
30 - 34	0.00095
35 - 39	0.00162
40 - 44	0.00243
45 - 49	0.00343
50 - 54	0.00441
55 - 59	0.00563
60 - 64	0.00473
65 - 69	0.00370
70 - 74	0.00320
75 - 99	0.00320

Understanding Your Benefits	
Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: • Your disability is the result of a self-inflicted injury. • You are not under the regular care of a doctor when requesting disability benefits. • You were involved in a felony commission, act of war, or participation in a riot. • You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: • Any compulsory benefit act or law (such as state disability plans); • Any governmental retirement system earned as a result of working for the current policyholder; • Any disability or retirement benefit received under a retirement plan; • Any Social Security, or similar plan or act, benefits; • Earnings from any form of employment; • Workers compensation; • Salary continuance or employer contributions to an employer sponsored retirement plan.
Coverage Termination	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.
Additional Benefits	
	Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit, EmployeeConnect - Employee Assistance Program and Waiver of Premium

See your Schedule of Benefits on your Certificate for more information

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: **MISNCTY3**	www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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EmployeeConnect℠ services

We offer confidential guidance and resources for you or an immediate household family member.

- In-person help for short-term issues; up to four* sessions with a counselor per person, per issue, per year
- Toll-free phone and web access 24/7
- Unlimited phone access to legal, financial and work-life services
- A 25% discount on in-person consultations with network lawyers
- Financial consultations and referrals
- Work/life services for assistance with child care, finding movers, kennels and pet care, vacation planning, and more.

To learn more about the Lincoln Financial *EmployeeConnect* program, visit www.GuidanceResources.com (user name = LFGsupport; password = LFGsupport1), or talk with a specialist at 888-628-4824.

*In California, up to three sessions in six months, starting with initial contact by employee.

EmployeeConnect℠ services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

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BP 8/14 **Z06**
Order code: GP-EMPCO-SJM001

Lincoln Financial Group®

You're In Charge®

Servicios *EmployeeConnect*℠

Ofrecemos asesoramiento confidencial y recursos para usted o un familiar cercano en su grupo familiar.

- Ayuda en persona para problemas de corto plazo; hasta cuatro* sesiones con un asesor por persona, por problema, por año
- Teléfono sin costo y acceso por Internet 24/7
- Acceso telefónico sin límites a servicios jurídicos, financieros y para el equilibrio del trabajo y la vida
- Un descuento del 25% en consultas personalizadas con abogados de la red
- Consultas financieras y referencias
- Servicios para equilibrio del trabajo y la vida con guarderías, búsqueda de servicios de mudanzas, perreras y cuidado de mascotas, planificación de vacaciones y más.

Para conocer más acerca del programa *EmployeeConnect* de Lincoln Financial, visite www.GuidanceResources.com (nombre de usuario = LFGsupport; contraseña = LFGsupport1), o hable con un especialista en el 888-628-4824.

*En California, hasta tres sesiones en seis meses, comenzando con el contacto inicial del empleado.

Los servicios *EmployeeConnect*℠ son suministrados por ComPsych® Corporation, Chicago, IL. ComPsych® no es una empresa de Lincoln Financial Group®. La cobertura está sujeta a los términos contractuales reales. Cada compañía independiente es la única responsable de sus propias obligaciones. Lincoln Financial Group es el nombre de comercialización de Lincoln National Corporation y sus empresas afiliadas. Las empresas afiliadas son separadamente responsables de sus propias obligaciones financieras y contractuales.

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Código de pedido: GP-EMPCO-SJM001

Lincoln Financial Group®

You're In Charge®

Lincoln Financial Group®
You're In Charge®

Travel more. Worry less.

Travel assistance services user guide

Travel made easier

You know your Lincoln Life Insurance coverage helps protect your family's financial future … but did you know it also includes helpful services you can use right now?

Those services include the *TravelConnect*℠ program, which provides a wealth of travel, medical and safety-related services you can access while traveling. Lincoln has partnered with UnitedHealthcare Global, a worldwide leader in travel assistance, to make this valuable benefit available.

For travel more than 100 miles from home

Business and leisure travel

Staff and resources provide 24/7 travel support

Cut out this card and keep it with you for quick reference.

Your comprehensive coverage includes...

Medical emergency evacuation and transportation
Includes arrangement and payment for transportation of the patient to the nearest medical facility able to treat the injury or illness. Once the patient can travel home, includes arrangement and payment for the trip.

Dependent child transportation
If a medical emergency leaves no covered parents available, includes arrangement and payment for a dependent child's trip home or arrangement and payment for a family member to travel to and care for the child.

Travel treatment monitoring
Includes care management when a traveler has a medical emergency; services are available until the traveler is released or sent to a hometown hospital. Services vary from case to case but can include: medical record requests and reviews to ensure treatment is appropriate; intermediary services; medical translation services for the patient and/or the family; and communication between the patient and family back home.

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

...And much more

- Destination info — weather, currency and more
- Emergency travel arrangements and funds transfer
- Lost or stolen travel documents assistance
- Language translation services
- Medical and dental referrals
- Assistance with corrective lenses or medical device replacement
- Arrangement for the delivery of medications, vaccines or blood
- Updates to family, employer and/or home physician
- Repatriation of a deceased traveler
- Security and political evacuation assistance

For a complete list of services provided, please reach out to your benefits department.

Travel assistance services are subject to specific terms, conditions and limitations. A program description is available at www.Lincoln4Benefits.com. To use *TravelConnect*℠ services, call UnitedHealthcare Global at 800-527-0218 or 410-453-6330, and provide them with ID number 322541.

UnitedHealthcare Global Emergency Response Center:
United States +1-410-453-6330 (Reverse Charges Accepted)
TOLL FREE ACCESS - The numbers below must be dialed from within the country
If your location is not listed or the call will not go through, call the 24-hour Emergency Response Center collect (reverse charges accepted)

Australia	1 800 127 907	**Japan**	00531 11 4065
Brazil	0800 891 2734	**Mexico**	001 800 101 0061
China (northern)	108888*800 527 0218	**Philippines**	1 800 1 111 0503
China (southern)	10811*800 527 0218	**Singapore**	800 1100 452
Dominican Republic	1 888 567 0977	**South Africa**	0800 9 92379
France	0800 90 8505	**Spain**	900 98 4467
Germany	0800 1 811401	**Switzerland**	0800 55 6029
Hong Kong	800 96 4421	**Thailand**	001 800 11 471 0661
Israel	1 809 41 0172	**U.K.**	0800 252 074
Italy	800 877 204	**U.S. & Canada**	1 800 527 0218

* Dial the first portion of phone number, wait for tone, and then dial remaining numbers.
For a complete list, go to the Global Intelligence Center: https://members.uhcglobal.com

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LCN-1217118-060415
PDF 6/15 **Z01**
Order code: LFE-TRAV-FLI001

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TravelConnect℠ travel assistance services are provided by UnitedHealthcare Global, Baltimore, MD. UnitedHealthcare Global is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

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Affiliates are separately responsible for their own financial and contractual obligations.

Lincoln Financial Group®
You're In Charge®

Handling life, handling loss

LifeKeys® services help you meet life's challenges

Term life insurance / Support services

When you choose life insurance, you're planning for your family's future—assuring their comfort and securing their plans. With Lincoln Term Life Insurance, you can also access services that make a real difference now as well as in the future. *LifeKeys* services, included with all Lincoln Term Life and Accidental Death and Dismemberment Insurance policies, provide assistance to you, your family and your beneficiaries.

FOR YOU AND YOUR FAMILY...

EstateGuidance® will preparation

Create your will online—easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify wishes for your property
- Provide funeral and burial instructions

GuidanceResources® Online

GuidanceResources® Online is the place to go for articles, tutorials, streaming videos and "Ask the Expert" personal responses on topics such as:

- Law and regulations
- Money and investments
- Family and relationships
- Health and wellness
- Work and education
- Leisure and home

Identity theft

Identity theft is one of the fastest-growing crimes in the U.S. Be sure you have the information you need to recognize and prevent it. Our online resource helps you:

- Spot the warning signs
- Take steps to protect your cell phone, computer and tax records from fraud
- Lessen the damage and repair your credit if identity theft occurs
- Link to essential resources such as credit reporting bureaus, the FBI Internet Crime Complaint Center, ID Theft Resource Center, and more

You may also be eligible for beneficiary services

If you develop a terminal illness and access your Accelerated Death Benefit, you will be able to use beneficiary services shown on the other side of this flier.

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

FOR YOUR BENEFICIARIES...

Services are available for up to one year after a loss, and include:

A combination totaling six in-person sessions for grief counseling, or legal or financial information

and

Unlimited phone counseling

Assistance at a difficult time

Make sure your loved ones have the support they need, should you pass away. Unlimited phone contact with master's-level grief counselors lets your beneficiaries access information, advice and referrals for topics such as:

Grief and loss

Stress, anxiety and depression

Memorial planning information

Concerns about children and teens

Financial services

Your beneficiaries can call one of our certified financial specialists or use online tools and resources whenever they need help with essential topics such as:

- Estate planning
- Budgeting
- Debt
- Bankruptcy
- Investments

Legal support

If your beneficiaries need quick legal information, they can call one of our in-house attorneys. Or, if they need in-depth information, guidance or representation, we'll refer them to a qualified attorney in their area. They will be eligible for a free 30-minute consultation as well as a 25% reduction in customary legal fees thereafter. They'll get expert guidance on areas such as:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents beneficiaries need

Support with day-to-day concerns

Through good times and bad, everyone can use assistance. *LifeKeys*® services provide in-depth information and guidance—on virtually any topic you can name. Your beneficiaries can call for a quick answer or take advantage of specialists who will do the research for them and provide a comprehensive, customized booklet of information. Topics include:

- Planning a memorial service
- Finding child care or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases

To access *LifeKeys* services: Call 1-855-891-3684 or visit GuidanceResources.com (First-time user: Web ID = LifeKeys)

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LCN-1128225-021915
ECG 3/15 **Z03**
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Aflac SmartClaim®
One Day Pay℠

CANCER CARE

Aflac for City of Mission Employees

In the fight against cancer, you have an ally.

When you receive a cancer diagnosis, it can be not only emotionally devastating, but financially overwhelming as well. That's why Aflac developed Cancer Care insurance, a simple way to help protect your financial health when the unthinkable happens.

Aflac lets you focus on recovery, not unforeseen expenses.

Thanks to advances in science and treatment, more and more Americans are living with cancer.[1] But cancer is one of the most expensive medical conditions to treat in the United States.[2] Major medical insurance may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Care gives you extra cash to help deal with the unexpected expenses associated with cancer.

In addition to delivering cash benefits, Aflac offers:

- One Day Pay,℠ only from Aflac[3]
- Cash benefits paid to directly to you[4] to use as you see fit
- Guaranteed renewable as long as the premium is paid
- Cash wellness benefit you can use even for routine, preventative care

Cancer stats you need to know:

FACT NO. 1

MEN HAVE A SLIGHTLY LESS THAN **1 IN 2**

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.[5]

FACT NO. 2

WOMEN HAVE A SLIGHTLY MORE THAN **1 IN 3**

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.[5]

We're here with standout protection throughout your treatment.

Aflac Cancer Care pays you a cash benefit[4] upon initial diagnosis of a covered cancer, with other benefits payable throughout cancer treatment. You can use these benefits for any out-of-pocket medical expenses you may have, including daily life expenses, such as rent, mortgage, groceries or bills — it's your choice.

This information refers to benefit ranges for Policy Series A78000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of all benefits.

Aflac Cancer Care benefits[6]

Benefit	Cancer Care: Preferred – Premier levels (Policies A78100–78400). Benefit depends on level of coverage purchased.
Cancer Wellness Benefit	$25–$100 per year, per covered person
Initial Diagnosis Benefit	$300–$900 per week; no lifetime max
Injected Chemotherapy Benefit	$300–$900 per week; no lifetime max
Non-hormonal Oral Chemotherapy Benefit	$135–$400 per prescription, per month from $405–$1,200 max per month for Oral/Topical Benefit. Up to 3 different meds per calendar month
Radiation Therapy Benefit	$175–$500 per week; no lifetime max
Anti-nausea Benefit	$50–$150 per month; no lifetime max
Surgical/Anesthesia Benefit	$50–$5,000 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed $2,125–$6,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	$20–$600; no lifetime max on number of operations
Hospital Confinement Benefit: • **Hospitalization for 30 days or less** • **Hospitalization for Days 31+**	 • Insured/Spouse: $100–$300 per day; Dependent Child: $125–$375 per day; no lifetime max • Insured/Spouse: $200–$600 per day; Dependent Child: $250–$750 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	$100–$300; no lifetime max on number of operations

[1] Progress Against Cancer – 2019 Annual Plan, National Cancer Institute.https://www.cancer.gov/about-nci/budget/plan/progress. Accessed: November 13, 2017.

[2] National Cancer Institute: Financial Toxicity (Financial Distress) and Cancer Treatment - Patient Version, November 3, 2017 https://www.cancer.gov/about-cancer/managing-care/track-care-costs/financial-toxicity-pdq. Accessed: January 22, 2018.

[3]One Day Pay℠ is available for certain individual claims submitted online through the Aflac SmartClaim® process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim®, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim® is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2017.

[4]Unless otherwise assigned.

[5] Cancer Facts & Figures 2017, American Cancer Society.

[6]In Texas, Policies A78100TX -A78400TX. This is a brief product overview only. Benefit amounts shown are ranges for coverage levels 1-4. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus.
Worldwide Headquarters: 1932 Wynnton Road | Columbus, GA 31999

SHORT-TERM DISABILITY

Aflac for City of Mission Employees

Financial protection that works. Even when they can't.

Your income is an important part of your life. So you'll want to make sure it's protected in case you're ever unable to work. While no one plans on becoming disabled, you can prepare for the unexpected and have a plan in place to help cover your daily living expenses while you're out-of-work. That's where **Aflac Short-Term Disability** insurance can help make the difference—the difference that menas you will have a portion of your income to help take care of your bills while you're taking care of yourself.

Let us help you have peace of mind for the worst times.

Now, taking time off from work won't take such a toll on your ability to support your family. With **Aflac Short-Term Disability**, you receive a cash benefit for every day you're disabled.[1]

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days[2]
- **Cash benefits** paid directly to you to use as they see fit[3]
- **Portable** — You can take the plan with you wherever you go

A convenient plan to help you cover short-term expenses.

Aflac Short-Term Disability helps protect your income in the event of injury or illness. It provides coverage options that allow you to choose the plan that's right for you, based on your financial requirements and income.

This information refers to benefit ranges for Policy Series A57600 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits.

Aflac Short-Term Disability benefits[4]	
Benefit	**Description**
Guaranteed-Issue Options	• Monthly benefit amounts up to $4,000 (subject to income requirements) • Benefit periods: 3 or 6 months
Total Disability Benefit Periods	6, 12, 18, or 24 months
Elimination Periods	**Injury/Sickness** • 0/7 days • 0/14 days • 7/7 days • 7/14 days • 14/14 days • 0/30 days • 30/30 days • 60/60 days • 90/90 days • 180/180 days
Minimum Income and Hours Requirement	• Minimum annual income requirement: $9,000 • Minimum weekly hours requirement: 19 hours
Monthly Benefit Amounts	$500-$6,000 (subject to income requirements)
Partial Disability Benefit Period	6 months
Waiver of Premium Benefit	• Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as the insured is disabled, up to the applicable benefit period shown in the policy schedule. • Not available with a three-month total disability period.
Portable	Policyholders can take coverage with them if they change jobs or retire.
Total and Partial Disability Benefits	Pays for either a total or partial disability. Even if the insured is able to work, partial disability benefits may be available to compensate for lost income.
Guaranteed Renewable	Guaranteed renewable to age 75.
Available Riders	
• On-the-Job Injury • Additional Units of Disability Benefit • Aflac Plus	

[1]Benefit subject to benefit period and elimination period.

[2]Aflac processes most claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Aflac Company Statistics, YE 2017.

[3]Unless otherwise assigned.

[4]In Texas, Policies A57600TX and A57600LBTX. This is a brief product overview only. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus.

WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Aflac SmartClaim®
One Day Pay℠

ACCIDENT ADVANTAGE

Aflac for City of Mission Employees

Accidents happen. Make sure you are prepared.

Peace of mind doesn't happen by accident. It occurs when you **have a plan that helps protect you in the event of the unexpected** — such as a fall on the front steps or when a child gets hurt at soccer. But when an injury does occur, we can help you stay in control of the costs with Aflac Accident Advantage.

Now you can focus on recovery instead of bills.

Even if you have major medical insurance, you may still have out-of-pocket expenses such as deductibles, co-pays and other costs. Aflac Accident Advantage pays cash benefits directly to you[1] so you can use for any expense, from groceries to bills. Best of all, it comes from Aflac, a name families have trusted for more than 60 years.

In addition to delivering cash benefits, Aflac offers:

- **One Day Pay**,℠ only from Aflac[2]
- **Cash benefits** paid directly to you to use as they see fit
- **Portable** – You can take the plan with you wherever you go
- **A wellness benefit** you can use for routine, preventative care

Being prepared for whatever life brings is no accident.

The financial fallout from accidents is often surprising. Aflac Accident Advantage can help you pay for the unexpected costs, so you can focus on getting better.

This information refers to benefit ranges for Policy Series A36000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of benefits.

Aflac Accident Advantage benefits[3]

BENEFIT	ACCIDENT ADVANTAGE (24-HOUR) OPTIONS 1-4
Accident Treatment	• $130-$200 ER w/ X-ray • $80-$150 Office w/ X-ray • $100-$170 ER no X-ray • $50-$120 Office no X-ray
Wellness	$60 per calendar year, per policy
Organized Sporting Activity	Additional 25 percent of benefits payable up to $1,000 per policy, per calendar year
Initial Accident Hospitalization	• $500-$1,500 regular hospital admission • $750-$2,500 ICU admission
Accident Hospital Confinement	$150-$300 per day, up to 365 days
ICU Confinement	$300-$500, up to 15 days
Ambulance	$120-$250 ground, $800-$1,875 air
Appliances	$25-$350
Accident Follow-up Treatment	$25-$40, up to six
Therapy (Physical, Speech & Occupational)	$25-$40, up to 10
Accident Specific Sum Injuries	$20-$13,000
Blood/Plasma/Platelets	$100-$300
Major Diagnostic/Imaging Exams (MRI, CT Scan, etc.)	$100-$250, one per person, per calendar year
Prothesis-New/Repair-Replacement	$375-$1,000/$375-$1,000
Rehabilitation Facility	$75-$200 per day
Home Modification	$1,000-$4,000
Accidental-Death	$5,000-$200,000
Accidental-Dismemberment	$200-$50,000
Family Support	$20 per day, up to 30 days
Continuation of Coverage	After six months, waive up to two months
Waiver of Premium	36 months
Transportation	$200-$700 per trip, up to three per year (>50 miles)
Family Lodging	$75-$150 per night, up to 30 days (>50 miles)

Available Riders

Additional Accidental-Death Benefit	$7,000-$35,000
Aflac Plus	Yes

[1] Unless otherwise assigned.
[2] One Day Pay℠ is available for certain individual claims submitted online through the Aflac SmartClaim® process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim®, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim® is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2017.
[3] In Texas, Policies A36100TX - A36400TX & A3630FTX. This is a brief product overview only. Benefit amounts shown are ranges for Options 1-4. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus.

WWHQ | 1932 Wynnton Road | Columbus, GA 31999

CIG | CRITICAL ILLNESS

Chances are you know someone who's been diagnosed with a critical illness such as a heart attack (myocardial infarction) or stroke. You can't help but notice the strain it's placed on the person's life–both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

WOULD YOU HAVE THE MONEY TO COVER THE OUT-OF-POCKET EXPENSES SUCH AS:

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

IT'S INSURANCE FOR DAILY LIVING:

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group critical illness insurance plans are designed to provide you with cash benefits, such as the following:

- Pays a lump sum benefit for a covered critical illness such as a: heart attack and stroke.

ENROLL TODAY

Ask your Aflac agent how group critical illness insurance can help you. Remember, we're always by your side. And you're always under our wing.

Aflac®

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

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.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups sitused in California, group coverage is underwritten by Continental American Life Insurance Company. For groups sitused in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company • Columbia, South Carolina

SHI[G] | HOSPITAL INDEMNITY

As health care costs continue to rise, you are responsible for paying more and more out-of-pocket costs with every accident and illness. 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.

How will you help protect your savings when you have a covered accident or sickness?

If you are confined to the hospital, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. You could also lose pay while you're out of work. And you can be sure that the bills will keep coming. Aflac is here to help.

IT'S INSURANCE FOR DAILY LIVING:

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group hospital indemnity insurance plans are designed to provide you with cash benefits to help with the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more
- It even provides coverage for newborn children for 60 days from the date of birth*

ENROLL TODAY

Learn how group hospital indemnity insurance can help you. Remember, we're always by your side. And you're always under our wing.

Aflac®

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

* Applies to newly adopted children as well. Refer to the plan for complete details.

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.

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Continental American Insurance Company • Columbia, South Carolina

UL | Universal Life Insurance

Let's talk life.®

More than 70 million Americans know they need more life insurance.*

Universal life insurance helps take care of your loved ones' immediate and future needs if you should pass away. Immediate needs can include burial/funeral expenses, medical bills not covered by health insurance and current bills and debts. Future needs could include income replacement, education plans, ongoing family obligations, emergency funds, and retirement expenses. This plan also builds cash value.

EVERY LIFE HAS A STORY. WHAT'S YOURS?

You have a picture of the way you want your life to go. Now imagine if something happens that not only changes your picture, it changes your life story.

Universal Life insurance can help. It can help you live your story, your way – even when your health gets in the way.

IT'S YOUR STORY. HELP PROTECT IT WITH UNIVERSAL LIFE INSURANCE.

*Facts about Life 2015, LIMRA, 2015.

Aflac®

Plan Form GUL.205/IUL.205 is underwritten by Trustmark Insurance Company / 400 Field Drive / Lake Forest, IL 60045

In New York, Plan Form IUL.205 NY R7-09 is underwritten by Trustmark Life Insurance Company of New York / Albany / NY / Administrative Offices 400 Field Drive / Lake Forest, IL 60045

Rated A- (EXCELLENT) A.M. Best

An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits. Riders may not be available in all states. Benefits, exclusions and limitations may vary. A policy or certificate illustration will be delivered with your policy or certificate. Coverage may expire prior to age 100 even if the premium shown is paid as scheduled. Please consult your policy for complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

AFLAC PLUS RIDER

Aflac for City of Mission Employees

Pack on extra financial protection.

You probably have medical insurance. But, as health care costs rise, **your policies may require higher deductibles, copays and out-of-pocket maximums** than ever before. And that's not including expenses related to serious health events, such as a heart attack or Type 1 diabetes. That's where the Aflac Plus Rider comes in.

The Aflac Plus Rider adds extra cash payouts — up to $5,000 — to existing/eligible Aflac Accident, Hospital Advantage and Short-Term Disability insurance policies. **It's a better way to help ensure your employees have an extra level of financial protection for what major medical may not cover.** Best of all, the average person pays just 72 cents a week[1] for this extra boost to their benefits.

In addition to delivering cash benefits, Aflac offers:

- **Fast claims payment** — as fast as four days[2]
- **Cash benefits paid directly to you**[3] to use as you see fit
- **Multiple tiers of benefits** to help protect you

Get more from your benefits for as little as 72 cents a week.[2]

The Aflac Plus Rider is affordable, and it's easy to add to your new or existing Aflac Accident Advantage, Accident Indemnity Advantage, Hospital Advantage or Short-Term Disability plans.[4]

This information refers to benefit ranges for Rider Series CIRIDER and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the rider. Please refer to the product rider brochure or benefit summary for a more detailed list of all the benefits.

Aflac Plus Rider Benefits[5]

BENEFIT	BENEFIT DESCRIPTION
Tier One Critical Illness Event Benefit	• $5,000 upon a covered person's onset date of one of the eligible illnesses. See product brochure for list of covered illnesses. • This benefit is payable once per covered person, per lifetime.
Subsequent Tier One Critical Illness Benefit	• $2,500 upon a covered person's onset date of: • a recurrence of that same Tier One Critical Illness Event, or • an occurrence of a different Tier One Critical Illness Event. • Onset date of the subsequent Tier One Critical Illness Event must be 180 days or more from the onset date of any previously paid Tier One Critical Illness Event for such covered person. • Benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.
Tier Two Critical Illness Event Benefit	• $1,250 upon a covered person's onset date of one of the nine eligible illnesses. See product brochure for list of covered illnesses. • Benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.
Coronary Artery Bypass Graft Surgery Benefit	• $1,250 when a covered person undergoes coronary artery bypass graft surgery due to coronary artery disease or acute coronary syndrome. • This benefit is payable once per covered person, per lifetime.

[1] Average weekly premium for individual coverage (ages 18-29) for the rider is $0.72. Premiums may vary by coverage type, account state of issue, and the election of additional/optional benefits.

[2] Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required.

[3] Cash benefits are paid directly to policyholder, unless otherwise assigned.

[4] Ability to add the Aflac Plus Rider to Aflac policies varies by state. Consult with your Aflac agent to learn which Aflac policies can add the Aflac Plus Rider.

[5] This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Premium rates may vary based on plan selected. The policy rider has limitations and exclusions that may affect benefits payable. Refer to the policy rider for complete details, limitations and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus.

WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Need help with healthcare?

We've got your lifeline.

Introducing Health Advocacy, Medical Bill Saver™ and Telemedicine services, now part of your Aflac plan.

We've enhanced your plan without adding cost.

Now, if you have Aflac Group Critical Illness, Group Accident or Group Hospital Indemnity plans, you also have access to three new services that make it easier to access care, reduce out-of-pocket medical expenses and navigate the healthcare system with greater ease:

- **Get answers and expert help** with Health Advocacy from Health Advocate.
- **Let advocates negotiate** your medical bills with Medical Bill Saver™, also from Health Advocate
- **Connect with health providers** via phone, app or online with MeMD.

SERVICES AVAILABLE AS SOON AS YOUR COVERAGE STARTS

These three services are now embedded in your group plan. Best of all, you can start using them as soon as your Aflac coverage starts.

Start using Health Advocacy and Medical Bill Saver™ from Health Advocate and Telemedicine from MeMD when your coverage begins.

Questions? Call **855-423-8585**

DID YOU KNOW?

You can also use Health Advocate's Health Advocacy and Medical Bill Saver™ services for your spouse, dependent children, parents and parents-in-law, while Telemedicine is available for you and your family.

HealthAdvocate™ MeMD™ Aflac®

Get more without spending more.

More than just peace of mind.

Health Advocacy from Health Advocate

You have 24/7 access to Personal Health Advocates who start helping from the first call:

- Find doctors, dentists, specialists, hospitals and other providers
- Schedule appointments, treatments and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare and more
- Help transfer medical records, lab results and X-rays
- Work with insurance companies to obtain approvals and clarify coverage

More than just cash benefits.

Medical Bill Saver™ from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver™, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of $400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms

More than just care.

Telemedicine from MeMD

You can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care — fast:

- Create your account at www.MeMD.me/AflacEmployer PLAN CODE BZN744Y8
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app or phone
- Get ePrescriptions, referrals and more
- Use it for a range of health issues, from allergies and colds to medication refills
- $25.00 per visit!

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, New York, North Carolina, Ohio, South Dakota, Texas, Utah and Vermont.

Telemedicine by MeMD

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aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

AGC1500186 R7

IV (6/17)

You can speed up the processing and payment of your Aflac claims.

Experience faster service with Aflac SmartClaim®.

1

ACCESS
aflac.com/smartclaim
and log in to Online Services
for Policyholders.

2

START
your claims online
for faster processing
and payment.

3

UPLOAD
your supporting
documentation for a total
online experience.

Aflac® | SmartClaim®

Aflac herein means
American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

LOG ON TO ONLINE SERVICES FOR POLICYHOLDERS

Visit aflac.com/smartclaim and simply enter the required information in the fields provided. Follow the instructions to create your user profile.

GET CLAIM FORMS

You can immediately access Aflac claim forms by going online. And, for most claim types, you'll be able to use the Aflac SmartClaim® feature. SmartClaim guides you in completing the appropriate form so that claims can be processed faster.

MORE REASONS TO USE SMARTCLAIM

SmartClaim automatically identifies the type of coverage available to you and determines who is eligible under your policy. The system also provides you with step-by-step instructions for completing your claim, and helps improve claim submission accuracy by asking questions tailored to your specific event type.

Once you've completed the online form, you can upload supporting documentation and submit all of your information to Aflac electronically. Electronic submission is recommended because it enables Aflac to receive and process your claims quickly. *Please note certain claim information cannot be uploaded (i.e., wellness claim forms and life claim information).* You can also select to print and fax or mail the online form along with your supporting documentation.

QUICKER PAYMENT TURNAROUND

In addition to improving claim form accuracy, SmartClaim helps speed up the claims payment process. When you start your claim online, the system recognizes that a claim is being initiated and is ready to pay when the signed claim form and all supporting documentation is received.

CHECK CLAIMS STATUS

Using Online Services for Policyholders also enables you to instantly check your claims status and claim payment details so you won't have to wonder: Where's my check?

The online claims process is currently available for policyholders with individual plans only.

NEED MORE INFORMATION ABOUT ONLINE SERVICES AND SMARTCLAIM?

Ask your Aflac agent or go to aflac.com/smartclaim.

LegalShield® Worry Less. Live More.

IDShield

HAVE YOU EVER?

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

WHAT IS LEGAL SHIELD?

Founded in 1972, LegalShield has 1.6 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

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

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELD℠ MEMBERSHIP INCLUDES:

Privacy Monitoring
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

Security Monitoring
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.

Consultation
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Full Service Restoration
Complete identity recovery services by Kroll Licensed Private Investigators and our $5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield Plans are available for Groups at individual or family plan rates. A family rate covers the member, member's spouse or domestic partner and up to 8 dependents up to the age of 26.*

**Dependents that are over 18, under 26, and either live at home or are a full time student, and have never been married will receive unlimited consultation and complete restoration by Kroll licensed private investigators. Monitoring is not available for dependents in this category.*

Payroll Deduction: Semi-Monthly	Family	Individual
LegalShield	$9.48	$8.48
IDShield	$9.48	$4.48
Combined	$16.96	$12.96

For More Information, Contact Your Independent Associate

Deanne Lyles
www.legalshield.com/hub/deannelyles
lyles.olson@gmail.com
281.750.5317

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

MASA Medical Transport Solutions™

FOR EMPLOYEES

Emergencies can happen
to anyone, anytime, and anywhere!

No matter what,
MASA MTS has you covered!

MASA EMERGENT - $9/MO

What is Covered?

- ✓ Emergency Air Medical Transport
- ✓ Emergency Ground Ambulance Transport

Description	Qty.	Price	Adjustment	Amount
A0427 AMB ALS1 Rate- Emergency	1	1,298.00	0.00	1298.00
A0425 Ambulance Loaded Mileage-Rural	20	420.00	0.00	420.00

Payor: Blue Cross Blue Shield TX Dep. Date: 07/08/2015 -$38.40
Other Payments: -$336.00
PLEASE PAY THIS AMOUNT: $1,343.60

Patient Name:
Run Number:
Notice Date: November 19, 2014
Date of Call: 11/07/2014
Time of Call: 13:53:10
From: 805
To: Baptist Med Center South - Montgomery
Primary Payor: Golden Rule
Secondary Payor:

Description	Qty.	Price	Contractual Allowance	Amount
A0431 Helicopter Rotor Base	1	24790.00	0.00	24790.00
A0436 Helicopter Rotor Miles	26	8674.90	0.00	8674.90

BALANCE DUE: $33464.90

Only MASA MTS for Employees can provide you with complete protection.

Brice Calahan - MASA MTS Sales Manager
Email : Bcalahan@MASAmts.com
Phone : 956-252-6818

THE TRUTH....

Americans today **suffer from a false sense of security** that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are **only partially covered** for these high costs.

Most healthcare policies will only pay based off of the "Usual and Customary Charges" l**eaving you with the remainder of the bill**.

You face the possibility that your medical coverage will deny the claim **leaving you responsible for the ENTIRE bill**.

With MASA, you will have ZERO out of pocket expenses for any emergent air or ground transport from **ANYWHERE** in the U.S., **REGARDLESS** who transports you!

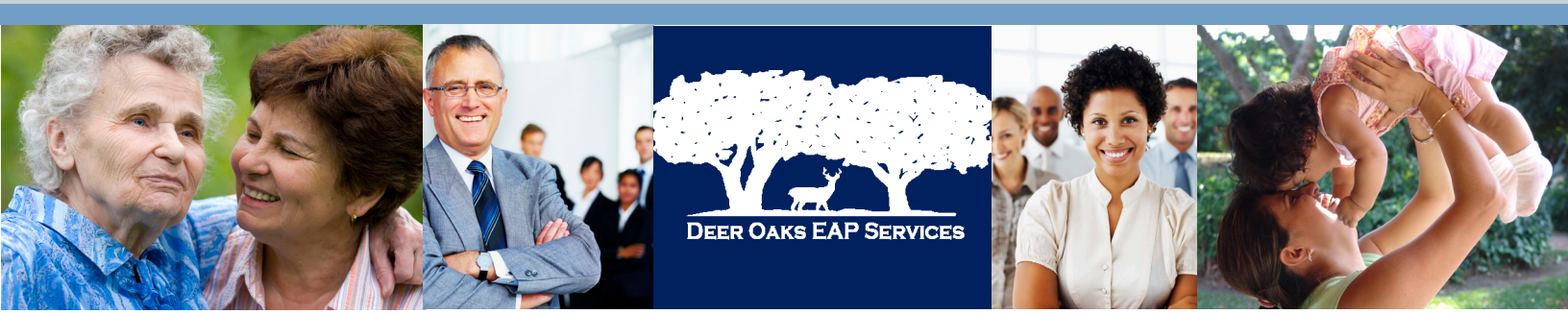
We provide medical emergency transportation solutions AND cover your out of pocket medical transport cost when your insurance falls short.

"All I had to do was send the bill which was never paid by Medicare and TriCare for Life --- and the rest is history. When MASA received that bill, it was paid and all amounts owed satisfied." --- MASA Member, 2015

MASA MTS for Employees Ensures...

- NO health questions
- NO age limits
- NO claim forms
- NO deductibles
- NO provider network limitations
- NO dollar limits on emergency transport costs

Deer Oaks EAP Services Fact Sheet



The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you and your dependents 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/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be easily accessed by calling the toll-free Helpline listed below.

Deer Oaks EAP is a Resource You Can Trust.

Eligibility: All employees and their household members/dependents are eligible to access the EAP. Retirees and employees who have recently separated from their employer will continue to have access to services for up to six (6) months post-employment.

Program Access: Members may access the EAP by calling the toll-free Helpline number, downloading the iConnectYou Smartphone App, or instant messaging with a Work/LIfe Consultant through LiveCONNECT available on our website. Please contact HR for your organization's iConnectYou login information.

Telephonic Assessments & Support: All clinical EAP cases receive a thorough telephonic clinical assessment. In-the-moment telephonic support and crisis intervention are also available 24/7.

In-person Short-term Counseling: Referrals are made to our network of 54,000+ mental health providers located throughout the United States for in-person assessment and counseling services.

Tele-Language Services: Deer Oaks has the ability to provide therapy in a language other than English if requested. Services are available for telephonic interpretation in 200 of the most commonly spoken languages and dialects.

Referrals & Community Resources: Counselors provide referrals to community resources, member health plans, support groups, legal resources, and child/elder care services.

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; interactive online Simple Will preparation; access to state agencies to obtain birth certificates and other records.

Advantage Financial Assist: Unlimited telephonic consultation with a financial counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; objective, pressure-free advice; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).

ID Recovery: Free telephonic consultation with an Accredited Financial Counselor; information on steps that should be taken upon discovery of identity theft; referral to full-service credit recovery agencies; free credit monitoring service.

Work/Life Services: Work/Life Consultants are available to assist members with a wide range of daily living resources such as pet sitters, event planners, home repair, tutors and moving services. Simply call the Helpline for resource and referral information.

Find-Now Child & Elder Care Program: This program assists participants caring for children and/or aging parents with the search for licensed, regulated, and inspected child and elder care facilities in their area. Work/Life Consultants assess each member's needs, provide guidance, resources, and referrals within 3 business days for standard cases and within 6 business hours for urgent cases. Searchable databases and other resources are also available on the Deer Oaks website.

Critical Incident Stress Management: Traumatic events can be extremely disruptive to the well-being and productivity of employees. Deer Oaks will respond quickly when asked to provide Critical Incident Stress Management Services for any major company incident.

Take the High Road: 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).

Monthly Electronic Newsletters: Employees and supervisors receive monthly e-newsletters covering a variety of topics including health and wellness, work/life balance issues, conflict resolution, leadership, and more.

Online Tools & Resources: Log on to www.deeroakseap.com to access an extensive topical library containing health and wellness articles, videos, archived webinars, child and elder care resources, and work/life balance resources.

Programa de Asistencia para el Empleado (EAP)

Hoja de Información

El Programa de Asistencia para el Empleado (EAP) es un servicio gratuito que su empleador provee para usted y sus dependientes. Éste programa ofrece una gran variedad de servicios de consejería, referencias y servicios de consulta, los cuales están diseñados para asistirle a usted y a su familia a resolver problemas de trabajo/vida, con el propósito de vivir una vida más feliz y saludable. Estos servicios son completamente confidenciales y pueden ser fácilmente accedidos con tan sólo llamar al número gratuito de ayuda, que se encuentra en la parte de abajo.

DEER OAKS ES UN RECURSO EN EL QUE PUEDES CONFIAR.

Elegibilidad: Todos los empleados y sus dependientes son elegibles para usar este servicio, los empleados que se ha separado recientemente de su empleo, continuarán teniendo acceso a los servicios hasta seis (6) meses posteriores al empleo. Los jubilados seguirán teniendo acceso a este servicio por todo el tiempo que dure su contrato.

Consejería y Evaluaciones en Persona: Tenemos una red que cuenta con más de 54,000+ proveedores de salud mental a lo largo de todo Estados Unidos, los cuales están disponibles para proveer servicios de consejería y evaluaciones en persona, a sus miembros en donde quiera que residan.

Evaluaciones y apoyo telefónico: Todos los casos clínicos de EAP, reciben una evaluación clínica minuciosa vía telefónica. La ayuda de Intervención en crisis telefónica en-el-momento, también está disponible 24 horas al día, 7 días a la semana.

Servicios de Idiomas: Deer Oaks tiene la capacidad de proveer servicios de consejería en un idioma que no sea el inglés, si así se requiere. Los servicios están disponibles para interpretación telefónica en más de 200 idiomas y dialectos que se hablan comúnmente.

Referencias y Recursos de la Comunidad: Los consejeros proporcionan referencias y recursos financieros sobre la comunidad, planes de salud, grupos de apoyo, recursos legales y servicios del cuidado para niños y ancianos.

Asistencia Legal: Consulta gratuita de 30 minutos vía telefónica o en persona, con un abogado; 25% de descuento en los honorarios del abogado por hora si se requieren los servicios, acceso ilimitado en línea a una gran cantidad de recursos legales educativos, encales, herramientas y formas; preparación interactiva en línea de un testamento simple; acceso a las agencias estatales para obtener certificados de nacimiento y otros documentos.

Asistencia Financiera: Consulta telefónica ilimitada con un asesor financiero calificado para asesorar sobre una serie de cuestiones financieras, tales como; prevención de la bancarrota, reducción de deudas y planificación financiera; disponibilidad de materiales educativos de apoyo; asesoramiento objetivo libre de presión; acceso ilimitado en línea a una gran cantidad de recursos financieros educativos, enlaces, herramientas y formas (ejemplo: guías de impuestos, calculaciones financieras, etc.)

Recuperación de la identidad: Consulta telefónica gratuita con un asesor financiero acreditado; información sobre las medidas que se deben de tomar cuando se descubre que le han robado la identidad; referencias a las agencias de recuperación de identidad para un servicio completo; servicio gratuito para monitorear su crédito.

Boletines mensuales electrónicos: Empleados y supervisores reciben mensualmente boletines en línea que cubren una gran variedad de temas incluyendo salud y bienestar, problemas balanceando el trabajo y la familia; resolución de conflictos, liderazgo y mucho más.

Programa de Asistencia en caso de Desastre: Artículos de educación en cómo ayudar a los niños a enfrentar situaciones de desastre; consulta con el personal de administración con respecto a la preparación de tácticas para sobrellevar el desastre; herramientas para la prevención de violencia en caso de desastre.

Herramientas y recursos en-línea: Entre a la página de internet de www.deeroakseap.com para acceder a una amplia biblioteca, que contiene temas y artículos de salud y bienestar, seminarios en línea archivados, recursos para el cuidado de niños y ancianos y recursos para aprender a balancear el trabajo y la familia. La página de internet de Deer Oaks, también contiene una gran cantidad de información para supervisores, con temas que abarcan resolución de conflictos, liderazgo, motivación, etc.

Servicio de Trabajo/Vida: Los consultores de Trabajo/Vida están disponibles para asistir a los miembros con una amplia variedad de recursos de la vida diaria tales como; cuidadores de mascotas, planeadores de eventos, reparaciones del hogar, tutores y servicios de mudanza. Simplemente llame a la línea de ayuda para información de recursos y referencias.

Programa del Cuidado para Niños y Ancianos: Este programa ayuda a personas que tienen a su cuidado niños y/o padres ancianos, a encontrar servicios e instalaciones inspeccionada con licencia regulada para el cuidado de niños y ancianos en su área. Consultores de trabajo y vida evalúan las necesidades de cada miembro, proporcionan orientación, recursos y referencias dentro de los 3 días hábiles después de su llamada. Base de datos y otros recursos también están disponibles en la página de internet de Deer Oaks.

Control del Estrés Postraumático: Los eventos traumáticos pueden ser extremadamente perjudiciales para el bienestar y la productividad del empleado. Deer Oaks responde rápidamente cuando se requieren los servicios de Control del Estrés Postraumático para cualquier incidente mayor que suceda en una empresa.

Tome el Camino Correcto: Deer Oaks reembolsa a sus miembros por la tarifa del taxi, las tarifas de "Lyft y Uber, en el caso de que se encuentre incapacitado para manejar debido al uso de substancias o alguna condición emocional extrema. Este servicio está disponible una vez al año por participante, con un reembolso máximo de $ 45.00 (no incluye propinas)

My City Plan as of October 2017

City name and number

Mission (00874) since 01-1971

Employee's deposit rate

6% (01-2007)

City's matching ratio

200% (01-1994)

Vesting requirement

5 years of service

Retirement eligibility

5 years of service/Age 60; 20 years of service/Any Age

Additional provisions

Supplemental Death Benefits (Employee & Retiree)
100% Updated Service Credit (with Transfers) - Auto-Readopt
Restricted Service Credit
Probationary Service Credit

Texas Municipal Retirement System
1200 North Interstate 35, Austin, Texas 78701 | PO Box 149153, Austin, Texas 78714-9153
512.476.7577 | 800.924.8677 | Fax 512.476.5576 | phonecenter@tmrs.com

GET TO KNOW YOUR 457 PLAN

Your pension and Social Security may go far, but you will likely need more income for a truly comfortable future. That's where your 457 deferred compensation plan comes in — see why it matters to you!

1 It's easy to contribute

- Make automatic paycheck contributions.
- Change your contributions any time.

2 Get tax benefits along the way

- Pre-tax contributions lower your tax bill, lessening the impact to your take-home pay.
- Delay all taxes, until you take money out.

3 A wide range of investments are available

- You control investment decisions, choosing from available options.
- Consider a diversified target-date fund or build your own portfolio. Get help with Guided Pathways® — www.icmarc.org/guidedpathways.

4 Take out what you need

- You control withdrawals upon separation from service with your employer.*
- Only 457 plans have no early withdrawal penalty regardless of your age.**

* *Depending on your plan's rules, withdrawal and loan options may be available while you're still working.*

** *The penalty may apply to non-457 plan assets rolled into a 457 plan and subsequently withdrawn prior to age 59½.*

HOW MUCH CAN I CONTRIBUTE?

For 2017, you can save as much as:

- $18,000
- $24,000 if age 50 or over
- $36,000 if you qualify for pre-retirement catch-up contributions.

Reminder: you may be able to contribute accrued sick or vacation leave.

Can't save that much? Even small savings can really add up — start with as little as $10 per paycheck.

The sooner you save, the more your money can grow — see how at www.icmarc.org/costofdelay.

Already enrolled? Aim to save more — see how at www.icmarc.org/savingsboost.

GET HELP ONLINE

- Manage your account — www.icmarc.org/login
- Tips and tools to help you save, invest, and retire — www.icmarc.org/education

Your ICMA-RC representative can help.

For more information call or email your ICMA RC Retirement Plans Specialist
Steve Lopez at 866-822-3632 press 2 or direct at 202-253-7691
Email at slopez@icmarc.org

AC: 31595-1216-8571-W1394

ICMA RC
BUILDING PUBLIC SECTOR RETIREMENT SECURITY

ICMA RETIREMENT CORPORATION | 777 NORTH CAPITOL STREET, NE | WASHINGTON, DC 20002-4240
TEL: 202-962-4600 | FAX: 202-962-4601 | TOLL FREE: 800-669-7400 | WWW.ICMARC.ORG

We're serious about security in retirement.

You can do something today to help you attain a more secure and comfortable financial future. Enroll in the Nationwide Deferred Compensation Plan at work.

Why invest for retirement through your Deferred Compensation Plan?

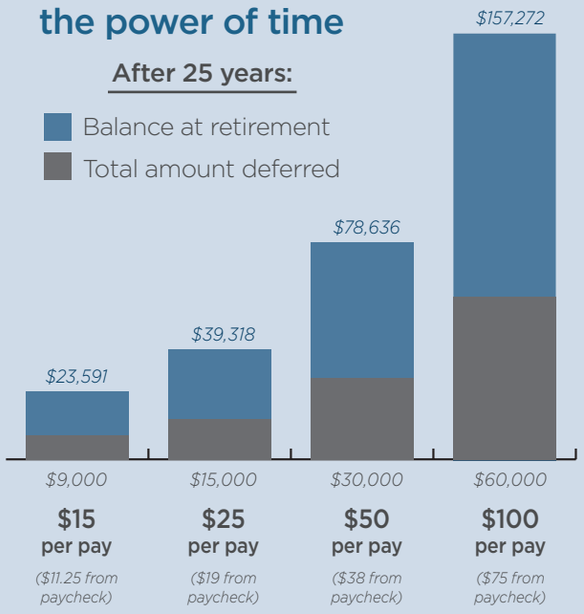
- Your pension and Social Security income may not be enough
- You can choose your own contribution amount
- Pre-tax contributions help you save more of what you earn
- Take advantage of time — Compounding returns and deferring taxes can help you grow assets over the long term

It's easy to get started. Your Nationwide Retirement Specialist can help you enroll and will work with you throughout your career and retirement to help you do more with this opportunity. Enroll today!

Retirement Specialists cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

NRM-6540AO.1 (01/15)

Take advantage of the power of time



This hypothetical illustration shows how much different deferral amounts per semi-monthly paycheck for 25 years could accumulate, given an 7% annual rate of return. The grey sections show how much is actually deferred in, and the blue shows how much could be earned on top of those deferrals in that 25-year period.

This example is not a yield projection for any specific investment. If fees, taxes, and expenses were reflected, the return would be less.

Investments involve market risk, including possible loss of principal. Withdrawals are taxed as ordinary income.

Contact your Nationwide Retirement Specialist:
Wilson Heacock
361-887-1978
heacow1@nationwide.com

Contact your home office Retirement Specialist:
Chris Groh
1-888-401-5272
nrsforu@nationwide.com

The Nationwide Group Retirement Series includes unregistered group fixed and variable annuities and trust programs. The unregistered group fixed and variable annuities are issued by Nationwide Life Insurance Company. Trust programs and trust services are offered by Nationwide Trust Company, FSB, a division of Nationwide Bank. Nationwide Investment Services Corporation, member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

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Nationwide®

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources Department at 956-580-8631.

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

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)
City of Mission	74-6001738
5. Employer address	**6. Employer phone number**
1201 E. 8th Street	956-580-8631

7. City	8. State	9. ZIP code
Mission	TX	78572

10. Who can we contact about employee health coverage at this job?

Nereyda Peña, Assistant H.R. Director and/or Noemi Munguia, H.R. Director

11. Phone number (if different from above)	12. Email address
	npena@missiontexas.us/nmunguia@missiontexas.us

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

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

⊡ Some employees. Eligible employees are:

Regular full-time employees
Regular part-time employees who average 30 hours a week for a twelve (12) month period.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Your spouse; a child under the limiting age; a child of your child who is your Dependent for federal income tax purposes.

☐ We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☒ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer–sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

BlueCross BlueShield of Texas

Feb. 8, 2017

Process FAQs: Non-discrimination Communications Addition to SBCs, OOCs and Member Booklets

This article is a follow-up to the *Non-discrimination Communications Required for SBCs, OOCs and Member Booklets Per Section 1557* article published in the Jan. 25 issue.

You may have read an article regarding non-discrimination communications that were recently added to Summaries of Benefits and Coverage (SBC), Outlines of Coverage (OOC) and member booklets. In an effort to address questions you may have about this process, the following is a list of common questions received and details that may provide further insight.

This information applies to Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of Montana (BCBSMT), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK) and Blue Cross and Blue Shield of Texas (BCBSTX).

What is the non-discrimination communication?
This two-page communication briefly outlines the rights and assistance available to members, including a resource that members can use to ask questions about their benefits in their native language.

Why is this document required to be attached to SBCs, OOCs and member booklets?
This communication has been mandated by Section 1557 of the Affordable Care Act. Per this mandate, meaningful access and non-discrimination language *must* be included with SBCs, OOCs and booklets *prior* to member distribution.

When is this requirement effective?
This requirement is *effective immediately* and applies to SBCs, OOCs and booklets created and distributed in January 2017 onward.

Why and when would this communication need to be attached to an SBC, OOC or booklet manually?
This communication would be manually attached to an SBC, OOC or booklet *only* in the event that it is *not* already attached to a member document when it is pulled from an online repository **or** if the member document is distributed outside of normal delivery methods.

How many communications need to be attached to an SBC, OOC or booklet?
One communication matching the Plan state under which the member is covered would be attached to *each* SBC, OOC or booklet.
Example: A Texas-specific non-discrimination communication would be added to a BCBSTX SBC.

What if, for example, an employer offering Blue Cross and Blue Shield of Texas coverage has employees residing in Illinois, Montana, New Mexico and Oklahoma? Would that state's-specific communication be added to the member's BCBSTX booklet?
No. The non-discrimination communication attached to each member document should still match the Plan state indicated on it. So in this case, the Texas-specific non-discrimination communication would be attached to the BCBSTX booklet.

What happens if a member covered under BCBSTX, but residing in one of the other four states, requires language assistance?
The member can call the telephone number listed on the non-discrimination portion of his BCBSTX SBC, OOC or booklet and speak to a representative about the language assistance he needs. Even if the language he is seeking assistance in is *not* listed on the non-discrimination portion of his BCBSTX member document, the inquiry will be re-routed to a representative who can assist with that particular language.

Where can I retrieve the nondiscrimination communication to manually attach it to an SBC, OOC or booklet?
The non-discrimination communication document for Texas can be obtained by reaching out to a BCBSTX representative.

Is there a long-term solution for attaching this communication to member documents manually?
Yes. An automated non-discrimination language inclusion process is gradually being implemented for all Standard and Custom member documents. However, until this process is fully implemented, the communication will need to be manually adhered to member documents by producers prior to member distribution.

When is the automated document attachment process expected to be fully implemented for SBCs?
Non-discrimination language has been automatically implemented for Standard, Qualified Health Plan (QHP) SBCs as of the end of January 2017. Automated addition of these communications for all Custom SBCs is targeted for early February and is anticipated for completion in mid-March for Standard, non-QHP SBCs.

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bcbstx.com

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EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division

WHD Publication 1420 · Revised February 2013

DERECHOS Y RESPONSABILIDADES DEL EMPLEADO BAJO LA LEY DE AUSENCIA FAMILIAR Y MÉDICA

Derechos Básicos de Ausencia

La Ley de Ausencia Familiar y Médica (FMLA-por sus siglas en inglés) exige que todo empresario bajo el alcance de la Ley provea a sus empleados elegibles hasta 12 semanas de ausencia del trabajo, no pagadas y con protección del puesto, por las siguientes razones:

- por incapacidad causada por embarazo, atención médica prenatal o parto;
- para atender a un hijo del empleado después de su nacimiento, o su colocación para adopción o crianza;
- para atender a un cónyuge, hijo, hija, o padres del/de la empleado(a), el/la cual padezca de una condición de salud seria; o
- a causa de una condición de salud seria que le impida al empleado desempeñar su puesto.

Derechos de Ausencia Para Familias Militares

Empleados elegibles con un cónyuge, hijo, hija, o padre que estén en servicio activo o se le haya avisado de una llamada a estado de servicio activo bajo cobertura pueden usar su derecho de ausencia de 12 semanas para atender ciertas exigencias calificadoras. Las exigencias calificadoras pueden incluir la asistencia a ciertos eventos militares, la fijación del cuidado alternativo de hijos, para atender ciertos arreglos financieros y legales, para asistir a ciertas consultas con consejeros, y para asistir a sesiones de reintegración pos-despliegue.

FMLA también incluye un derecho especial de ausencia que concede a empleados elegibles ausentarse del trabajo hasta 26 semanas para atender a un miembro del servicio militar bajo el alcance de la Ley durante un período único de 12 meses. Un miembro del servicio bajo el alcance de la Ley es: (1) un miembro actual de las Fuerzas Armadas, incluyendo un miembro de la Guardia Nacional o Reservas, que esté atravesando tratamiento médico, recuperación o terapia, es de cualquier otra forma paciente externo, o está de cualquier otra forma en la lista de retiro temporal por discapacidad, debido a una lesión o enfermedad grave*; o (2) un veterano que fue licenciado o relevado bajo condiciones no deshonrosas en cualquier momento durante el periodo de cinco años antes de la primera fecha en la que el empleado elegible toma la ausencia bajo la FMLA para cuidar de un veterano bajo el alcance de la Ley, y que esté atravesando tratamiento médico, recuperación o terapia por una lesión o enfermedad grave.*

***Las definiciones de la FMLA de "lesión o enfermedad grave" para los actuales miembros del servicio y veteranos son diferentes a la definición de "condición de salud seria".**

Beneficios y Protecciones

Durante una ausencia bajo FMLA, el empresario ha de mantener en vigor el seguro de salud del empleado bajo cualquier "plan de seguro colectivo de salud" con los mismos términos como si el empleado hubiese seguido trabajando. Al regresar de una ausencia de FMLA, a la mayor parte de los empleados se le ha de restaurar a su puesto original o puesto equivalente con sueldo, beneficios y otros términos de empleo equivalentes.

El tomar una ausencia bajo FMLA no puede resultar en la pérdida de ningún beneficio de empleo acumulado antes de que el empleado comenzara una ausencia.

Requisitos Para Elegibilidad

Los empleados son elegibles si han trabajado para el empresario bajo el alcance de la Ley durante por lo menos 12 meses, por 1,250 horas durante los previos 12 meses*, y si el empresario emplea por lo menos a 50 empleados dentro de un área de 75 millas.

***Aplican requisitos especiales de horas de servicio para empleados que son miembros de tripulación de vuelo.**

Definición de una Condición de Salud Seria

Una condición de salud seria es una enfermedad, lesión, impedimento, o condición física o mental que involucra una pernoctación en un establecimiento de atención médica, o el tratamiento continuo bajo un servidor de atención médica por una condición que le impide al empleado desempeñar las funciones de su puesto, o impide al miembro de la familia que califica participar en actividades escolares o en otras actividades diarias.

Dependiendo de ciertas condiciones, se puede cumplir con el requisito de tratamiento continuo con un período de incapacidad de más de 3 días civiles consecutivos en combinación con por lo menos dos visitas a un servidor de atención médica o una visita y un régimen de tratamiento continuo, o incapacidad a causa de un embarazo, o incapacidad a causa de una condición crónica. Otras condiciones pueden satisfacer la definición de un tratamiento continuo.

Uso de la Ausencia

El empleado no necesita usar este derecho de ausencia todo de una vez. La ausencia se puede tomar intermitentemente o según un horario de ausencia reducido cuando sea médicamente necesario. El empleado ha de esforzarse razonablemente cuando hace citas para tratamientos médicos planificados para no interrumpir indebidamente las operaciones del empresario. Ausencias causadas por exigencias calificadoras también pueden tomarse intermitentemente.

Substitución de Ausencia Pagada por Ausencia No Pagada

El empleado puede escoger o el empresario puede exigir el uso de ausencias pagadas acumuladas mientras se toma ausencia bajo FMLA. Para poder usar ausencias pagadas cuando toma la ausencia bajo FMLA, el empleado ha de cumplir con la política normal del empresario que rija las ausencias pagadas.

Responsabilidades del Empleado

El empleado ha de proveer un aviso con 30 días de anticipación cuando necesite ausentarse bajo FMLA cuando la necesidad es previsible. Cuando no sea posible proveer un aviso con 30 días de anticipación, el empleado ha de proveer aviso en cuanto sea factible y, en general, ha de cumplir con los procedimientos normales del empresario de llamar.

Los empleados han de proporcionar suficiente información para que el empresario determine si la ausencia califica para la protección de FMLA, con la fecha y la duración anticipadas de la ausencia. Suficiente información puede incluir que el empleado no puede desempeñar las funciones del puesto, que el miembro de la familia no puede desempeñar las actividades diarias, la necesidad de ser hospitalizado o de seguir un régimen continuo bajo un servidor de atención médica, o circunstancias que exijan una necesidad de ausencia familiar militar. Además, los empleados han de informar al empresario si la ausencia solicitada es por una razón por la cual se había previamente tomado o certificado la ausencia bajo FMLA. También se le puede exigir al empleado que provea certificación y re-certificación periódicamente constatando la necesidad para la ausencia.

Responsabilidades del Empresario

Los empresarios bajo el alcance de FMLA han de informar a los empleados solicitando ausencia si son o no elegibles bajo FMLA. Si lo son, el aviso ha de especificar cualquier otra información exigida tanto como los derechos y las responsabilidades de los empleados. Si no son elegibles, el empresario ha de proveer una razón por la inelegibilidad.

Los empresarios bajo el alcance de la Ley han de informar a los empleados si la ausencia se va a designar protegida por FMLA y la cantidad de tiempo de la ausencia que se va a contar contra el derecho del empleado para ausentarse. Si el empresario determina que la ausencia no es protegida por FMLA, el empresario ha de notificar al empleado de esto.

Actos Ilegales Por Parte del Empresario

La ley FMLA le prohíbe a todo empresario:

- que interfiera con, limite, o niegue el ejercicio de cualquier derecho estipulado por FMLA; y
- que se despida a, o se discrimine en contra de, alguien que se oponga a una práctica prohibida por FMLA o porque se involucre en cualquier procedimiento bajo FMLA o relacionado a FMLA.

Cumplimiento

Un empleado puede presentar una reclamación ante el Departamento de Trabajo de los Estados Unidos o puede iniciar una demanda civil particular contra el empresario.

FMLA no afecta ninguna otra ley federal o estatal que prohíba la discriminación, o invalida ninguna ley estatal o local o ninguna negociación colectiva que provea derechos familiares o médicos superiores.

La Sección 109 de FMLA (29 U.S.C. § 2619) exige que todo empresario bajo el alcance de FMLA exhiba el texto de este aviso. Los Reglamentos 29 C.F.R. § 825.300(a) pueden exigir divulgaciones adicionales.

Si precisa información adicional:

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

Departamento de Trabajo de los Estados Unidos | División de Horas y Salarios

WH1420SP REV 09/2013 · Revisado en Febrero 2013

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, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

Asistencia con las primas bajo Medicaid y el Programa de Seguro de Salud para Menores (CHIP)

Si usted o sus hijos son elegibles para Medicaid o CHIP y usted es elegible para cobertura médica de su empleador, su estado puede tener un programa de asistencia con las primas que puede ayudar a pagar por la cobertura, utilizando fondos de sus programas Medicaid o CHIP. Si usted o sus hijos no son elegibles para Medicaid o CHIP, usted no será elegible para estos programas de asistencia con las primas, pero es probable que pueda comprar cobertura de seguro inividual a través del mercado de seguros médicos. Para obtener más información, visite **www.healthcare.gov**.

Si usted o sus dependientes ya están inscritos en Medicaid o CHIP y usted vive en uno de los estados enumerados a continuación, comuníquese con la oficina de Medicaid o CHIP de su estado para saber si hay asistencia con primas disponible.

Si usted o sus dependientes NO están inscritos actualmente en Medicaid o CHIP, y usted cree que usted o cualquiera de sus dependientes puede ser elegible para cualquiera de estos programas, comuníquese con la oficina de Medicaid o CHIP de su estado, llame al **1-877-KIDS NOW** o visite **www.insurekidsnow.gov** para información sobre como presentar su solicitud. Si usted es elegible, pregunte a su estado si tiene un programa que pueda ayudarle a pagar las primas de un plan patrocinado por el empleador.

Si usted o sus dependientes son elegibles para asistencia con primas bajo Medicaid o CHIP, y también son elegibles bajo el plan de su empleador, su empleador debe permitirle inscribirse en el plan de su empleador, si usted aún no está inscrito. Esto se llama oportunidad de "inscripción especial", y **usted debe solicitar la cobertura dentro de los 60 días de haberse determinado que usted es elegible para la asistencia con las primas**. Si tiene preguntas sobre la inscripción en el plan de su empleador, comuníquese con el Departamento del Trabajo electrónicamente a través de **www.askebsa.dol.gov** o llame al servicio telefónico gratuito **1-866-444-EBSA (3272)**.

Si usted vive en uno de los siguientes estados, tal vez sea elegible para asistencia para pagar las primas del plan de salud de su empleador. La siguiente es una lista de estados actualizada al 31 de julio de 2016. Comuníquese con su estado para obtener más información sobre la elegibilidad -

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Sitio web: http://www.myalhipp.com Teléfono: 1-855-692-5447	Sitio web: http://flmedicaidtplrecovery.com/hipp/ Teléfono: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
El Program de Pago de Alaska primas del seguro médico Teléfono (fuera de Anchorage) 1-866-251-4861 Por correro electrónico: CustomerService@MyAKHIPP.com Elegibilidad de Medicaid http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Sitio web: http://dch.georgia.gov/ Haga clic en "Programs," luego en "Medicaid," luego en "Health Insurance Premium Payment (HIPP)" Teléfono: 1-800-869-1150
ARKANSAS – Medicaid	**INDIANA - Medicaid**
Sitio web: http://myarhipp.com/ Teléfono: 1-855-MyARHIPP (855-692-7447)	Sitio web: http://www.in.gov/fssa Teléfono: 1-800-889-9949
COLORADO – Medicaid	**IOWA – Medicaid**
Sitio web de Medicaid: http://www.colorado.gov/ Teléfono de Medicaid (fuera del estado): 1-800-221-3943	Sitio web: www.dhs.state.ia.us/hipp/ Teléfono: 1-888-346-9562

KANSAS – Medicaid	NEVADA – Medicaid
Sitio web: http://www.kdheks.gov/hcf/ Teléfono: 1-800-792-4884	Sitio web de Medicaid: http://dwss.nv.gov/ Teléfono de Medicaid: 1-800-992-0900
KENTUCKY – Medicaid	**NUEVO HAMPSHIRE – Medicaid**
Sitio web: http://chfs.ky.gov/dms/default.htm Teléfono: 1-800-635-2570	Sitio web: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Teléfono: 603-271-5218
LOUISIANA – Medicaid	**NUEVA JERSEY – Medicaid y CHIP**
Sitio web: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Teléfono: 1-888-695-2447	Sitio web de Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Teléfono de Medicaid: 609-631-2392 Sitio web de CHIP: http://www.njfamilycare.org/index.html Teléfono de CHIP: 1-800-701-0710
MAINE – Medicaid	**NUEVA YORK – Medicaid**
Sitio web: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Teléfono: 1-800-977-6740 TTY: 1-800-977-6741	Sitio web: http://www.nyhealth.gov/health_care/medicaid/ Teléfono: 1-800-541-2831
MASSACHUSETTS – Medicaid y CHIP	**CAROLINA DEL NORTE – Medicaid**
Sitio web: http://www.mass.gov/MassHealth Teléfono: 1-800-462-1120	Sitio web: http://www.ncdhhs.gov/dma Teléfono: 919-855-4100
MINNESOTA – Medicaid	**DAKOTA DEL NORTE – Medicaid**
Sitio web: http://www.dhs.state.mn.us/ Haga clic en "Health Care" y luego en "Medical Assistance" Teléfono: 1-800-657-3629	Sitio web: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Teléfono: 1-800-755-2604
MISSOURI – Medicaid	**CAROLINA DEL SUR – Medicaid**
Sitio web: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Teléfono: 573-751-2005	Sitio web: http://www.scdhhs.gov Teléfono: 1-888-549-0820
MONTANA – Medicaid	**DAKOTA DEL SUR- Medicaid**
Sitio web: http://medicaid.mt.go.member Teléfono: 1-800-694-3084	Sitio web: http://dss.sd.gov Teléfono: 1-888-828-0059
NEBRASKA – Medicaid	**OKLAHOMA – Medicaid y CHIP**
Sitio web: www.ACCESSNebraska.ne.gov Teléfono: 1-855-632-7633	Sitio web: http://www.insureoklahoma.org Teléfono: 1-888-365-3742

OREGON – Medicaid	VIRGINIA – Medicaid y CHIP
Sitio web: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Teléfono: 1-800-699-9075	Sitio web de Medicaid: http://www.coverva.org/programs_premium_assistance.cfm Teléfono de Medicaid: 1-800-432-5924 Sitio web de CHIP: http://www.coverva.org/programs_premium_assistance.cfm Teléfono de CHIP: 1-855-242-8282
PENSILVANIA – Medicaid	**WASHINGTON – Medicaid**
Sitio web: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Teléfono: 1-800-692-7462	Sitio web: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Teléfono: 1-800-562-3022 ext. 15473
RHODE ISLAND – Medicaid	**WEST VIRGINIA – Medicaid**
Sitio web: http://www.eohhs.ri.gov/ Teléfono: 401-462-5300	Sitio web: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Teléfono: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	**WISCONSIN – Medicaid**
Sitio web: https://www.gethipptexas.com/ Teléfono: 1-800-440-0493	Sitio web: http://www.badgercareplus.org/pubs/p-10095.htm Teléfono: 1-800-362-3002
UTAH – Medicaid y CHIP	**WYOMING – Medicaid y CHIP**
Sitio web de Medicaid: http://health.utah.gov/medicaid Sitio web: http://health.utah.gov/upp Teléfono: 1-866-435-7414	Sitio web: https://wyequalitycare.acs-inc.com/ Teléfono: 307-777-7531
VERMONT– Medicaid	
Sitio web: http://www.greenmountaincare.org/ Teléfono: 1-800-250-8427	

Para saber si otros estados han agregado el programa de asistencia con primas desde el 31 de julio de 2016, o para obtener más información sobre derechos de inscripción especial, comuníquese con alguno de los siguientes:

Departamento del Trabajo de EE.UU.
Administración de Seguridad de Beneficios de los Empleados
www.dol.gov/ebsa
1-866-444-EBSA (3272)

Departamento de Salud y Servicios Humanos de EE.UU.
Centros para Servicios de Medicare y Medicaid
www.cms.hhs.gov
1-877-267-2323, opción de menú 4, Ext. 61565

Declaración de la Ley de Reducción de Trámites

Según la Ley de Reducción de Trámites de 1995 (Ley Pública 104-13) (PRA, por sus siglas en inglés), no es obligatorio que ninguna persona responda a una recopilación de información, a menos que dicha recopilación tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El Departamento advierte que una agencia federal no puede llevar a cabo ni patrocinar una recopilación de información, a menos que la OMB la apruebe en virtud de la ley PRA y esta tenga un número de control actualmente válido de la oficina mencionada. El público no tiene la obligación de responder a una recopilación de información, a menos que esta tenga un número de control actualmente válido de la OMB. Consulte la Sección 3507 del Título 44 del Código de Estados Unidos (USC). Además, sin perjuicio de ninguna otra disposición legal, ninguna persona quedará sujeta a sanciones por no cumplir con una recopilación de información, si dicha recopilación no tiene un número de control actualmente válido de la OMB. Consulte la Sección 3512 del Título 44 del Código de Estados Unidos (USC).

Se estima que el tiempo necesario para realizar esta recopilación de información es, en promedio, de aproximadamente siete minutos por persona. Se anima a los interesados a que envíen sus comentarios con respecto al tiempo estimado o a cualquier otro aspecto de esta recopilación de información, como sugerencias para reducir este tiempo, a la dependencia correspondiente del Ministerio de Trabajo de EE. UU., a la siguiente dirección: 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. También pueden enviar un correo electrónico a ebsa.opr@dol.gov y hacer referencia al número de control de la OMB 1210-0137.

Número de Control de OMB 1210-0137 (caduca el 31/12/2019)

Human Resources Department
1201 E. 8th Street Mission, TX 78572

MEMORANDUM

TO: Full Time and Eligible Part Time employees

FROM: Human Resources Department

RE: ***Providing Accurate Taxpayer Information During Enrollment***

We are pleased to offer you coverage under the BlueCross BlueShield PPO ("the Plan") for coverage effective from 10/01/2017 through 09/30/2018. As part of benefits enrollment under the Plan, you **must** provide an accurate full legal name and social security number (SSN) or taxpayer identification number (TIN) for all individuals enrolling in coverage under the Plan. If the information you provide is not correct because it does not exactly match IRS records, then you could be subject to a $50 penalty under Internal Revenue Code Section 6723.

Additionally, we use the information you provide when enrolling in coverage under the Plan to report certain coverage information to the IRS each year using Form 1095. If you do not provide an accurate legal name and SSN or TIN, then the IRS may not have the information it needs to determine that you met your individual shared responsibility obligations of maintaining minimum essential coverage each month. Accordingly, the IRS may assess individual shared responsibility penalties against you, as required under Internal Revenue Code Section 5000A. Beginning in 2016, this penalty is generally the greater of $695 per individual required to maintain coverage or 2.5% of your household income.

Thank you for your attention to this matter. Should you have questions, please contact Human Resources at 956-580-8630.