CITY OF

# MISSION 2020-2021 BENEFITS GUIDE

Mission All-America City NATIONAL CIVIC LEAGUE 2019

Every Slice Counts! U.S. CENSUS 2020

CITY OF MISSION, TEXAS • FOUNDED IN 1908 •

# NOTES

# Take Care of Your Tomorrow!

City of Mission values our employees and recognizes the importance of offering benefits that enhance people's lives. Personal needs greatly influence the choices we make every day. Young or old, single or married, our needs differ. That's why City of Mission wants to provide you with the freedom to select quality benefit options that work best for you. It is important that you take an opportunity to review all of your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you and whether it is appropriate for your personal needs. By taking the time to examine all of your options, you will ensure that your benefits meet those needs throughout the plan year.

Key Changes for the 2020-2021 Plan Year Open Enrollment Period:

- AMERITAS - Voluntary Dental coverage will be offered through Ameritas and there are two (2) available plans to select from (Low and High) with four (4) tiers of coverage. Rates have decreased.
- MASA - The Emergent Plan is no longer offered for election, but you may continue coverage if you are currently enrolled.
- TRUSTMARK - Universal Life Insurance will no longer be offered. However, you may keep this policy and continue payment through bank draft or credit card.
- AFLAC - We have added a Whole Life Insurance policy.
- This year, due to COVID-19, we will be conducting our open enrollment sessions a little different. You will have two (2) options to enroll:
    - Option 1: self-enroll online saving you valuable time @ www.aflacatwork.com
    - Option 2: register to enroll with a Benefits Counselor via Zoom @ https://calendly.com/city-of-mission-2020-open-enrollment/city-of-mission-2020-open-enrollment
- Employees will not be meeting with the Human Resources department to confirm benefits. It is extremely important that all employees select the proper coverage when enrolling. All benefits for the 2020-2021 plan year will be based on the information on the Benefits Confirmation sheets printed by the enrollers. Each employee will receive a copy of the Benefits Confirmation sheet after they enroll online or meet with the enroller and must review sheet for accuracy. If a discrepancy is found, please contact the Human Resources department immediately.

This Benefits Guide has been provided to you to inform you of all the benefit options and resources 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 2020 – 2021 Plan year.

Your City of Mission HR Team:

| | |
|---|---|
| Noemi Munguia – Human Resources Director | nmunguia@missiontexas.us |
| Nereyda Peña – Assistant Human Resources Director | npena@missiontexas.us |
| Catherine N. Hernandez – Human Resources Coordinator | chernandez@missiontexas.us |
| Melissa Ayala – Benefits Coordinator | benefitscoordinator@missiontexas.us |

# Benefits Resource List

For more information on the wide range of City of Mission benefits, programs and tools, contact the following resources:

| If You Have Questions About | Contact | By Phone | On the Internet |
|---|---|---|---|
| MEDICAL COVERAGE<br>Directories of network providers, claims status or pre-notification | Blue Cross Blue Shield | 800-521-2227 | www.bcbstx.com |
| PRESCRIPTION DRUG COVERAGE | Prime Therapeutics | 888-282-4801 | www.primetherapeutics.com |
| 24/7 NURSELINE | BCBS | 800-581-0393 | |
| FLEXIBLE SAVINGS ACCOUNT | PPS | 866-342-9434 | www.premierpensionsolutions.com |
| DENTAL COVERAGE | Ameritas | 800-487-5553 | www.ameritas.com |
| VISION COVERAGE | Avesis | 800-828-9341 | www.avesis.com |
| LIFE INSURANCE COVERAGE | UNUM | 800-421-0344 | www.unum.com/employees/benefits/life-insurance |
| LONG-TERM DISABILITY COVERAGE | UNUM | 800-421-0344 | www.unum.com/employees/benefits/life-insurance |
| LEGAL SERVICES | Legal Shield | 800-654-7757 | www.legalshield.com |
| EMPLOYEE ASSISTANCE PROGRAM | Deer Oaks | 866-EAP-2400 | www.deeroakseap.com |
| MASA | MASA | 800-423-3226 | www.masamts.com |
| MANDATORY RETIREMENT | TMRS | 800-924-8677 | www.tmrs.org |
| VOLUNTARY RETIREMENT | Nationwide | 877-677-3678 | www.nrsforu.com |
| VOLUNTARY RETIREMENT | ICMA | 800-669-7400 | www.icma-rc.org |
| VOLUNTARY SUPPLEMENTAL PRODUCTS | Aflac | 800-992-3522 | www.aflac.com |

# Insurance Coverage / Options

## Health – BlueCross BlueShield:

Health coverage will continue to be provided / offered through BCBS with two plans of coverage with no increase in rates. Health 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. Health insurance allows you to obtain high quality medical care without severe financial hardship to your family. For regular full-time employees, the City pays the premium for employee coverage, while the employee incurs premiums for spouse and dependents, should you elect to add them to the plan.

The annual mandatory physical continues for both plans. If a physical is not completed – and the documentation submitted – by March 31, 2021, a $50 penalty fee will be deducted per month beginning in April 2021 through September 2021. Documentation will be required to be submitted to Human Resources.

## Flexible Spending Accounts – PPS:

The FSA continues to be offered through PPS with two benefit amounts. Each employee who wants to participate in the program must enroll in the Flexible Spending Account program for this plan year. You will have two benefit options: $600 annual amount or $1,200 annual amount.

## Voluntary Dental Insurance – Ameritas:

Voluntary Dental will now be offered through Ameritas with a decrease in rates. 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.

## Voluntary Vision Insurance – Avesis:

Voluntary Vision coverage will continue to be offered through Avesis with four (4) tiers of coverage and no increase in rates. Vision insurance is designed to discount the cost 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.

## Voluntary Life Insurance – UNUM:

Group Life, Voluntary Life and Long-Term Disability Insurance continue to be provided / offered through UNUM. Basic Life Insurance in the amount of $10,000 is provided to regular full-time employees at no cost. Accidental Death and Dismemberment (AD&D) in the amount of $10,000 is provided to regular full-time employees at no cost. You may enroll in additional Voluntary Life Insurance for yourself, your spouse and dependents. This enables you to tailor coverage for your individual needs and helps provide financial security for you and your family. Each employee interested in purchasing additional Voluntary Life insurance must enroll in coverage and may need to complete an evidence of insurability form (EOI) and wait for final approval from the carrier before coverage will be effective.

# Insurance Coverage / Options – (con't)

## Voluntary Long-Term Disability – UNUM:

Voluntary Long-term disability continues to be offered through UNUM. LTD is intended to protect your income for a long duration after you have depleted Short-term disability (if applicable) or any leave you have accrued. The 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.

## Medical Transport Services – MASA:

Medical Transport Services will continue to be offered through MASA. MASA covers both Air Medical Transport as well as Ground Ambulance Transport. Through the membership service, 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. The Emergent Plan is no longer offered for election but you may continue coverage if you are currently enrolled. Each employee who wants to enroll in Medical Transport Services must enroll in coverage.

## Legal Services – Legal Shield:

Legal Services will continue to be offered through Legal Shield. 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 Identify Theft and fraud.

## Voluntary Supplemental Insurance – Aflac:

Voluntary supplemental products will continue to be offered through Aflac. Aflac provides 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 co-pays, deductibles, travel expenses or hotel stays, if needed. All these plans pay you directly, regardless of other insurance you may already have. Available policies are Accident, Cancer, Critical Illness, Hospital Indemnity, Short-term Disability and Whole Life.

## Employee Assistance Program:

The Employee Assistance Program (EAP) continues to be provided through Deer Oaks EAP. Deer Oaks EAP is a free service provided for you and your dependents. This program offers a wide variety of confidential 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. Employees continue to have up to six (6) free sessions per concern/issue.

# Insurance Coverage / Options (con't)

## Mandatory Retirement – Texas Municipal Retirement System (TMRS):

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.

## Voluntary Retirement – ICMA 457 Deferred Compensation Plan:

The ICMA 457 deferred compensation plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Contributions may be increased, decreased, stopped and restarted without restrictions, fees or penalties.

## Voluntary Retirement – Nationwide:

The Nationwide 457 deferred compensation plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis.

The elections / changes you make will become effective October 1, 2020.

New Hires:

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

PLEASE READ:

Insurance benefits take effect the first of the month following 30 days of employment, however, for Dental and Vision coverage, deductions begin a month in advance. Therefore, if you separate employment you are covered through the end of the month you separate employment, and we will reimburse any dental and vision deductions taken for months you are not covered.

# Eligible Dependents

An employee may also enroll eligible dependents in eligible insurance plans. A dependent is eligible if they are a:

- Legal spouse, same or opposite sex (must include a copy of marriage license or documentation of common law marriage.)
- Dependent children to age 26 who are:
  - Unmarried as long as he/she is not eligible to enroll in another employer-sponsored health plan (other than a group health plan of a parent), or
  - Married and less than 26 years of age as long as he/she is not eligible to enroll in another employer-sponsored health plan (other than a group health plan of a parent).

Employees adding a dependent(s) to their coverage(s) MUST provide a valid social security number for each dependent.

Employees must provide a copy of birth certificate, passport, legal guardianship papers or adoption papers for their dependent children, and dependents over 26 with a disability.

## 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.

## 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.

# Qualifying Life Events

## Changing Your Elections

In general, your annual pre-tax benefit elections are irrevocable for the plan year, October 1, 2020 through September 30, 2021.

However, if you experience a Change in Status or special enrollment event that directly affects your eligibility for coverage; you may change your election within 31 days of the event.

Under limited circumstances, an election change based solely on a Change in Status must be consistent with your Change in Status (i.e. if a child is born to you, you add coverage for that child).

In general:
Change in Status events provide more opportunities for you to make an election change than do special enrollment rights.

If your event could be considered both a Change in Status event and a special enrollment right, you may make any change allowed by either a Change in Status or special enrollment right.

# What Constitutes a Qualifying Life Event?

| | Benefits Allowed to Change | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Qualifying Life Event** | Medical | Dental | Vision | Supp. EE Life | Vol. Sp. Life | Vol. Child Life | Medical Transport | Supplemental | Beneficiaries | **Documentation** |
| Change in marital status:<br>· Marriage<br>· Divorce or Annulment<br>· Legal Separation<br>· Domestic Partner Dissolution<br>· Death of Spouse | √ | √ | √ | | √ | | √ | √ | √ | Marriage Certificate<br>Divorce Decree<br>Final Court Document<br>Notarized Statement of Disenrollment<br>Death Certificate |
| Change in the number of dependents:<br>· Birth<br>· Adoption<br>· Guardianship of a Child<br>· Death of a Dependent | √ | √ | √ | | | √ | √ | √ | √ | Birth Certificate<br>Hospital Announcement<br>Adoption Agreement<br>Court Decree for Guardianship<br>Death Certificate |
| Dependent Becomes Eligible | √ | √ | √ | √ | √ | √ | √ | √ | √ | Provide Name, Social Security Number, and Date of Birth for dependents |
| Dependent Loses Other Coverage | √ | √ | √ | | | | √ | √ | √ | Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage |
| Dependent Gains Other Coverage | √ | √ | √ | | | | √ | √ | √ | Proof of Coverage with start date of benefits and name(s) of covered dependents |
| A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status) | √ | √ | √ | | | | √ | √ | √ | Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company |
| Court Ordered Dependent, add or drop from coverage | √ | √ | √ | | | √ | √ | √ | √ | Contact your Benefits Team Directly |
| Any other life event | | | | | | | | | | Contact Human Resources Directly |

# Monthly Contributions – Full time Employees (40hrs)

| Insurance Options | | | *No Physical by 3/31 = $50 Surcharge |
|---|---|---|---|
| Blue Cross Blue Shield Base Plan | City Share | Employee Share | Semi-Monthly |
| Employee Only - $587.67 | $587.67 | $0.00 | $0.00 |
| Employee + Child(ren) - $889.38 | $639.38 | $250.00 | $125.00 |
| Employee + Spouse - $916.91 | $587.67 | $329.24 | $164.62 |
| Employee + Family - $1,247.56 | $772.56 | $475.00 | $237.50 |
| | | | |
| Blue Cross Blue Shield Buy-Up Plan | City Share | Employee Share | Semi-Monthly |
| Employee Only - $687.67 | $587.67 | $100.00 | $50.00 |
| Employee + Child(ren) - $989.38 | $639.38 | $350.00 | $175.00 |
| Employee + Spouse - $1,017.67 | $587.67 | $430.00 | $215.00 |
| Employee + Family - $1,347.56 | $772.56 | $575.00 | $287.50 |
| | | | |
| Ameritas Dental Low Plan - $1,000 | City Share | Employee Share | Semi-Monthly |
| Employee Only | $0.00 | $12.48 | $6.24 |
| Employee + Spouse | $0.00 | $22.52 | $11.26 |
| Employee + Child(ren) | $0.00 | $34.68 | $17.34 |
| Employee + Family | $0.00 | $47.72 | $23.86 |
| | | | |
| Ameritas Dental High Plan w/Ortho $1,500 | City Share | Employee Share | Semi-Monthly |
| Employee Only | $0.00 | $22.80 | $11.40 |
| Employee + Spouse | $0.00 | $46.88 | $23.44 |
| Employee + Child(ren) | $0.00 | $66.96 | $33.48 |
| Employee + Family | $0.00 | $92.88 | $46.44 |
| | | | |
| Avesis Vision | Monthly Premium | Employee Share | Semi-Monthly |
| Employee Only | $0.00 | $7.26 | $3.63 |
| Employee + Spouse | $0.00 | $13.66 | $6.83 |
| Employee + Child(ren) | $0.00 | $14.82 | $7.41 |
| Employee + Family | $0.00 | $19.24 | $9.62 |
| | | | |
| UNUM Life and LTD | Monthly Rate | Employee Share | Semi-Monthly |
| Employee Life (up to $500,000) | Varies due to age & amount | | |
| Spouse Life (up to $250,000) | Varies due to age & amount | | |
| Child(ren) Life (up to $10,000) | $0.18 per $1,000 | $1.80 | $0.90 |
| Long Term Disability | Varies due to age & salary | | |
| | | | |
| In general, your annual pre-tax benefit elections are irrevocable for the plan year. However, if you experience a qualifying event that directly affects your eligibility, notification must be provided to the Human Resources Department within 31 days with appropriate documentation. | | | |

# Monthly Contributions – Part time Employees (30hrs)

| Insurance Options | | | *No Physical by 3/31 = $50 Surcharge |
|---|---|---|---|
| Blue Cross Blue Shield Base Plan | City Share | Employee Share – Monthly | Semi-Monthly |
| Employee Only - $587.67 | $493.67 | $94.00 | $47.00 |
| Employee + Child(ren) - $889.38 | $493.67 | $395.70 | $197.85 |
| Employee + Spouse - $916.91 | $493.67 | $423.24 | $211.62 |
| Employee + Family - $1,247.56 | $493.67 | $753.88 | $376.94 |
| | | | |
| Ameritas Dental Low Plan - $1,000 | City Share | Employee Share - Monthly | Semi-Monthly |
| Employee Only | $0.00 | $12.48 | $6.24 |
| Employee + Spouse | $0.00 | $22.52 | $11.26 |
| Employee + Child(ren) | $0.00 | $34.68 | $17.34 |
| Employee + Family | $0.00 | $47.72 | $23.86 |
| | | | |
| Ameritas Dental High Plan w/Ortho - $1,500 | City Share | Employee Share- Monthly | Semi-Monthly |
| Employee Only | $0.00 | $22.80 | $11.40 |
| Employee + Spouse | $0.00 | $46.88 | $23.44 |
| Employee + Child(ren) | $0.00 | $66.69 | $33.48 |
| Employee + Family | $0.00 | $92.88 | $46.44 |
| | | | |
| Avesis Vision | City Share | Employee Share - Monthly | Semi-Monthly |
| Employee Only | $0.00 | $7.26 | $3.63 |
| Employee + Spouse | $0.00 | $13.66 | $6.83 |
| Employee + Child(ren) | $0.00 | $14.82 | $7.41 |
| Employee + Family | $0.00 | $19.24 | $9.62 |
| | | | |
| UNUM Life and LTD | Monthly Rate | Employee Share - Monthly | Semi-Monthly |
| Employee Life (up to $500,000) | Varies due to age & amount | | |
| Spouse Life (up to $250,000) | Varies due to age & amount | | |
| Child(ren) Life (up to $10,000) | $0.18 per $1,000 | $1.80 | $0.90 |
| Long Term Disability | Varies due to age & salary | | |
| | | | |
| In general, your annual pre-tax benefit elections are irrevocable for the plan year. However, if you experience a qualifying event that directly affects your eligibility, notification must be provided to the Human Resources Department within 31 days with appropriate documentation. | | | |

# Medical Benefits

## Effective October 1, 2020

Here is a snapshot of the medical coverage offered through the 2020-2021 medical plan(s). For a complete summary of benefits, please refer to the plans provided or visit www.missiontexas.us.

| PPO Plans | Base Plan | | Buy-Up Plan | |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | $1,000 Individual<br>$2,000 Family | $2,500 Individual<br>$5,000 Family | $500 Individual<br>$1,000 Family | $2,500 Individual<br>$5,000 Family |
| Out-of-Pocket Maximum | $3,000 Individual<br>$5,000 Family | $6,000 Individual<br>$10,000 Family | $2,000 Individual<br>$4,000 Family | $6,000 Individual<br>$10,000 Family |
| Co-Insurance | 70% | 50% | 80% | 50% |
| Lifetime Maximum | Unlimited | | Unlimited | |
| Office Visit | PCP - $30 Copay<br>Specialist - $45 Copay | 50% Coinsurance | PCP - $20 Copay<br>Specialist - $35 Copay | 50% Coinsurance |
| Wellness Visit | Plan Pays 100% | 50% Coinsurance | Plan Pays 100% | 50% Coinsurance |
| In-Patient & Out-Patient Hospital | Inpatient – 30% Coinsurance<br>Outpatient - $30 Copay | 50% Coinsurance | Inpatient – 20% Coinsurance<br>Outpatient - $20 Copay | 50% Coinsurance |
| Urgent Care | $45 Copay | 50% Coinsurance | $45 Copay | 50% Coinsurance |
| Emergency Room | $250 Copay + 30% Coinsurance<br>Copay Waived if Admitted | | $125 Copay + 20% Coinsurance<br>Copay Waived if Admitted | |
| Rx Drug Out-of-Pocket | $4,600 Individual<br>$9,200 Family | | $4,600 Individual<br>$9,200 Family | |
| Retail – 30 Day Supply | | | | |
| Generic / Preferred Brand / Non-Preferred Brand / Specialty | $10 / $35 / $60 / $200 | | $10 / $25 / $40 / $75 | |
| Mail Order – 90 Day Supply | | | | |
| Generic / Preferred Brand / Non-Preferred Brand | $20 / $50 / $80 | | $20 / $50 / $80 | |
| Network Website | www.bcbstx.com | | www.bcbstx.com | |

# Generic Drugs: Questions and Answers

## What are generic drugs?

A generic drug is identical -- or bioequivalent -- to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. According to the Congressional Budget Office, generic drugs save consumers an estimated $8 to $10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

## Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used.

FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. But, generic drug makers must show that their product performs in the same way as the brand-name drug.

## How are generic drugs approved?

Drug companies must submit an abbreviated new drug application (ANDA) for approval to market a generic product. The Drug Price Competition and Patent Term Restoration Act of 1984, more commonly known as the Hatch-Waxman Act, made ANDAs possible by creating a compromise in the drug industry. Generic drug companies gained greater access to the market for prescription drugs, and innovator companies gained restoration of patent life of their products lost during FDA's approval process.

New drugs, like other new products, are developed under patent protection. The patent protects the investment in the drug's development by giving the company the sole right to sell the drug while the patent is in effect. When patents or other periods of exclusivity expire, manufacturers can apply to the FDA to sell generic versions.

The ANDA process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. This applies to drugs first marketed after 1962.

## What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- contain the same active ingredients as the innovator drug(inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications
- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

## Adult Health – for ages 18 and over

Preventive care is very important for adults. By making some good basic health choices, women and men can boost their own health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

# Adult Wellness Guidelines

## Making Preventive Care a Priority

| Screenings | |
|---|---|
| Weight | Every visit or at least annually |
| Body Mass Index (BMI) | Every visit or at least annually |
| Blood Pressure (BP) | Every visit or at least annually |
| Colon Cancer Screening | Adults age 50-75 for colorectal cancer using: • Guaiac Fecal Occult Blood Test (gFOBT) annually or; • Fecal Immunochemical Testing (FIT) annually or; • Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; • Flexible sigmoidoscopy every 5 years or; • Flexible sigmoidoscopy every 10 years with FIT annually or; • Colonoscopy every 10 years or; • CT Colonography every 5 years** Ages 45 to 49 should discuss the risks and benefits of screening with your health care provider* |
| Diabetes Screening | Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.** |
| Hepatitis C (HCV) Screening | Once for adults born between 1945 and 1965 and persons at high risk for infection |
| HIV Screening | Adults ages 18 to 65, older adults at increased risk and all pregnant women should be screened |
| **Immunizations (Vaccines)** | |
| Tetanus Diphtheria Pertussis (Td/Tdap) | Get Tdap vaccine once, then a Td booster every 10 years |
| Influenza (Flu) | Yearly |
| Human Papillomavirus (HPV) | **Women:** 2 or 3 doses depending on age at time of initial vaccination. Age 18 to 26 if not already given. **Men:** 2 or 3 doses depending on age at time of initial vaccination. Age 19-21 if not already given.** |
| Herpes Zoster (Shingles) | Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or over. Discuss your options with your health care provider.* |
| Varicella (Chicken Pox) | 2 doses if no evidence of immunity |
| Pneumococcal (Pneumonia) | Ages 65 and over, one dose of PCV 13 and one dose of PCV 23 at least one year after PCV 13** |
| Measles, Mumps, Rubella (MMR) | 1 or 2 doses for adults born in 1957 or later who have no evidence of immunity |

* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

** Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.

## Women's Health

Women have their own unique health care needs. To stay well, women should make regular screenings a priority. In addition to the services listed in the Adult Health section, women should also discuss the recommendations listed on the chart to the right with their health care provider.

## Men's Health

Men are encouraged to get care as needed and make smart choices. That includes following a healthy lifestyle and getting recommended preventive care services. If men follow a game plan for better overall health, they'll be more likely to win at wellness.

In addition to the services listed in the Adult Health section, men should also discuss the recommendations shown in the chart to the right with their health care provider.

**Learn more!** Additional sources of health information include:

- ahrq.gov/patients-consumers/prevention/index.html
- cancer.org/healthy/index
- cdc.gov/healthyliving/

| Women's Recommendations | |
|---|---|
| Mammogram | At least every 2 years for women ages 50 to 74<br>Ages 40 to 49 should discuss the risks and benefits of screening with their health care provider |
| Cholesterol | Women age 45 and older. Women age 20-45 should be screened if they are at increased risk for coronary heart disease. Talk with your health care provider about the starting and frequency of screening that is best for you. |
| Cervical Cancer Screening | Women ages 21 to 65: Pap test every 3 years<br>Another option for ages 30 to 65: Pap test with HPV test every 5 years<br>Women who have had a hysterectomy or are over age 65 may not need a Pap test* |
| Osteoporosis Screening | Beginning at age 65, at age 60 if risk factors are present or postmenopausal women younger than 65 years who are at increased risk of osteoporosis* |
| Low-dose Aspirin Use | Ages 50-59 talk with your health care provider about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer. |
| **Men's Recommendations** | |
| Cholesterol | Men age 35 and older should be screened. Men age 20-35 should be screened if they are at increased risk for coronary heart disease. Talk with your health care provider about the starting and frequency of screening that is best for you. |
| Prostate Cancer Screening | Discuss the benefits and risks of screening with your health care provider. |
| Abdominal Aortic Aneurysm | Have an ultrasound once between ages 65 to 75 if you have ever smoked. |
| Low-dose Aspirin Use | Ages 50-59 talk with your health care provider about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer. |

You probably don't hesitate to ask your health care provider about nutrition and exercise, losing weight and stopping smoking. Other topics for discussion may include:

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

*Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individualized advice on the recommendations provided.

Coverage for preventive care services at no cost share may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.





53714.1119

Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccinations

Blue Cross and Blue Shield of Texas (BCBSTX) wants your child to be well.

# Children's Wellness Guidelines

## Laying the Groundwork for a Healthy Tomorrow

### Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider* following immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:

Check your child's Body Mass Index percentile regularly beginning at age 2

Check blood pressure yearly, beginning at age 3

Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10

Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

Learn more! An additional source of health information is available at healthychildren.org

**Please note:** These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

*A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

# Be sure your child is up-to-date on immunizations and health screenings.

## Routine Children's Immunization Schedule[1]

| Vaccine | Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 11/2 - 3 years | 4 - 6 years |
|---|---|---|---|---|---|---|---|---|---|---|
| Hepatitis B (HepB) | ● | | ● | | | ● | | | | |
| Rotavirus (RV) RV1 (2 Dose Series); RV 5 (3 Dose Series) | | | ● | ● | ● 3 dose series | | | | | |
| Diphtheria Tetanus and Pertussis (DTaP) | | | ● | ● | ● | | ● | | | ● |
| Haemophilus Influenzae Type B (Hib) | | | ● | ● | ● | ● | | | | |
| Pneumococcal Conjugate (PCV) | | | ● | ● | ● | ● | | | | |
| Inactivated Polio Vaccine (IPV) | | | ● | ● | | ● | | | | ● |
| Influenza (Flu) | | | | | ● | Recommended **yearly** starting at age 6 months with 2 doses given the first year | | | | |
| Measles, Mumps and Rubella (MMR) | | | | | | ● | | | | ● |
| Varicella (Chicken pox) | | | | | | ● | | | | ● |
| Hepatitis A (HepA) | | | | | | ● First dose: 12 to 23 months Second dose: 6 to 18 months later | | ● | | |

● One dose

Shaded areas indicate the vaccine can be given during shown age range.

## Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the health care provider a chance to:

- Discuss the importance of good eating habits and regular physical activity.
- Talk about avoiding alcohol, smoking and drugs.
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18, or earlier if at increased risk.

## Recommended Immunizations for ages 7 to 18[1]

| Vaccine | 7 - 10 years | 11 - 12 years | 13 - 15 years | 16 years | 17 - 18 years |
|---|---|---|---|---|---|
| Tetanus Diphtheria Pertussis (Tdap) | | ● | | | |
| Human Papillomavirus (HPV) - boys and girls | | ● 2 doses | | | |
| Meningococcal (MenACWY) | | ● | | ● | |
| Influenza (Flu) | | | Yearly | | |

1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics (cdc.gov/vaccines/hcp/acip-recs/index.html). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individual advice on the recommendations provided.

Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.





53428.1219

BlueCross BlueShield of Texas

# Take Advantage of Preventive Services

## Your family's race to better health begins with a single step: Taking advantage of preventive health care services

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.

55919.1219

## FOR ADULTS

Annual preventive medical history and physical exam

### SCREENINGS FOR

- ☐ Abdominal aortic aneurysm
- ☐ Alcohol abuse and tobacco use
- ☐ Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- ☐ Colorectal and lung cancer
- ☐ Depression
- ☐ Falls prevention
- ☐ High blood pressure, obesity and diabetes
- ☐ Sexually transmitted infections, HIV, HPV and hepatitis
- ☐ Tuberculosis

### COUNSELING FOR

- ☐ Alcohol misuse
- ☐ Domestic violence
- ☐ Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- ☐ Obesity
- ☐ Sexually transmitted infections
- ☐ Skin cancer prevention
- ☐ Tobacco use, including certain medicine to stop
- ☐ Use of aspirin to prevent heart attacks

## JUST FOR WOMEN

- ☐ Aspirin for preeclampsia prevention
- ☐ Breast cancer screening, genetic testing and counseling
- ☐ Breastfeeding support, supplies and counseling
- ☐ Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- ☐ Cervical cancer screening
- ☐ Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- ☐ Counseling for alcohol and tobacco use during pregnancy
- ☐ Diabetes mellitus screening after pregnancy
- ☐ Folic acid supplementation during pregnancy
- ☐ Human papillomavirus (HPV) DNA test
- ☐ Osteoporosis screening
- ☐ Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression
- ☐ Urinary incontinence screening

## FOR CHILDREN

Annual preventive medical history and physical exam

### SCREENINGS FOR

- ☐ Autism
- ☐ Cervical dysplasia
- ☐ Critical congenital heart defect screening for newborns
- ☐ Depression
- ☐ Developmental delays
- ☐ Dyslipidemia (for children at higher risk)
- ☐ Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- ☐ Hematocrit or hemoglobin
- ☐ Lead poisoning
- ☐ Obesity
- ☐ Sexually transmitted infections and HIV
- ☐ Tuberculosis
- ☐ Vision screening

### ASSESSMENTS AND COUNSELING

- ☐ Alcohol and drug use assessment for adolescents
- ☐ Obesity counseling
- ☐ Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- ☐ Skin cancer prevention counseling

## CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: **www.cdc.gov/vaccines**

- ☐ Diphtheria, Pertussis, Tetanus
- ☐ Haemophilus Influenzae Type B (Hib)
- ☐ Hepatitis A and B
- ☐ Human Papillomavirus (HPV)
- ☐ Inactivated Poliovirus (Polio)
- ☐ Influenza (Flu)
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Meningitis
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Varicella (Chicken Pox)
- ☐ Zoster (Herpes, Shingles)

[1] Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.

BlueCross BlueShield of Texas

# 24/7 Nurseline

## Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.

**Call the 24/7 Nurseline number on the back of your member ID card.**
**Hours of Operation: Anytime**

For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.





9100078.0420

BlueCross BlueShield of Texas

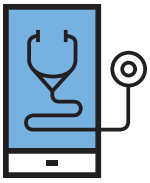
# Your Doctor Is In...Provider Finder®

## Spend less time looking for a doctor and more time enjoying your life.

Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to **bcbstx.com** and log in or create a Blue Access for Members℠ (BAM℠) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction® Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.*



### Go Mobile with BCBSTX

At bcbstx.com, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

*Available for most networks and plans.

## Blue Access for Members℠

# Health Care at Your Fingertips

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM℠). You and all covered dependents age 18 and up can create a BAM account.

### With BAM, you can:

- Use our Provider Finder® tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

### It's Easy to Get Started!

1 Go to bcbstx.com/member

2 Click Log Into My Account

3 Use the information on your BCBSTX ID card to sign up

Or, text* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply.

BlueCross BlueShield of Texas





55525.0419

BlueCross BlueShield of Texas

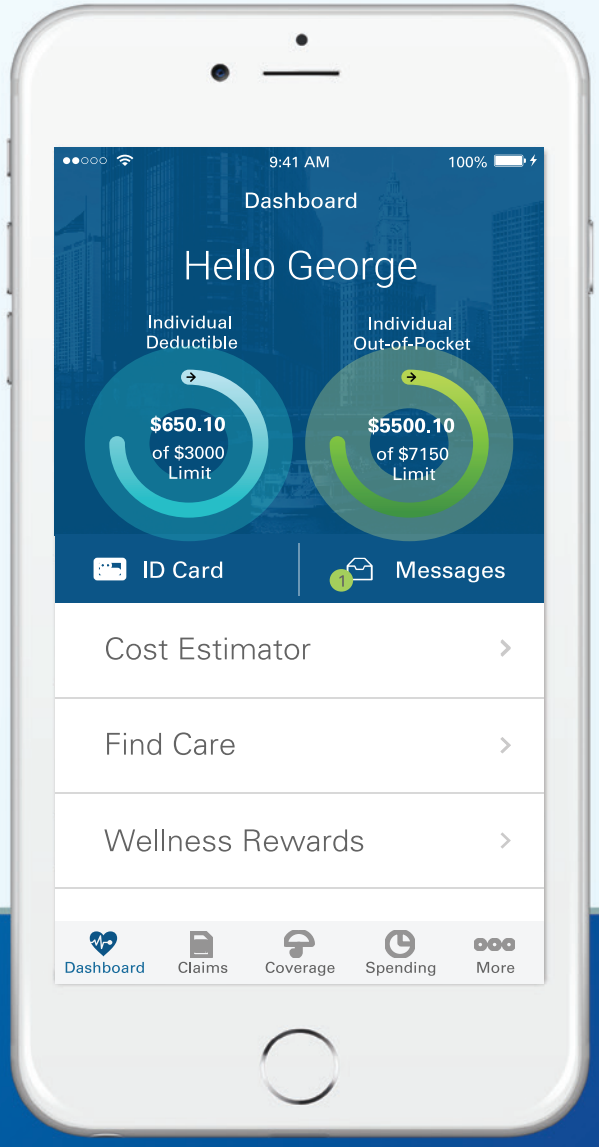
# The BCBSTX App!

TEXAS

Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

**Available in Spanish**




Text** BCBSTXAPP to 33633 to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.

Download on the App Store

GET IT ON Google play

bcbstx.com/mobile



727545.1117

BlueCross BlueShield of Texas

# AlwaysOn Takes Wellness On the Go

## Well onTarget® makes it easy to fit wellness into your schedule with the AlwaysOn Wellness app.

### Meet Your Wellness Needs

The AlwaysOn Wellness mobile app has a wide variety of easy-to-use, features that allow you to:

- Take your Health Assessment*
- Set personal health and wellness goals and track your progress
- Connect with a wellness coach through secure messaging** or by using the click-to-call feature
- Take an online educational program
- View your Blue Points℠*** balance
- Track data synced from more than 80 fitness devices and apps

### Seamless Integration with the Member Portal

The app is fully integrated with the Well onTarget portal. Plus, it automatically syncs Well onTarget activity.

### To get started, just follow these steps:

1. If you haven't registered on the Well onTarget Portal, go to wellontarget.com and register.
2. Download the AlwaysOn Wellness mobile app in the Apple or Google store.
3. Open the app and click on "New User Registration."
4. Follow the prompts to verify information from your member ID card.

### Questions about the app or the Well onTarget program?

Call Customer Service at 877-806-9380.

The mobile app is available for iPhone® and Android™ smartphones. It can help you regularly connect with your wellness program, work on goals and stay inspired — anytime and anywhere.

Well onTarget®

The AlwaysOn mobile app is owned and operated by Onlife Health Inc. Onlife Health Inc. is an independent company that provides digital health management for Blue Cross and Blue Shield of Texas.

* Well onTarget is a voluntary wellness program available to all employees. Completion of the Health Assessment is not required for participation in the program.

** Standard rates may apply. Check with your carrier.

*** Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at **wellontarget.com** for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.





729422.1119

BlueCross BlueShield of Texas

Blue365®
Because health is a big deal℠

# Blue365®

## A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at **blue365deals.com/bcbstx**, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

**EyeMed | Davis Vision**
You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

**TruHearing® | Beltone™ | American Hearing Benefits**
You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

**Dental Solutions℠**
You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

**Jenny Craig® | Sun Basket | Nutrisystem®**
Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at **blue365deals.com/bcbstx**.

BlueCross BlueShield of Texas

Blue365
Because health is a big deal℠

### Fitbit®
You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

### Reebok | SKECHERS®
Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

### InVite® Health
InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a $25 purchase.

### Livekick
Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.

### eMindful
Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

For more great deals, or to learn more about Blue365, visit **blue365deals.com/bcbstx**.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

# Flexible Savings Account (FSA) - PPS


A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e. co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

## Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the Health Care Reimbursement FSA is $1,200. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles and coinsurance
- Acupuncture

### FSA Smart Tips

Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.
Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So if you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.
Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost.

Premier Pension Solutions
A Limited Liability Company

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid Card.

## WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- Enjoy significant tax savings with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- Quickly and easily access funds using the prepaid Card at point of sale
- Reduce filing hassles and paperwork by using your prepaid Card
- Enjoy secure access to accounts using a convenient website available 24/7/365

## WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars. With all FSA account types, you'll receive access to a secure, easy-to-use website where you can track your account balance, view your claim history and track claim payments.

In addition, you'll receive a convenient Card to make it easy to pay for eligible services and products not covered by your health insurance. When you use your card, payments are automatically withdrawn from your account. Just swipe and go. It's that easy. **Save your receipts!** Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.

## IS AN FSA RIGHT FOR ME?

An FSA is a great way to pay for expenses with pre-tax dollars.

A Healthcare FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Have a health condition that requires the purchase of prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance

## PLAN AHEAD

Before you enroll, you must first decide how much you want to contribute to your account. You will want to spend some time estimating your anticipated eligible medical care expenses for the 2020 calendar year or your 12 month plan year.

Be sure to estimate your healthcare expenses carefully as money left unspent in your Healthcare FSA at the end of the year will be forfeited if you are not able to spend it within the plan year.

*The amount you save in taxes with a Flexible Spending Account will vary depending on the amount you set aside in the account; your annual earnings; whether or not you pay Social Security taxes; the number of exemptions and deductions you claim on your tax return; your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.

CITY OF MISSION, TEXAS
FOUNDED IN 1908

Powered by WEX Health Cloud

Premier Pension Solutions
A Limited Liability Company

# Know Your Health Care FSA Eligible and Ineligible Expenses

***Maximize the Value of Your Reimbursement Account*** **-** Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code ("IRC"). Health Care FSA dollars can be used to reimburse you for medical and dental expenses incurred by you, your spouse or eligible dependents.

***IMPORTANT:*** **Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Health Care FSA. If you are unsure of what your Health Care FSA dollars may be used for, please contact your Plan Administrator. The following is a list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.**

## Eligible Expenses

### BABY/CHILD TO AGE 13
- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

### DENTAL
- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

### EYES
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

### HEARING
- Hearing Aids and Batteries
- Hearing Exams

### LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

### MEDICAL EQUIPMENT/SUPPLIES
- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

### MEDICAL PROCEDURES/SERVICES
- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

### MEDICATIONS
- Insulin
- Prescription Drugs

### OBSTETRICS
- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

### PRACTITIONERS
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

### THERAPY
- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

**Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.**

| Ineligible Expenses | | |
|---|---|---|
| ■ Contact Lens or Eyeglass Insurance | ■ Marriage or Career Counseling | ■ Personal Trainers |
| ■ Cosmetic Surgery/Procedures | ■ Swimming Lessons | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis | | |

*Note: This list is not meant to be all-inclusive.*

**Please Note: Currently, the IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.**

| Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws) | | |
|---|---|---|
| ■ Acid controllers | ■ Cough, cold & flu | ■ Laxatives (non-fiber) |
| ■ Acne medications | ■ Denture pain relief | ■ Medicated nasal sprays, drops, & inhalers |
| ■ Allergy & sinus | ■ Digestive aids | ■ Medicated respiratory treatments & vapor products |
| ■ Antibiotic products | ■ Ear care | ■ Motion sickness |
| ■ Antifungal (Foot) | ■ Eye care | ■ Oral remedies or treatments |
| ■ Antiparasitic treatments | ■ Feminine antifungal & anti-itch | ■ Pain relief (includes aspirin) |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming) | ■ Skin treatments |
| ■ Anti-diarrheals | ■ First aid burn remedies | ■ Sleep aids & sedatives |
| ■ Anti-gas | ■ Foot care treatment | ■ Smoking deterrents |
| ■ Anti-itch & insect bite | ■ Hemorrhoidal preps | ■ Stomach remedies |
| ■ Baby rash ointments & creams | ■ Homeopathic remedies | ■ Unmedicated vapor products |
| ■ Baby teething pain | ■ Incontinence protection & treatment products | |
| ■ Cold sore remedies | | |
| ■ Contraceptives | | |

- As of January 1, 2011 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will **only** be eligible for reimbursement from your Health Care FSA with a physician's prescription that includes his or her address and license number, as stated in IRS Notice 2010-59. The only exception is insulin - which will not require a prescription.

**OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your FSA card for these items.**

**Eligible Over-the-Counter Items** (Product categories are listed in bold face; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**
  Pedialyte, Enfalyte
- **Contraceptives**
  Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
  PoliGrip, Benzodent, Plate Weld, Efferdent
- **Diabetes Testing and Aids**
  Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
  Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
  Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
  ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
  Contact lens care
- **Family Planning**
  Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
  Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
  Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin**
  Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
  Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
  Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Nasal Care**
  Saline Nasal Spray
- **Prenatal Vitamins**
  Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

**For additional information, please contact your Plan Administrator and/or tax advisor.**

# INTERNET FEATURES

**Login –** Go to http://www.premierpensionsolutions.com. Click on "Account Login" at the top right hand corner. Your User I.D. is your social security number (with no dashes). Your default password is the last four digits of your social security number. For security reasons, you will want to change your password once you login for the first time. You will have internet access as soon as we are able to gather and enter all the information related to your Cafeteria Plan.

**Summary** - Once you login, a Participant Summary Page will be displayed showing personal information and account balances by benefit in the "Summary" tab. This summary will show you your annual election amount (declared amount), the available balance to claim for the remainder of the year, year-to-date contributions, year-to-date claims submitted, year-to-date claims pending, and year-to-date claims paid.

**Password Change and Personal Info** - You will be able to change your password and personal information by clicking on the gear icon at the top right hand corner.

**Forms and Reports** - You will be able to view and print forms and request reports in the "Forms & Reports" tab. Various educational articles will be posted in this area. Forms will be added as necessary. You can always contact your administrator as well.

**Claims History** – You will be able to view claims made on your account by plan year or for a specified period of time in the "Claims" tab. If your plan allows, you will also be able to enter claims under "Claim Entry".

**Payments** – You will be able to view payment history on your account by date range.

**Premier Pension Solutions, LLC** - This link will take you back to our home website – http://www.premierpensionsolutions.com. Contact info if you need further assistance is (254)741-9434 or (866)342-9434.

Claims Administrator: Mark Crews – mcrews@premierpensionsolutions.com

Manager: Shelly Rhynes – srhynes@premierpensionsolutions.com

Partner In Charge – Patrick Rhynes – prhynes@premierpensionsolutions.com

Premier Pension Solutions
A Limited Liability Company

# City of Mission

*Dental Highlight Sheet*

Ameritas

**Low Plan: Dental Plan Summary** **Effective Date: 10/1/2020**

| | |
|---|---|
| **Plan Benefit** | |
| **Type 1** | 100% |
| **Type 2** | 80% |
| **Deductible** | $50 / Plan Year Type 2 |
| | Waived Type 1 |
| | 3 Family Maximum |
| **Maximum** *(per person)* | $1,000 per Plan Year |
| **Dental Rewards** | Included |
| **Allowance** | Discounted Fee |
| **Waiting Period** | None |

**Sample Procedure Listing** (*Current Dental Terminology* © American Dental Association.)

| Type 1 | Type 2 |
|---|---|
| • Routine Exams (2 per benefit period) | • Restorative Amalgams |
| • Bitewing X-rays (1 per benefit period) | • Restorative Composites (anterior and posterior teeth) |
| • Full Mouth/Panoramic X-rays (1 in 5 years) | • Simple Extractions |
| • Periapical X-rays | |
| • Cleanings (2 per benefit period) | |
| • Fluoride for Children 14 and under (1 per benefit period) | |
| • Sealants (age 14 and under) | |
| • Space Maintainers | |
| • Pre-Diagnostic Test (age 35 and over) (1 in 2 years) | |

**Monthly Rates**

| | |
|---|---|
| **Employee Only (EE)** | $12.48 |
| **EE + Spouse** | $22.52 |
| **EE + Children** | $34.68 |
| **EE + Spouse & Children** | $47.72 |

**Ameritas Information**

**We're Here to Help**

This plan was designed specifically for the associates of City of Mission. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

**Dental Health Scorecard**

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

**Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

# City of Mission

*Dental Highlight Sheet*

Ameritas

**Eyewear Savings**

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

**Dental Network Information**

To find a provider, visit ameritas.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

**Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

**Open Enrollment**

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

**Dental Rewards®**

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

| | | |
|---|---|---|
| Benefit Threshold | $500 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | $250 | Dental Rewards amount is added to the following year's maximum |
| Maximum Carryover | $1,000 | Maximum possible accumulation for Dental Rewards |

**Dental Cost Estimator**

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

**Worldwide Support**

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

**Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

# City of Mission

*Dental Highlight Sheet*

Ameritas

**High Plan: Dental Plan Summary** **Effective Date: 10/1/2020**

| Plan Benefit | |
|---|---|
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | $50 / Plan Year Type 2 & 3 |
| | Waived Type 1 |
| | 3 Family Maximum |
| Maximum *(per person)* | $1,500 per Plan Year |
| Dental Rewards | Included |
| Allowance | U&C |
| Waiting Period | None |

**Orthodontia Summary - Adult and Child Coverage**

| | |
|---|---|
| Allowance | U&C |
| Plan Benefit | 50% |
| Lifetime Maximum *(per person)* | $2,000 |
| Waiting Period | None |

**Sample Procedure Listing** (*Current Dental Terminology* © American Dental Association.)

| Type 1 | Type 2 | Type 3 |
|---|---|---|
| • Routine Exams (2 per benefit period) | • Restorative Amalgams | • Onlays |
| • Bitewing X-rays (1 per benefit period) | • Restorative Composites (anterior and posterior teeth) | • Crowns (1 in 5 years per tooth) |
| • Full Mouth/Panoramic X-rays (1 in 3 years) | • Endodontics (nonsurgical) | • Crown Repair |
| • Periapical X-rays | • Endodontics (surgical) | • Denture Repair |
| • Cleanings (2 per benefit period) | • Periodontics (nonsurgical) | • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |
| • Fluoride for Children 14 and under (1 per benefit period) | • Periodontics (surgical) | |
| • Sealants (age 14 and under) | • Simple Extractions | |
| • Space Maintainers | • Complex Extractions | |
| | • Anesthesia | |

**Monthly Rates**

| | |
|---|---|
| Employee Only (EE) | $22.80 |
| EE + Spouse | $46.88 |
| EE + Children | $66.96 |
| EE + Spouse & Children | $92.88 |

**Ameritas Information**

**We're Here to Help**

This plan was designed specifically for the associates of City of Mission. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

**Dental Health Scorecard**

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

**Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

# City of Mission

*Dental Highlight Sheet*

Ameritas

**Eyewear Savings**

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

**Dental Network Information**

To find a provider, visit ameritas.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

**Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

**Open Enrollment**

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

**Dental Rewards®**

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

| | | |
|---|---|---|
| Benefit Threshold | $500 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | $250 | Dental Rewards amount is added to the following year's maximum |
| Maximum Carryover | $1,000 | Maximum possible accumulation for Dental Rewards |

**Dental Cost Estimator**

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

**Worldwide Support**

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

**Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

# Using your Dental Benefits is Pain Free

## Learn how you can reduce your out-of-pocket expenses and access your Ameritas account information.

**See any dentist.** Your Ameritas dental plan allows you and your family members to **see any dentist** you chose, regardless if they are in- or out-of-network. Family members do not need to see the same dentist.

**Save money.** Dentists in the Ameritas network have agreed to charge you **25-50% less than their regular rates**. Many of them also offer discounted fees on non-covered dental services as allowed by state law.

**Avoid paperwork.** When visiting our network providers, there are no claim forms to submit. Our providers handle everything. All you need to do is make the appointment and show up.

**Know what's covered.** As a smart consumer, it's best for you to know your share of the cost up front. For services over $200 we recommend you ask your dentist to request a pretreatment estimate from our customer relations department. You will receive a written response showing what Ameritas estimates your dental plan will pay, and the amount that you will be responsible for.

**Check if your dentist is in network.** Visit ameritas.com, Find a Provider to find a new dentist or see if your current provider is in the Ameritas Dental Network.

**Nominate your dentist.** If your dentist is not in our network already, it's easy to let us know. Just go to ameritas.com, search for "nominate a provider" and complete the online form.

**Exceptional Network.** The Ameritas Dental Network is **one of the five largest in the nation**. Plus, now you can visit dental providers in Mexico and still receive coverage. Plan discounted fees and agreements will be honored by AmexUS Mexico providers, and claims will be processed by Ameritas.

Ameritas
fulfilling life.

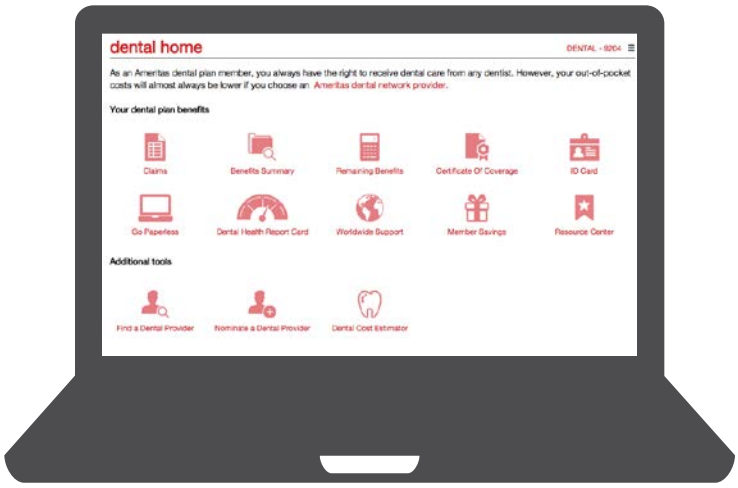
## Find everything you need on any device.

Register for your secure member account at ameritas.com.

**The one-time set up is quick and easy**

- Go to ameritas.com
- Click Account Access in the upper right corner or Account Access on a mobile device
- Select the Dental/Vision/Hearing drop down
- Choose “Secure Member Account”
- On the Login page select Reister Now
- Complete the New User Registration form

Using online services helps to minimize your risk of identity theft, protect your privacy and get your benefit information faster than through the mail.


### You have 24/7 access to your:

- personalized ID card; print it or save it to your smartphone
- claim status and a breakdown of how benefits were calculated and payments were processed
- plan details including maximum benefit and deductible amounts, and your used verses remaining benefits
- find out the average cost for in- or out-of-network procedures based on ZIP Code with our Dental Cost Estimator

### Sign up to receive your explanation of benefits (EOB) statements online.

To receive email EOB’s instead of paper statements, select:

Go Paperless

Compared to paper, online statements are:

- more secure
- more detailed
- better for the environment
- convenient
- faster

## Prescription Drug Savings Card

Ameritas fulfilling life.

ENVISION SAVINGS

Member Name: _____

**RxBin #** 017529 **Group #** AMERITAS **Member ID #** AMER2233 **PCN:** AMRX

This is not insurance
Administered by EnvisionSavings

## THIS IS NOT INSURANCE

Certain terms and conditions apply. View terms and conditions at **ameritas.com/rxterms**. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.

For prescription discount drug pricing please visit **ameritas.com/rxpricing**.

Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit **ameritas.com/rxpharmacy**.

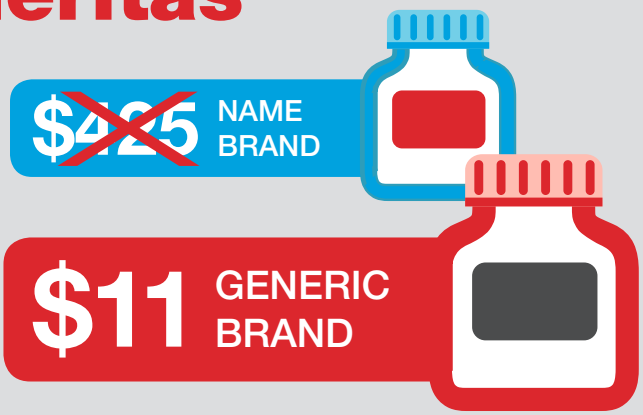
Pharmacy and member help desk **1-877-684-0032**

This is a FREE card and may not be sold.

**Hear Better with iHear®.** Hearing exams are a valuable but often overlooked habit for good health. Ameritas plan members and their loved ones are invited to learn about iHear by visiting ameritas.com/listen. iHear devices cost a fraction of what traditional hearing aids cost. Order your at-home hearing test, programming kit, devices and accessories all online. This is not insurance.

# Save More With Ameritas

**Prescription Savings.** You and your covered dependents can save on prescription medications at **over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the Rx discount, whichever saves you more. Switching to generic and presenting the card **saved 97% on one prescription**.*




**Find a pharmacy near you –**
http://www.emsmed.com/vendors/pharmacy.aspx

**Look up a price –**
http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas

## Ameritas Eyewear Savings Card

Ameritas fulfilling life.

Walmart Save money. Live better.

Member Name: _____

**Members:** To locate a Walmart Vision Center near you, visit http://www.walmart.com/cservice/ca_storefinder.gsp. Call 800-487-5553 with questions.

**Walmart Vision Center Associates:** Use plan name **SAVINGS 15** in BOSS. Call 700-277-7710 with questions.

GR 6269 Eyewear 3-15

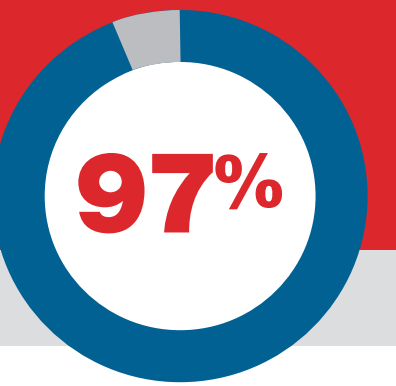
**Eyewear Savings.** You can also **save up to 15%** at any Walmart Vision Center on the following vision care products.

- **top quality frames** for the entire family including today's most popular brands.
- wide selection of **lens options**; all lenses come with scratch resistant coating for no additional charge.
- **safety eyewear**.

The prescription and eyewear discounts are not insurance and are no additional cost to your plan premium.

* On average, you could see up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescriptions combined. Illustration numbers are rounded to the nearest dollar amount, based on Lexapro TAB 20MG and Escitalopram TAB 20MG, ZIP 68510.

**Here to help.** If you have questions about your plan benefits, call our customer connections team. Our claims contact center associates have earned **BenchmarkPortal's Center of Excellence award since 2007**, an achievement held only by two other companies.




## 97% of members enrolled in Ameritas dental, vision or hearing benefits a year ago are still with us today.[1]

99.39% of phone calls answered within 15 seconds

**99%** Claims processing accuracy

English and Spanish, multilingual interpretation

Claims processed in an average of 9 business days

**Claims, benefit and provider network questions:**
group@ameritas.com | 800-487-5553
Monday - Thursday, 7 a.m. – Midnight (CST)
Friday, 7 a.m. – 6:30 p.m. (CST)

**¿en español?** Ameritas offers Spanish-speaking claims center representatives and a variety of Spanish documents, as well as telephone interpretation services in a wide range of languages.

### Worldwide Support.

AXA Assistance provides you with dental and vision provider referrals and appointment coordination when you're traveling outside the U.S. AXA has offices in more than 30 countries, answering calls 24 hours a day. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment. Access AXA contact details via your secure member account at Ameritas.com.

### Dental Health Report Card.

Find out where your dental health stands and how to improve it. After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It was developed through the University of Nebraska Medical Center College of Dentistry and includes feedback on your dental health status and dental care tips specific to you.

Ameritas
*fulfilling life.*

[1] Ameritas claims processing system, 2017



| 800-776-9446 | ameritas.com

# ameritas.com – connect with us

**Find everything you need on any device.**

- sign up to receive electronic statements
- locate network dentists
- access your benefit information and claims
- get your personalized ID card
- receive savings on prescriptions and eyewear
- much more

## Secure Member Account

Click on the red Account Access link at the top of the screen to choose your account and log in. Then you can:

- **sign up to receive your explanation of benefits (EOB) statements online.**
- view your dental or vision benefit information.
- access plan benefit summaries, certificates of coverage, remaining benefits, maximum benefit and deductible amounts.
- view claims status and payment details, including an in-depth breakdown showing how benefits were calculated.
- access, view, print, or save your personalized dental, vision and/or hearing ID cards.

**Compared to paper statements, online statements are:**

- more secure
- more detailed
- better for the environment
- convenient
- faster

## Find A Provider

- Search for a dental or vision provider.
- Look up provider results in English or Spanish.
- Check out our dental provider directory.

Ameritas
*fulfilling life*

## Provider Locator App for iPhone and Android

- Access a map of the provider office location.
- Call the provider's office or add to your contacts right from the search results screen.
- Email search results to family and friends.
- Easily refine and narrow search results.
- Look up results in English or Spanish.

## Dental Cost Estimator

Members can use this tool to get an idea of what an out-of-network general dentist may charge based on ZIP Code and dental procedure. It's located in your secure member account.

## Resource Center

- Download forms.
- Nominate a dental provider for the network.
- Review dental glossary terms and FAQs.
- Find instructions for submitting a dental claim or pretreatment estimate.

## Dental Health Report Card

- Find out where your dental health stands, and how to improve it.
- See your dental health grade by accessing your Dental Health Report Card in your secure member account.
- Grades are based on claims and procedures submitted while covered under the plan.

## Pharmacy and Eyewear Savings

- Save on hundreds of generic drug prescriptions at the everyday low price of $4, as well as 40% off other generic prescriptions and 10-15% off most name-brand drug prescriptions.
- Members can save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide.
- Obtain your savings card through your secure member account.

## Dental Provider Directory Instructions

Select "Find a Provider" then "Dental>network provider."

Enter search criteria.*

View search results, which include:

- provider name
- office location
- phone number
- specialty
- traveling distance (if applicable)
- profile showing provider office hours, educational background and languages spoken (when available)
- map showing provider location and driving directions

*California residents will be prompted to choose either the Classic (PPO) or First Dental Health network. If you use the First Dental Health Network, your ID card will show the First Dental Health Network (EPO) logo. Questions? Check with your benefits administrator.

## Wellness and Social Media

- View our videos and blog posts about wellness, the ACA's impact on benefits, and more (or access direct at ameritasinsight.com).
- Link to any of our social media channels through the icons in the footer of ameritas.com.
- Share valuable news and become a fan.

Ameritas
fulfilling life.

avēsis ESSENTIAL BENEFITS

**Effective Date:** 10/1/2020

**Group Number:** 10771-1253

**Plan Number:** 9213P

# City of Mission

## An In-Depth Look

### Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

### Employee Paid Rates Per Month

| | |
|---|---|
| Employee Only | $7.26 |
| Employee + Spouse | $13.66 |
| Employee + Child | $14.82 |
| Employee + Family | $19.24 |

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO Policy #: VC-16, Form M-9059

| Vision Care Services | In-Network Member Benefits | Out-of-Network Reimbursement |
|---|---|---|
| **Eye Examination** | Covered in full after $10 | Up to $35.00 |
| **Materials:** $0 copayment | (Materials copay applies to frame or spectacle lenses, if applicable.) | |
| **Frame Allowance*** | Members receive a $50 wholesale allowance<br>Up to $150 retail value† | Up to $45.00 |
| **Standard Spectacle Lenses** | | |
| Single Vision | Covered in full after materials copay | Up to $25.00 |
| Bifocal | Covered in full after materials copay | Up to $40.00 |
| Trifocal | Covered in full after materials copay | Up to $50.00 |
| Lenticular | Covered in full after materials copay | Up to $80.00 |
| Standard Progressives | Covered up to $50, plus 20% off retail | up to $40.00 |
| **Other Lens Options‡**<br>Lens Options are discounted up to 20% off retail | | |
| **Contact Lenses§**<br>(in lieu of frame and spectacle lenses) | | |
| Elective | $150 allowance | $150.00 |
| Medically Necessary | Covered in full | $250.00 |
| **Refractive Laser Surgery** | Provider discount up to 25%<br>One-time/lifetime allowance of $150 | $150.00 |
| **Frequency** | | |
| **Eye Examination** | Once every 12 Months | Once every 12 Months |
| **Lenses or contact lenses** | Once every 12 Months | Once every 12 Months |
| **Frame** | Once every 24 Months | Once every 24 Months |

‡ Discounts are not insured benefits

§ Prior authorization is required for medically necessary contacts.

## How can we help you?

**Avēsis Website:**
www.avesis.com

**Customer Service:**
800-828-9341
7 a.m. - 8 p.m. EST

**LASIK Provider:**
877-712-2010

## Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| Select a provider | Make an appointment | Visit provider for service | Pay any copays or additional expenses |

† Values provided may be more or less depending on the providers retail pricing.

* At participating Walmart locations, retail pricing for your plan is $68. At participating Costco locations, retail pricing is $54.99.

# 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 or 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, aniseikonic lenses;
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 supporting 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 and safety eyewear;
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.
9) Services or materials provided by any other group benefit plan providing vision care.

### Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:
1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2) Medical or surgical procedures, services, or treatments:
   a. not specifically covered under this Rider;
   b. provided free of charge in the absence of insurance
   c. payable under any Workers' Compensation law or similar statutory authority
   d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

# 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.

# 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). Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery.

Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ


# Vision Resources

At Avēsis, we strive to give you the simplicity you seek when using your benefits and signing up online to manage them. Here, we show you exactly what you'll need to get started.

### Using Your Benefits

1. Select a provider from our Provider Directory at www.avesis.com. Search by provider type, name, zip code, location, mile radius, and more, then further narrow your search to include other preferences.
2. Call to schedule an appointment, identifying yourself as an Avēsis member; confirm the provider accepts Avēsis. No ID cards are necessary to receive services.
3. At your visit, pay any copays and non-covered expenses.

That's it! It really is as easy as 1-2-3.

### Signing Up Online

1. Visit www.avesis.com and click Members from the top navigation.
2. Click Sign Up to register your account. You'll be required to enter your first and last names, date of birth, mobile phone number, and email address.
3. Create a username and password that conforms with the password requirements.
4. Click Submit & Get Started.

Once you're registered, you'll get a confirmation message that your registration was successful. Log in and use the dashboard to search for providers; check eligibility; view vision benefits, claim status, and forms and documents; print an ID card; get messages; and edit your profile.

Learn more about sight through our FAQs, glossary, and vital vision facts.

**Need Assistance?**
Our Customer Care Center can be reached at 800-828-9341, Monday through Friday, 7:00 a.m. to 8:00 p.m. EST.



Rev (9/19) | 078

Avēsis
10400 N. 25th Ave.
Suite 200
Phoenix, AZ 85021

**www.avesis.com**

# How Much Life Insurance Do You Need?

If you're going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you'll require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you'll want to recognize these changing needs and be prepared to act.

When you're a young adult, and you're single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you don't own a home, the death of one spouse will generally not be financially catastrophic for the other.

But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it's a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you've reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably would want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it's also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we've seen, insurance can be important at every stage of your life. You'll help yourself – and your loved ones – by getting the coverage you need when you need it.

## Term Life with Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

Class 2: All Other Full-Time Employees

### How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

### Why choose Unum?

Your employer is offering you this coverage at no cost to you. Unum is the leading provider of employee benefits, with more than 165 years of experience.[1] We'll be there to back our benefits and provide you with the support you need.

### What else is included?

**A "Living" Benefit**
If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to $10,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

**Waiver of premium**
Your cost may be waived if you are totally disabled for a period of time.

**Portability**
You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

**Work-life balance Employee Assistance Program (EAP)**
Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

**Worldwide emergency travel assistance**
One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

### Who can get Term Life coverage?

If you are actively at work at least 40 hours per week, you can receive coverage for:

| | |
|---|---|
| **You:** | You can receive a benefit amount of $10,000. |

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

| | |
|---|---|
| **You:** | You can receive an AD&D benefit amount of $10,000. |

No questions or health exams required for AD&D coverage.

1 Unum internal data, 2017

## Exclusions and limitations

**Actively at work**

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

**Exclusions and limitations**

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

**AD&D specific exclusions and limitations:**

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

**Delayed effective date of coverage**

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Age reduction**

Coverage amounts for Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 65
- 45% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75
- 20% of the original amount when you reach age 80

Coverage may not be increased after a reduction.

**Termination of coverage**

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

**Work-life balance EAP**

The work-life balance employee assistance program, provided by HealthAdvocate, is available with select unum insurance offerings, Terms and availability of service are subjet to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

**Worldwide emergency travel assistance**

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to chance and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

## Term Life Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

### Why is this coverage so valuable?

If you buy a minimum of $10,000 of coverage now, you can increase your coverage in the future up to $150,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

### Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

| | |
|---|---|
| **You** | Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings.<br><br>You can get up to $150,000 with no health questions. This is your guaranteed issue amount. |
| **Your Spouse** | Get up to $250,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.<br><br>Your spouse can get up to $25,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount. |
| **Your Children** | Get up to $10,000 of coverage in $1,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday.<br><br>The maximum benefit for children live birth to 6 months is $1,000. |

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### What else is included?

**A "Living" Benefit**
If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to $500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

**Waiver of premium**
Your cost may be waived if you are totally disabled for a period of time.

**Portability**
You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

## How much coverage can I get?

### Calculate your costs

1. **Enter the Term Life coverage amount you want.†**
2. **Divide by the amount shown.**
3. **Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age.** (Choose the age you will be when your coverage becomes effective on 10/01/2020. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 10/01/2020.)
4. **Enter your cost.**

| Term Life | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Employee | $_____,000 | ÷ $10,000 = $_____ | X $_____ | = $_____ |
| Spouse | $_____,000 | ÷ $5,000 = $_____ | X $_____ | = $_____ |
| Child | $_____,000 | ÷ $10,000 = $_____ | X $_____ | = $_____ |
| | | | Total cost | |

| Term Life semi-monthly rate for employee | |
|---|---|
| Age | Per $10,000 of coverage |
| | Cost |
| 15-24 | $0.445 |
| 25-29 | $0.445 |
| 30-34 | $0.445 |
| 35-39 | $0.625 |
| 40-44 | $0.895 |
| 45-49 | $1.390 |
| 50-54 | $2.155 |
| 55-59 | $3.550 |
| 60-64 | $4.720 |
| 65-69 | $8.095 |
| 70-74 | $14.445 |
| 75+ | $54.975 |

| Spouse semi-monthly rate |
|---|
| Per $5,000 of coverage |
| Cost |
| $0.223 |
| $0.223 |
| $0.223 |
| $0.313 |
| $0.448 |
| $0.695 |
| $1.077 |
| $1.775 |
| $2.360 |
| $4.048 |
| $7.223 |
| $27.488 |

| Child semi-monthly rate |
|---|
| $0.09 per $1,000 of coverage |

Billed amount may vary slightly.
If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Exclusions and limitations

**Actively at work**

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

**Exclusions and limitations**

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

**Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

**Age reduction**

Coverage amounts for Life for you and your dependents will reduce to:

65% of the original amount when you reach age 65

45% of the original amount when you reach age 70

30% of the original amount when you reach age 75

20% of the original amount when you reach age 80

**Termination of coverage**

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

# Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

## How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

## Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

### Consider your monthly expenses

| | |
|---|---|
| Food | $_____ |
| Transportation (gas, car payments, repairs) | _____ |
| Child care/elder care | _____ |
| Mortgage/rent | _____ |
| Utilities (electric, water, cable, phone) | _____ |
| Medical costs (co-pays, medications) | _____ |
| Insurance (health, life, car, home) | _____ |
| Total monthly expenses | $_____ |

## What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:[1]

- Cancer
- Back disorders
- Injuries and poison
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

## What else is included?

### Work-life balance EAP

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

### Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

### Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

### Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

## What our customers have to say:

★★★★★
**Maria**
"I'm so thankful to have Unum Disability Insurance."

★★★★★
**Archer**
"No one should be without it."

See more at: **unum.com/reviews**

1 Unum internal data, 2015. Note: Causes are listed in ranked order.

# How much coverage can I get?

| | |
|---|---|
| **You*** | You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.<br>**Coverage amounts**<br>Cover 60% of your monthly income, up to a maximum payment of $5,000.<br>The monthly benefit may be reduced or offset by other sources of income.<br>*See the Legal Disclosures for more information. |

! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

## Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

## Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

## Calculate your cost

- **Use $100,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.**
- **Multiply by your rate.** Use the rate table to find the rate based on your age. (Choose the age you will be when your coverage becomes effective on 10/01/2020.)

### Disability worksheet

**1 Enter your annual earnings and calculate your maximum monthly benefit available.**

| | | | |
|---|---|---|---|
| $_____ ÷ 12 = | $_____ x | 60% = | $_____ |
| Your annual earnings | Your monthly earnings | (Max % of income covered) | Max monthly benefit available |

**2 Calculate your cost per paycheck**

| | | | | | |
|---|---|---|---|---|---|
| $_____ ÷ 100 = | $_____ x | $_____ = | $_____ ÷ | 24 = | $_____ |
| Your annual earnings | | Rate | | Number of paychecks per year | Total cost per paycheck |

| Age | Rates |
|---|---|
| 15-24 | $0.120 |
| 25-29 | $0.170 |
| 30-34 | $0.330 |
| 35-39 | $0.500 |
| 40-44 | $0.810 |
| 45-49 | $1.090 |
| 50-54 | $1.410 |
| 55-59 | $1.710 |
| 60-64 | $1.760 |
| 65-69 | $1.310 |
| 70 + | $1.000 |

**Billed amount may vary slightly.** Your rate is based on your age and will increase as you move to the next age band.

## Exclusions and limitations

**Active employee**

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by City of Mission for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

**Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Benefit duration (BD)**

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

**Definition of disability**

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

**Pre-existing conditions**

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

**Deductible sources of income**

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

**Exclusions and limitations**

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

**Termination of coverage**

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc.

Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

unum
Better benefits at work.

# Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

## Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

## Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

**Employee Assistance Program — Work/Life Balance**

Toll-free 24/7 access:

- 1-800-854-1446 (multi-lingual)
- www.unum.com/lifebalance

*Turn to us, when you don't know where to turn.*

## Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

**A Licensed Professional Counselor can help you with:**

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

## Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

**Ask our Work/Life Specialists about:**

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

## Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

unum.com

Better benefits at work.

# Don't forget this travel essential!

## Pack your worldwide emergency travel assistance phone number and leave travel worries at home

**Whether traveling for business or pleasure, one phone call connects you to:**

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

**With the Assist America Mobile App, you can:**

- Call Assist America's Operation Center from anywhere in the world with the touch of a button
- Access pre-trip information and country guides
- Search for local pharmacies (U.S. only)
- Download a membership card
- View a list of services
- Search for the nearest U.S. embassy
- Read Assist Alerts

**Download and activate the app today** from the Apple App Store or Google Play.

Reference Number:
**01-AA-UN-762490**

### If you experienced a medical emergency while traveling, would you know who to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand! Just one phone call connects you and your family to medical and other important services 24 hours a day.

### Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

### 24/7 services anywhere in the world

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

MORE You can access travel assistance services through the **phone number on your travel assistance wallet card**. If you have misplaced your card, contact your human resources department and ask for a replacement.


If you need travel assistance anywhere in the world, contact us day or night:

- **Within the U.S.:** 1-800-872-1414
- **Outside the U.S.:** (U.S. access code) +609-986-1234
- **Via e-mail:** medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Employer's name (please write above)

unum Better benefits at work.

For reference only. Not actual card.

## Travel assistance FAQs

**Q.** Which countries can I travel to?

**A.** Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

**Q.** Is my family covered?

**A.** Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered. Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

**Q.** Are pre-existing conditions excluded?

**A.** No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

**Q.** What about sports-related injuries?

**A.** Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

**Q.** Who pays for the services I use if I have a travel emergency?

**A.** Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.

* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

Insurance products underwritten by the subsidiaries of Unum Group.

unum.com

## EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to $5,000 for ground ambulance and as high as $70,000 for air ambulance. The financial burdens for medical transportation costs are very real.

## HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

**ONLY MASA provides** over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

MASA Medical Transport Solutions™

**Any Ground. Any Air. Anywhere.™**

## OUR BENEFITS

| Benefit* | Platinum $39/Month | Emergent Plus $14/Month |
|---|---|---|
| Emergent Ground Transportation | U.S./Canada | U.S./Canada |
| Emergent Air Transportation | U.S./Canada | U.S./Canada |
| Non-Emergent Air Transportation | Worldwide | U.S./Canada |
| Repatriation | Worldwide | U.S./Canada |
| Escort Transportation | Worldwide | |
| Mortal Remains Transportation | Worldwide | |
| Visitor Transportation | BCA** | |
| Minor Children/Grandchildren Return | BCA** | |
| Vehicle Return | BCA** | |
| Pet Return | BCA** | |
| Organ Retrieval | U.S./Canada | |
| Organ Recipient Transportation | U.S./Canada | |

** Please refer to the MSA for a detailed explanation of benefits and eligibility,*

*** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).*


A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

**For more information, please contact Jaran Floyd or Brice Calahan**

830-377-8637 | Jfloyd@masamts.com
956-252-6818 / Bcalahan@masamts.com

**EVERY FAMILY DESERVES A MASA MEMBERSHIP**

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

# EMERGENT PLUS MEMBERSHIP BENEFITS

| | |
|---|---|
| **Emergent Air Transportation** | In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit. |
| **Emergent Ground Transportation** | In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit. |
| **Non-Emergent Inter-Facility Transportation** | In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergent air or ground transportation between medical facilities. Please see your Member Services Agreement for the complete terms, conditions, and limitations of this benefit. |
| **Repatriation/ Recuperation** | In the event that a Member is hospitalized more than 100-miles from their home, Members have access to air or ground medical transportation into a medical facility closer to Member's home for the purposes of recuperation. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit. |

# Did You Know?

**16-Million people are sent to the emergency room through a ground or air ambulance every year.***

Insurance companies typically **DO NOT** cover all air and ground ambulance expenses which can result in a bill in excess of $60,000.

Emergent Ground Ambulance transports can cost as much as

**$5,000**

Non-Emergent Air Medical transports can cost more than

**$20,000**

Emergent Air Ambulance transports often cost more than

**$60,000**

## MASA MTS PROVIDES ULTIMATE PEACE OF MIND

**Trust MASA MTS to provide you and your family peace of mind against the financial burden of medical transport bills by enrolling in a MASA MTS membership at an affordable GROUP RATE.**

*SOURCE: National Hospital Ambulatory Medical Care Survey

The descriptions of the services offered by MASA are for marketing purposes only and do not represent the terms and conditions contained within each applicable Member Services Agreement. Please review the applicable Member Services Agreement for the completed terms and conditions of any service offered by MASA.

# *The Ultimate Peace of Mind for Employees and Their Families*

## The Harrison's Story

- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, where it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.

Based on a true story. Names were changed to protect identities in compliance with HIPAA.

MASA Medical™ Transport Solutions

## And then, the Bills came!

| | As a MASA Member | If a Non-MASA Member | |
|---|---|---|---|
| | Sara would pay* | If In-Network** | If Out-of-Network** |
| 911 Ground Ambulance Cost: $1,800 | $0 | $300 | $1,600 |
| Emergent Air Ambulance Cost: $45,000 | $0 | $4,000 | $30,000 |
| Non-Emergent Air Transport† Cost: $20,000 | $0 | $20,000 | $20,000 |
| Total Out-of-Pocket Cost | $0 | $24,300 | $51,600 |

*Benefit is dependent on Membership Enrolled.
**Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of pocket max. These figures are an example of the costs one may incur.
†More and more health plans are not covering interfacility transports on a non-emergent basis.

### Any Ground. Any Air. Anywhere.™

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS of the provider**
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all

**For more information, please contact your local MASA MTS representative or visit www.masamts.com**

LegalShield | IDShield


# Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

## The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

## The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **High Risk Application and Transaction Monitoring** We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- **Dark Web Monitoring** Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- **Username/Password (Credential) Monitoring** This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- **Identity Threat and Credit Threat Alerts** You'll receive a threat alert if your PII is found.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.

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

| Plan | Family Price (pay period) | Individual Price (pay period) |
|---|---|---|
| LegalShield | $ 9.48 | $ 8.48 |
| IDShield | $ 9.48 | $ 4.48 |
| Combined | $16.96 | $12.96 |

**Prepared for:** CompanyName Here, https://customurlwithpriceinfohere.com

For more information, contact your Independent Associate:

Deanne Lyles
281-750-5317
lyles.olson@gmail.coml
https://deannelyles.wearelegalshield.com

*LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.*

FLIER_LS+IDS_1895_USA_073119

# 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/AflacStandard** using your email address for the member ID and email fields.
- 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



aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

AGC1500186 R7

63

IV (6/17)

# Wave goodbye to the waiting room

## With MeMD, care is just a click away

Not feeling so great? Avoid the waiting room and get care right where you are — from your phone or computer. Introducing MeMD, brought to you by Aflac.

With MeMD telehealth services, you can connect to a board-certified, U.S.-licensed medical provider, or licensed behavioral health specialist, from almost any location. Day and night. Weekends and holidays. All using your phone or computer. You'll get a confidential diagnosis along with a personalized treatment plan, including prescriptions* for common medications when medically necessary. Best of all, your family members can use the program as well.

**Activate and log in to your account**
at **www.MeMD.me/AflacStandard,** using your email address for the member ID and email fields.

**Consult a physician, PA, nurse practitioner or licensed behavioral health specialist**
in real time by video or phone, using the MeMD app. Visit fee varies by service type.

**Prescription for common medicines,**
if medically necessary, will be submitted electronically by MeMD to your pharmacy of choice.*

**Connect with a board-certified, U.S.-licensed medical provider or behavioral health specialist.**

Aflac | Value-Added Services

Aflac has entered into a marketing alliance with MeMD whereby MeMD may provide telehealth services from MeMD to individuals who are employees of accounts that choose to make MeMD available to them. Other than this marketing alliance, Aflac and MeMD are not affiliated in any way. Aflac makes no representations or warranties regarding MeMD's products or services, and is not responsible for any products or services provided by MeMD. If you have questions regarding MeMD's products or services, please contact MeMD by calling 855-636-3669 or emailing solutions@memd.me. The complimentary telehealth services provided by MeMD is not available to employees of Aflac accounts located in ID, MD, MN, NY or PR. Telehealth services are not available to residents of ID or MN. Additional state restrictions may apply and benefits may vary by state. Customers will be responsible for a visit fee at time of each telehealth visit.

*When medically necessary, MeMD's providers (except therapists) can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

Z181026R3

# Use your phone or computer to get treatment for:

 Abrasions, bruises, minor headaches, arthritic pains.

 Allergies, hives, skin infections, bites and stings.

 Colds, fever, sore throat, cough, congestion.

 Diarrhea, vomiting, nausea, urinary tract infections.

 Eye infections, conjunctivitis, body aches.

 Medication refills (short-term)* and more.

 Addiction, anxiety, bipolar disorder, depression, divorce and more.

 Telepsychiatry, talk therapy services and teen therapy.†

## Download the MeMD app

Download on the App Store GET IT ON Google Play

It's even easier to get on-demand access to U.S.-licensed, board-certified medical providers with MeMD's app. After activating your online account, search MeMD in the app store to download it on your Android or Apple device today.**

**Avoid the waiting room. Call on MeMD.**

**Call: 855.636.3669 or Visit: www.MeMD.me/AflacStandard.**

**If you have already created a MeMD® account and are being charged an incorrect price, call MeMD's care coordination team at 1-855-636-3669 to update.

† Service availability and age restrictions vary by state.

# Behavioral Health Services – a health benefit for the modern world

**Online therapy is personal, confidential and convenient – better yet, it helps improve lives at home and work. These online services are powered by MeMD and available through Aflac:**

### Telepsychiatry Services*
### Filling gaps to provide the care you need

You have access to psychiatric providers that specialize in the diagnosis and treatment of mental health issues and can work with MeMD therapists to provide comprehensive care.

- Providers treat depression, anxiety, substance abuse, trauma, mood disorders and other mental and emotional concerns.
- Growing network of state-licensed, NCQA-credentialed psychiatrists and psychiatric nurse practitioners.
- Visit with psychiatric provider can be conducted via phone or video. There are no state requirements for this program.
- MeMD providers work with your primary care physicians and other providers to prescribe medications for behavioral health-related conditions, as needed. Lab work is typically required prior to prescribing, and can be requested directly from a MeMD-licensed provider.

### How to use this service

- Log on to MeMD's app or website to schedule your initial 45-minute session.
- Use a computer or mobile device to connect with a psychiatry provider who designs a treatment plan that may include talk therapy, medications, psychosocial interventions and other treatments, depending on your needs.
- Follow-up sessions to manage medications and evaluate progress are 15 minutes.
- $195 for the initial visit; $95 for follow-ups.

Aflac | Value-Added Services

## Talk Therapy Services
## Providing access to the support you need

This solution gives you access to high-quality, convenient and confidential mental health services, so you can get the support you need. Teletherapy overcomes limitations of geography, limited provider networks and the perceived stigma of seeking mental health treatment. MeMD's national provider network includes licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, and other equivalent licensed professionals.

- Using a computer or mobile device, you can connect with a therapist from the privacy of your home or wherever else you choose.
- Jointly develop a treatment plan with your therapist to address your specific needs with mutually agreed upon goals.
- Outcome-based care is built into the program with the Behavioral Health Assessment, a multidimensional assessment tool that benchmarks progress and improvement.

## Teen Therapy Services*
## Offering you the tools you need to help your children

MeMD's teen teletherapy program gives you access to the mental healthcare your children need. Teletherapists treat depression, anxiety, body image concerns, eating disorders, bullying, peer conflict, drug and alcohol use, self-harm behaviors and other common adolescent issues.

- National network of state-licensed, NCQA-credentialed mental health providers specializing in child and adolescent therapy.
- Parents can connect their children to a therapist in as few as 24 hours. This is critical for kids in need.
- Consults take place online or by phone, as children are often more comfortable with video vs. in-person visits.
- Available for children ages 10-17.*

## How it works

- Log onto MeMD's app or website to schedule a 50-minute session for your child.
- Using a computer or mobile device, you and your child connect with a therapist. Parents always participate in the first visit.
- Together, the therapist, you and your child, will jointly develop a treatment plan to address the child's specific needs with mutually agreed upon goals.
- If desired, children can speak with the same therapist throughout their treatment.
- $65 per visit.

## Visit memd.me/aflacstandard to activate your MeMD account.

Aflac has entered into a marketing alliance with MeMD whereby MeMD may provide up to one year of complimentary telehealth services from MeMD to individuals who are employees of accounts that choose to make MeMD available to them. Other than this marketing alliance, Aflac and MeMD are not affiliated in any way. Aflac makes no representations or warranties regarding MeMD's products or services, and is not responsible for any products or services provided by MeMD. If you have questions regarding MeMD's products or services, please contact MeMD by calling 855-636-3669 or emailing solutions@memd.me. The complimentary telehealth services provided by MeMD is not available to employees of Aflac accounts located in ID, MD, MN, NY or PR. Telehealth services are not available to residents of ID or MN. Additional state restrictions may apply and benefits may vary by state. Customers will be responsible for a visit fee at time of each telehealth visit.

When medically necessary, MeMD's providers (except therapists) can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

*Service availability and age restrictions vary by state.

Aflac | WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

Z191214R1

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:**<br>• **Hospitalization for 30 days or less**<br>• **Hospitalization for Days 31+** | <br>• Insured/Spouse: $100–$300 per day; Dependent Child: $125–$375 per day; no lifetime max<br>• 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



Z180269 EXP 2/19

# 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 means 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

P 19

# 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)<br>• Benefit periods: 3 or 6 months |
| **Total Disability Benefit Periods** | 6, 12, 18, or 24 months |
| **Elimination Periods** | **Injury/Sickness**<br>• 0/7 days • 0/14 days • 7/7 days • 7/14 days<br>• 14/14 days • 0/30 days • 30/30 days • 60/60 days<br>• 90/90 days • 180/180 days |
| **Minimum Income and Hours Requirement** | • Minimum annual income requirement: $9,000<br>• 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.<br>• 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<br>• $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<br>• $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.

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.

Continental American Insurance Company • Columbia, South Carolina

# 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.<br>• 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:<br>• a recurrence of that same Tier One Critical Illness Event, or<br>• an occurrence of a different Tier One Critical Illness Event.<br>• 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.<br>• 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.<br>• 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.<br>• 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

# LIFE SOLUTIONS – WHOLE LIFE

## Aflac for City of Mission Employees

It's never easy to think about life insurance. But the burden of funeral expenses and bills can be significant. Don't wait until the unthinkable occurs: **help make sure you can financially protect your loved ones** with Aflac Life Solutions Whole Life Insurance.

### Help protect your family's financial future when they need it most.

**Aflac has been helping provide individuals and their families with financial security for over 60 years.** Our Whole Life policy helps provide peace of mind and extra protection for you and your loved ones.

### In addition to delivering cash benefits, Aflac offers:

- **Guaranteed premiums** — your rate won't change
- **Portable coverage** — you can take the plan wherever you go
- **Payroll deduction** — premiums will be deducted from your paychecks

**FACT NO. 1**

**95** MILLION

Americans age 18+ do not have life insurance.[1]

**FACT NO. 2**

**30%**

of adults in the U.S. (about 70 million) acknowledge their need for more life insurance.[2]

# A great choice for the worst of times.

Aflac Whole Life is the smart choice for you. It helps provide you and your family with the added financial resources they'll need to help with funeral expenses, bills and debt, education plans and future retirement.

*This information refers to benefit ranges for Policy Series A68000 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. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.*

| Whole Life Insurance | |
|---|---|
| **Benefit** | **Description** |
| **Face Amount Choices** | • $10,000-$500,000 ($200,000 if over age 50). |
| **Builds Cash Value** | Builds cash value that can potentially be borrowed later to help with retirement, college tuition or any other bills the policy owner may face. |
| **Income Tax Protection for Increases in the Cash Value** | Any increase in the cash value of a whole life policy is not subject to income tax while the cash remains in the policy. |
| **Accelerated Death Payment (Named insured only)** | Pays 50% of the policy's face amount when the named insured is diagnosed with a terminal condition. |
| **Guaranteed Premiums** | Premium will not change. Coverage will cost the same from month to month and year to year. |
| **Payroll Deducted** | Premium can be deducted from the named insured's paycheck. |
| **Portable** | Named insured can take the policy with them if they change jobs or retire. |
| **Available Riders** | |
| **Spouse 10-Year Term Life** | • Face amount: $5,000-$50,000.<br>• Pays 50% of the policy's face amount up to a maximum of $50,000 for life insurance coverage on the named insured's spouse. |
| **Child Term Life** | • Face amount: $2,500-$15,000.<br>• Pays 25% of the policy's face amount up to a maximum of $15,000 for life insurance coverage on each insured child up to age 25. |
| **Waiver of Premium (Named insured only)** | • Waives policy premiums if named insured becomes totally disabled under the terms of the policy. |
| **Accidental-Death Benefit (Named insured only)** | • Pays additional amount equal to the face amount if the named insured dies as the result of a covered accident and occurs within 180 days of the covered accident.<br>• Additional 25% of the face amount will be paid if named insured dies in an automobile accident while wearing a seat belt and is not at fault. |

[1] "Life Insurance Awareness Month 2015," LifeHappens.org (http://www.lifehappens.org/life-insurance-awareness-month/).

[2] "2015 Insurance Barometer Study Finds Americans Continue to Overestimate Cost of Life Insurance," LIMRA and LifeHappens.org

This is a brief product overview only. Benefit amounts shown are ranges. Benefit payout varies according to coverage level selected. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy summary for complete details, limitations and exclusions.

In Arkansas, Idaho, Oklahoma, Oregon, Pennsylvania, Texas, and Virginia, Policies: ICC1368200, ICC1368300, ICC1368400.

**Coverage is underwritten by American Family Life Assurance Company of Columbus.** WWHQ | 1932 Wynnton Road | Columbus, GA 31999

# 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

## 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.

DEER OAKS EAP SERVICES

Discover Your EAP + Work-Life Benefit

# Employee Assistance Program

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

- Program Access: You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- Telephonic Assessments & Support: In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- Short-term Counseling: Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- Referrals & Community Resources: Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- Advantage Legal Assist: Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- Advantage Financial Assist: Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- Alternate Modes of Support: Your EAP offers support alternatives in addition to traditional short-term counseling including telephonic life coaching, AWARE stress reduction sessions, and virtual group counseling. During your call with one of our counselors, ask if these programs would be right for you.
- Work-life Services: Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- Child & Elder Care Referrals: Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- Take the High Road Ride Reimbursement Program: Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of $45.00 (excludes tips).

## CONTACT US:

Toll-Free: (866) 327-2400
Website: www.deeroakseap.com
Email: eap@deeroaks.com

*Instant Support*

# ICONNECTYOU: YOUR EAP ON THE GO

**FEATURES:**

- Access your EAP at the click of a button
- Calls, instant messaging (IM), short message service (SMS), video, and articles
- Answered 24 hours a day, 365 days a year
- Members can connect with experts instantly or make arrangements for a later appointment
- Accessible by iOS and Android devices
- Browse our self-help resources with a few swipes on the phone

iConnectYou is an app that instantly connects you with professionals for instant support and help finding resources for you and your family.

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode below. For additional information, you may access your EAP's website following the details listed below.

ICONNECTYOU PASSCODE: **58501**
TOLL FREE: 1-866-327-2400
WEBSITE: **www.deeroakseap.com**
WEBSITE USERNAME/PASSWORD: **COMISSION**

DEER OAKS EAP SERVICES

# Did you know?

## YOU CAN RECEIVE EAP COUNSELING IN-PERSON, OVER THE PHONE OR THROUGH VIDEO.

*You've taken the first step. You've called your Employee Assistance Program (EAP) and are looking forward to starting counseling, but are unsure about the time commitment involved with meeting a counselor in-person.*

We are all busy and taking time for ourselves often gets placed on the back burner. That is why your EAP offers video and structured telephonic counseling in addition to traditional in-person counseling. These telephonic and video counseling sessions can be scheduled at times that are convenient for you. Call from the privacy of your home or office and one of our helpful counselors will help you address issues that are making it difficult to manage at work or at home.

### ADVANTAGES

- No drive time-- saves money on gas
- No time spent in a waiting room
- Participate in a counseling session from the comfort of your home, office, or even your car
- The quality of counseling is the same as face-to-face counseling according to the American Psychological Association

DEER OAKS EAP SERVICES

CONTACT YOUR EAP TODAY:

(866) 327-2400
www.deeroakseap.com
eap@deeroaks.com

DEER OAKS EAP SERVICES

# Advantage Legal Assist

(866) 327-2400 | eap@deeroaks.com

www.deeroakseap.com

## *Legal Services*

- Free half-hour telephonic consultation with a plan attorney qualified to handle your issue
- Free half-hour in-person consultation with a plan attorney per separate issue
- Attorneys are available immediately for telephonic consultation; in-person consultations are scheduled
- Consultation consists of analysis of the situation and advice on how to proceed. There is no document review or creation during this free consultation
- If representation is required, members receive a 25% discount off hourly attorney fees
- Covered Issues: Family Law, Criminal, Bankruptcy, Adoption, Elder Care/Wills/ Trusts/ Estate Planning, Consumer Issues
- Excluded Issues: Employment as it relates to employees and family members, one's own business, class action lawsuits, taxes
- There is no limit to the number of times you can use the service for different issues
- Coverage available in all 50 states
- Telephonic attorneys cannot self-refer, so you are assured unbiased advice
- Unlimited online access to a wealth of educational legal resources, links, tools and forms including 105 legal forms and monthly webinars

## *Interactive Online Will Preparation* *(located in the Legal & Financial Center)*

- Create a legally binding simple state-specific will at no cost through a step-by-step online "interview process"
- A simple will works well for most people with typical assets such as a house, a car, savings, and investments. But there are some situations in which you may need more than a simple will and should get expert advice or, at the least, investigate your options

## *Accessing Online Legal Services*

- Login to the Deer Oaks website using your company's login and password
- Click on the "Legal & Financial Center" on the right-hand side of the screen to access the Online Will Preparation Service and other articles and tools

DEER OAKS EAP SERVICES

# Advantage Financial Assist

(866) 327-2400 | eap@deeroaks.com

www.deeroakseap.com

## *Financial Services*

- Free unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning
- Counselors address issues via a toll-free information line, and follow up by mailing supporting educational materials; Excluded issues include tax Issues, counseling, advice or comparison of specific financial services or products
- Advisors are available without an appointment Monday through Friday or through pre-scheduled Saturday sessions
- All counselors are knowledgeable in a wide range of financial topics
- Advice is objective and pressure-free
- Unlimited access to a wealth of educational financial resources, links, tools, and forms (i.e. tax guides, financial calculators, etc.)

## *ID Recovery*

- Telephonic consultation service to help you recover from, and minimize the impact of, a breach of your identity
- Provides victims a 30-minute consultation with an Identity Recovery Professional
- The professional will assess the situation, create an action plan, and provide consultation on implementing the plan
- Reduces time spent repairing compromised credit history
- Restores peace-of-mind, while helping undo the damage

## *Credit Karma: Free Credit Monitoring* *(located in the Legal & Financial Center)*

- Free registration- no service level or payment plan required
- Receive free credit reports and notification of any changes involving your credit

## *Accessing Online Financial Services*

- Login to the Deer Oaks website using your company's login and password
- Click on the "Legal & Financial Center" on the right-hand side of the screen to access the Credit Karma Service and other articles and tools

DEER OAKS EAP SERVICES

Making a Difference in Your Life
Makes a Difference To Us

# Resources for First Responders available through the EAP

Did you know that your Employee Assistance Program (EAP) offers specialized support and resources for first responders? We understand the unique pressures and circumstances faced by public safety employees and are here to help. We offer free, confidential support 24 hours a day.

- In-the-moment telephonic support
- Short-term individual, marital and family counseling- telephonic, in-person or video
- Stress management techniques
- Assistance with substance abuse
- Online articles, self-assessments, videos and e-learning courses available through deeroakseap.com
- Free 30-minute legal consultation with an attorney
- Free financial consultation with our in-house Accredited Financial Counselors
- Work-life consultation and referral services to assist with daily living stressors i.e. child care, elder care, home repair, pet sitters, etc.

## Contact Your EAP Today

(866) 327-2400
www.deeroakseap.com
eap@deeroaks.com


# An Employee Assistance Program for First Responders

Deer Oaks is the Employee Assistance Program (EAP) provider for your employer. We are a national integrated EAP and work-life program provider with more than 28 years of dedicated experience. Our goal is to provide you with the right tools and confidential resources to combat stress and navigate work and life challenges in the moment before they have a negative impact on your health and well-being.

## An EAP that is Customized to Your Needs

WE RECOGNIZE THE NEEDS OF FIRST RESPONDERS ARE UNIQUE AND CHANGING.

Deer Oaks recognizes the unique challenges of first responders who are oftentimes exposed to high levels of stress and dangerous situations. They can experience and hear things day after day that are challenging, painful, and difficult—leading to burnout, secondary trauma, compassion fatigue, Post-Traumatic Stress Disorder, and difficult personal issues.

WE ARE HERE FOR YOU.

Your EAP is available day and night to provide you with confidential assistance. We offer various ways to access your benefit via toll-free helpline, an online instant messaging system, or through our iConnectYou Smartphone App, which enables you to call, text, instant message, or video call our team of professionals with a push of a button.

Alternate modes of support such as telephonic life coaching, AWARE stress reduction program, and work-life services may also be helpful in addressing daily stressors.

## Service Summary

OUR MASTER'S LEVEL CLINICIANS ARE ALWAYS HERE TO LISTEN. WE'VE GOT YOU COVERED FOR ALL OF LIFE'S CHALLENGES.

- 100% confidential
- 24/7 Helpline answered directly by Master's level clinicians
- In-the-moment telephonic support and crisis intervention available
- Intake and a clinical assessment conducted during the initial call
- Referrals provided to local EAP affiliate providers and other resources for in-person services
- Telephonic, in-person, and video counseling available
- Work-Life Consultation & Referrals: Financial Assist, Legal Assist, ID Theft, Child/Elder care, Daily Living
- Telephonic Life Coaching (6 sessions)
- AWARE Stress Reduction Program

## Contact

Helpline: 1-866-327-2400
Website: www.deeroakseap.com
Email: eap@deeroaks.com

# Be Safe this Holiday Season


## Take a cab, Lyft, or Uber and send the bill to us!

The holidays are the perfect time to gather with friends and family to celebrate the joy of the season and ring in the New Year. Deer Oaks, your EAP, encourages you to be safe this holiday season and choose a designated driver.

If you find yourself in need of a ride, call a cab and send the bill to us for reimbursement. This service is available once per year per participant with a maximum reimbursement of $45.00 (excludes tip). Your receipt may be submitted up to 60 days from date of service.

Simply call our Helpline for instructions on how to submit your receipt. It may take up to 45 days for reimbursement.



**(866) 327-2400 | www.deeroakseap.com**

# My City Plan as of July 2020

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® Advisory Services — 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 2020, you can save as much as:

- $19,500
- $26,000 if age 50 or over
- $39,000 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.

Roland Quintanilla will be available on Aug. 3rd & 4th from 7:30am-10:30pm
Call to schedule appointment at 202-487-3776 or email rquintanilla@icmarc.org
https://icmarc.secure.force.com/events?SiteId=a0lj0000003QNLpAAO

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

AC: 44753-1119-8571-W1394

ICMA RC
BUILDING PUBLIC SECTOR RETIREMENT SECURITY

# SAVING MORE MATTERS

Regularly saving more to your 457 deferred compensation plan helps you really build retirement security. And it doesn't take much. Even small increases go a long way over time.

### Want to see more examples?


| Current Bi-Weekly Contribution | Increase Yearly | In addition to your current balance, you could have an *extra*... 10 Years Later | 20 Years Later | 30 Years Later |
|---|---|---|---|---|
| $10 | $0 | $3,525 | $9,837 | $21,142 |
| | **$5** | **$10,613** | **$47,245** | **$130,470** |
| $50 | $0 | $17,624 | $49,187 | $105,170 |
| | **$10** | **$31,801** | **$124,001** | **$324,366** |
| $100 | $0 | $35,249 | $98,374 | $211,421 |
| | **$20** | **$63,603** | **$248,003** | **$648,733** |

*Assumes 6% effective average annual return, compounded bi-weekly. For illustrative purposes only.*

### Want to maximize your tax benefits?

Pre-tax contributions reduce your current tax bill and you delay all taxes until you withdraw. In 2020, you can contribute up to:

- $19,500
- $26,000 if age 50 or over
- $39,000 if you qualify for the pre-retirement catch-up

### Want to really customize it?

Guided Pathways® Advisory Services helps you decide how much to save and how to invest. You just choose the level of service right for you — www.icmarc.org/guidedpathways.

### Want to take action?

Complete the 457 Plan Contribution Change form — www.icmarc.org/457boost.

### Your ICMA-RC representative can help.

Roland Quintanilla will be available on Aug. 3rd & 4th from 7:30am-10:30pm
Call to schedule appointment at 202-487-3776 or email rquintanilla@icmarc.org
Please copy and paste below in addrees bar online:
https://icmarc.secure.force.com/events?SiteId=a0lj0000003QNLpAAO

AC: 45008-1219-8606-W1262

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

ICMA-RC
BUILDING PUBLIC SECTOR RETIREMENT SECURITY

# Small increases now could benefit you later.

Enjoy the confidence that comes from saving more for retirement by increasing contributions to your deferred compensation plan.

| Growth Period | | | Ending Balance | | |
|---|---|---|---|---|---|
| Deferral Per Pay | Paycheck Impact | Annual Deferral | Accumulation 10 Years | Accumulation 20 Years | Accumulation 30 Years |
| $25 | $18.75 | $650 | $9,304 | $27,605 | $63,607 |
| $50 | $37.50 | $1,300 | $18,607 | $55,210 | $127,214 |
| $75 | $56.25 | $1,950 | $27,911 | $82,815 | $190,821 |
| $100 | $75.00 | $2,600 | $37,214 | $110,420 | $254,428 |
| $125 | $93.75 | $3,250 | $46,518 | $138,025 | $318,035 |
| $150 | $112.50 | $3,900 | $55,821 | $165,631 | $381,642 |
| $175 | $131.25 | $4,550 | $65,125 | $193,236 | $445,249 |
| $200 | $150.00 | $5,200 | $74,429 | $220,841 | $508,856 |
| $225 | $168.75 | $5,850 | $83,732 | $248,446 | $572,463 |
| $250 | $187.50 | $6,500 | $93,036 | $276,051 | $636,070 |
| $300 | $225.00 | $7,800 | $111,643 | $331,261 | $763,283 |
| $350 | $262.50 | $9,100 | $130,250 | $386,471 | $890,497 |
| $400 | $300.00 | $10,400 | $148,857 | $441,681 | $1,017,711 |
| $450 | $337.50 | $11,700 | $167,464 | $496,892 | $1,144,925 |
| $500 | $375.00 | $13,000 | $186,071 | $552,102 | $1,272,139 |
| $550 | $412.50 | $14,300 | $204,678 | $607,312 | $1,399,353 |
| $600 | $450.00 | $15,600 | $223,286 | $662,522 | $1,526,567 |
| $654 | $490.50 | $17,000 | $243,381 | $722,149 | $1,663,958 |
| $711 | $565.00 | $18,500 | $267,416 | $805,421 | $1,887,812 |
| $731 | $548.00 | $19,000 | $274,647 | $827,200 | $1,938,859 |
| $750 | $563.00 | $19,500 | $281,875 | $848,968 | $1,989,880 |

This table shows the cumulative value of 26 biweekly deferral amounts over 10, 20 and 30 years, assuming a compound annual rate of 7% and a 25% federal tax rate, for a single person with an annual salary of $38,000 and one deduction for federal tax purposes. Actual investment returns will vary from year to year, and the value of your account after the specified periods of years shown in the table may be less or more than the amounts shown. This illustration is hypothetical and is not intended to serve as a projection of the investment results of any specific investment. If fees and expenses were reflected, the returns would have been less.

NRM-3067AO.16 (02/20)


Contact your Nationwide Retirement Specialist:
Wilson Heacock
(361) 887-1978
wilson.heacock@nationwide.com



Or contact your home office Retirement Specialist:
Retirement Resource Group
(888) 401-5272
nrsforu@nationwide.com


https://retirementspecialists.myretirementappt.com

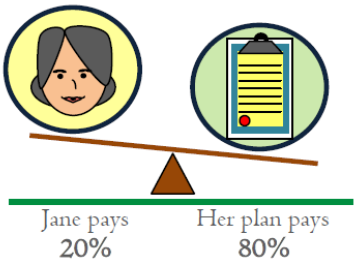
# Glossary of Health Coverage & Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

### Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

### Balance Billing
When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.

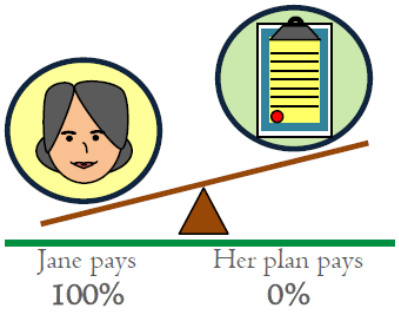
### Co-insurance
Your share of the costs of a covered health care service, calculated as a percent (for example, 20% for buy-up plan and $30% for base plan) of the allowed amount for the service. You pay co-insurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.




### Complications of Pregnancy
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

### Co-payment
A fixed amount (for example, $20 for buy-up plan and $30 for base plan) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### Deductible
The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.




### Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

### Emergency Medical Condition
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

### Emergency Medical Transportation
Ambulance services for an emergency medical condition.

### Emergency Room Care
Emergency services you get in an emergency room.

### Emergency Services
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

# Glossary of Health Coverage & Medical Terms (con't)

**Excluded Services**
Health care services that your health insurance plan doesn't pay for or cover.

**Habilitation Services**
Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Home Health Care**
Health care services a person receives at home.

**Hospice Services**
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

**Hospitalization**
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care**
Care in a hospital that usually doesn't require an overnight stay.

**In-network Co-insurance**
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

**In-network Co-payment**
A fixed amount (for example, $20) you pay for covered health care services to providers who contract with your health insurance plan. In-network co-payments usually are less than out-of-network co-payments.

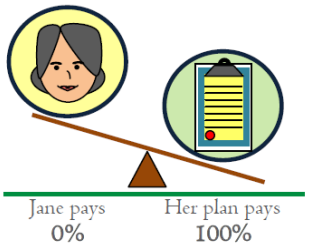
**Medically Necessary**
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Network**
The facilities, providers and suppliers your health insurance plan has contracted with to provide health care services.

**Non-Preferred Provider**
A provider who doesn't have a contract with your health insurance plan to provide services to you. You'll pay more to see a non-preferred provider.

**Out-of-network Co-insurance**
The percent (for example, 50%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

**Out-of-Pocket Limit**
The most you pay during the plan year before your health insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance plan doesn't cover.




**Physician Services**
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

**Plan**
A benefit your employer provides to you to pay for your health care services.

# Glossary of Health Coverage & Medical Terms (con't)

**Preauthorization**
A decision by your health insurance plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance plan requires preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance plan will cover the cost.

**Preferred Provider**
A provider who has a contract with your health insurance plan to provide services to you at a discount. Check your policy to see a list of preferred providers.

**Premium**
The amount that must be paid for your health insurance plan.

**Prescription Drug Coverage**
Health insurance plan that helps pay for prescription drugs and medications.

**Prescription Drugs**
Drugs and medications that by law require a prescription.

**Provider**
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

**Rehabilitation Services**
Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Skilled Nursing Care**
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

**Specialist**
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

**UCR (Usual, Customary and Reasonable)**
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

**Urgent Care**
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

## 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 the 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? None
☐ 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? $ 25 if Physical not completed
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)

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 10/01/2020 through 09/30/2021. 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.

BlueCross BlueShield of Texas

# Important Notices

## I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

### A. SPECIAL ENROLLMENT PROVISIONS

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)** If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

**Loss of Coverage For Medicaid or a State Children's Health Insurance Program**
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption**
If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program**
If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

**To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.**

# II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

**NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)**

**For plans that require or allow for the designation of primary care providers by participants or beneficiaries:** If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

**For plans that require or allow for the designation of a primary care provider for a child:** For children, you may designate a pediatrician as the primary care provider.

**For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:** You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

**For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.**

# FAQs about Newborns' and Mothers' Health Protection

U.S. Department of Labor
Employee Benefits Security Administration

## What is the Newborns' and Mothers' Health Protection Act?

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

## Does the Newborns' Act apply to my coverage?

It depends. Even if your plan offers benefits for hospital stays in connection with childbirth, the Newborns' Act only applies to certain coverage. Specifically, it depends on whether your coverage is "insured" by an insurance company or HMO or "self-insured" by an employment-based plan. (You should check your Summary Plan Description (SPD), the document that outlines your benefits and your rights under the plan, or contact your plan administrator to find out if your coverage in connection with childbirth is "insured" or "self-insured.")

Self-insured coverage is subject to the Newborns' Act. However, if the coverage is provided by an insurance company or HMO (an "insured" plan), and your state has a law regulating coverage for newborns and mothers that meets specific criteria, then state law, rather than the Newborns' Act, applies. If this is the case, the state law may differ slightly from the Newborns' Act requirements, so it is important to know which law applies to the coverage offered by your plan.

For those plans with coverage that is insured by an insurance company or HMO, contact your state insurance department for the most current information on the state laws that pertain to hospital length of stay in connection with childbirth.

For those plans covered by the Federal law, the following questions apply:

## I am pregnant. How does the Newborns' Act affect my health care benefits?

The Newborns' Act affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. Group health plans that are subject to the Newborns' Act may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider may decide, after consulting with you, to discharge you or your newborn child earlier. In any case, the attending provider cannot receive incentives or disincentives to discharge you or your child earlier than 48 hours (or 96 hours).

## When does the 48-hour (or 96-hour) period start?

If you deliver in the hospital, the 48-hour period (or 96-hour period) starts at the time of delivery. So, for example, if a woman goes into labor and is admitted to the hospital at 10 p.m. on June 11, but gives birth by vaginal delivery at 6 a.m. on June 12, the 48-hour period begins at 6 a.m. on June 12.

However, if you deliver outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission. So, for example, if a woman gives birth at home by vaginal delivery, but begins bleeding excessively in connection with childbirth and is admitted to the hospital, the 48-hour period starts at the time of admission.

### Who is the attending provider?

An attending provider is an individual licensed under state law who is directly responsible for providing maternity or pediatric care to a mother or newborn child. A nurse midwife or a physician assistant may be an attending provider if licensed in the state to provide maternity or pediatric care in connection with childbirth.

A health plan, hospital, insurance company, or HMO, however, would not be an attending provider.

### Can my group health plan require me to get permission (sometimes called prior authorization or precertification based upon medical necessity) for a 48-hour or 96-hour hospital stay?

No. A plan cannot deny you or your newborn child coverage for a 48-hour stay (or 96-hour stay) because the plan claims that you, or your attending provider, have failed to show that the 48-hour stay (or 96-hour stay) is medically necessary.

However, plans generally can require you to notify the plan of the pregnancy in advance of an admission in order to use certain providers or facilities or to reduce your out-of-pocket costs.

### Under the Newborns' Act, may group health plans impose deductibles or other cost-sharing provisions for hospital stays in connection with childbirth?

Yes, but only if the deductible, coinsurance, or other cost-sharing for the latter part of a 48-hour (or 96-hour) stay is not greater than that imposed for the earlier part of the stay. For example, with respect to a 48-hour stay, a group health plan is permitted to cover only 80% of the cost of the hospital stay. However, a plan covering 80% of the cost of the first 24 hours could not reduce coverage to 50% for the second 24 hours.

### Will my group health plan tell me about the Newborns' Act and my state law protections?

A group health plan that provides maternity or newborn infant coverage must include in its Summary Plan Description (SPD) a statement describing the Federal or state law requirements applicable to the plan (or any health insurance coverage offered under the plan) relating to hospital length of stay in connection with childbirth for the mother or newborn child. If the Federal Newborns' Act law applies in some areas in which the plan operates and state laws apply in others, the SPD must describe the Federal and state law requirements that apply in each area covered by the plan.

## Does the Newborns' Act require my plan to offer maternity benefits?

No. The Newborns' Act does not require plans to provide coverage for hospital stays in connection with childbirth. However, other legal requirements, including Title VII of the Civil Rights Act of 1964 and the Affordable Care Act, may require this type of coverage. Questions regarding Title VII should be directed to the Equal Employment Opportunity Commission; see the agency's website at **eeoc.gov**. For information on the Affordable Care Act requirements, visit **HealthCare.gov**.

## How does giving birth to or adopting a baby affect my rights to enroll in my health plan or health insurance coverage?

Birth and adoption (including placement for adoption) may trigger a special enrollment period during which you, your spouse, and your dependents can enroll in your employer's plan or in a plan offered through the Health Insurance Marketplace. To request special enrollment in an employer plan, you must notify your plan within 30 days of your child's birth, adoption, or placement for adoption. If you choose to enroll in Marketplace coverage, you must do so within 60 days of the birth, adoption, or placement for adoption.

## Where can I get more information?

For more information regarding your rights and responsibilities under your employer-sponsored group health plan, visit the Employee Benefits Security Administration's website at **dol.gov/agencies/ebsa** and go to "Workers and Families". To request assistance from one of our benefits advisors, contact EBSA electronically at **askebsa.dol.gov** or call toll free 1-866-444-3272.

For information on state law requirements, visit the National Association of Insurance Commissioners' website at **naic.org** and go to States and Jurisdiction Map to find your state insurance commissioner's office.

For information on purchasing health coverage in the Health Insurance Marketplace, visit **HealthCare.gov** or call 1-800-318-2596.

BlueCross BlueShield of Texas

## NON-DISCRIMINATION COMMUNICATION

Dear Member,

The purpose of this communication is to provide you with additional information about certain types of assistance and other rights that are available to you; however, this communication is not part of your Benefit Booklet.

**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
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
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
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

# NOTICE

The Women's Health and Cancer Rights Act of 1998 requires this notice. This Act is effective for plan year anniversaries on or after October 21, 1998. This benefit may already be included as part of your coverage.

In the case of a covered person receiving benefits under their plan in connection with a mastectomy and who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Deductibles, Co-Share and Copayment Amounts will be the same as those applied to other similarly covered medical services, such as surgery and prostheses.

Blue Cross and Blue Shield of Texas (BCBSTX) is required to provide you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices describes how BCBSTX can use or disclose your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices describes how BCBSTX can use or disclose your nonpublic personal financial information and your rights to that information under state law. Please take a few minutes and review these notices. You are encouraged to go to the Blue Access for Members (BAM) portal at BCBSTX.com to sign up to receive these notices electronically. Our contact information can be found at the end of these notices.

## HIPAA NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

| YOUR RIGHTS. When it comes to your health information, you have certain rights.<br>This section explains your rights and some of our responsibilities to help you. | |
|---|---|
| Get a copy of your health and claims records | • You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.<br>• We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee. |
| Ask us to correct health and claims records | • You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice.<br>• We may say "no" to your request. We'll tell you why in writing within 60 days. |
| Request confidential communications | • You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice.<br>• We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not. |
| Ask us to limit what we use or share | • You can ask us not to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice.<br>• We are not required to agree to your request, and we may say "no" if it would affect your care. |
| Get a list of those with whom we've shared information | • You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice.<br>• We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this Notice | • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly. |
| Choose someone to act for you | • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices for you.<br>• We confirm this information before we release them any of your information. |

| | |
|---|---|
| File a complaint if you feel your rights are violated | • You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice.<br>• You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.<br>• We will not retaliate against you for filing a complaint. |

YOUR CHOICES. For certain health information, you can tell us your choices about what we share.

If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice.

| | |
|---|---|
| In these cases, you have both the right and choice to tell us to: | • Share information with your family, close friends, or others involved in payment for your care<br>• Share information in a disaster or relief situation<br>• Contact you for fundraising efforts |

*If there is a reason you can't tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen a serious or imminent threat to health or safety.*

| | |
|---|---|
| We never share your information in these situations unless you give us written permission | • Marketing purposes<br>• Sale of your information |

OUR USES AND DISCLOSURES. How do we use or share your health information?

We typically use or share your health information in the following ways.

| | |
|---|---|
| Help manage the health care treatment you receive | • We can use your health information and share it with professionals who are treating you.<br>*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.* |
| Run our organization | • We can use and disclose your information to run our organization and contact you when necessary.<br>*Example: We use health information to develop better services for you.* |

*We can't use any genetic information to decide whether we will give you coverage except for long-term care plans.*

| | |
|---|---|
| Pay for your health Services | • We can use and disclose your health information since we pay for your health services.<br>*Example: We share information about you with your dental plan to coordinate payment for your dental work.* |
| Administer your plan | • We may disclose your health information to your health plan sponsor for plan administration purposes.<br>*Example: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.* |

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

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

| | |
|---|---|
| Help with public health and safety issues | • We can share your health information for certain situations such as:<br>– Preventing disease<br>– Helping with product recalls<br>– Reporting adverse reactions to medications<br>– Reporting suspected abuse, neglect or domestic violence<br>– Preventing or reducing a serious threat to anyone's health or safety |
| Do research | • We can use or share your information for health research. |
| Comply with the law | • We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws. |
| Respond to organ/tissue donation requests and work with certain professionals | • We can share health information about you with an organ procurement organization.<br>• We can share information with a medical examiner, coroner or funeral director. |
| Address workers compensation, law enforcement, and Other government requests | • We can use or share health information about you:<br>– For workers compensation claims<br>– For law enforcement purposes or with a law enforcement official<br>– With health oversight agencies for activities authorized by law<br>– For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates. |
| Respond to lawsuits And legal actions | • We can share health information about you in response to an administrative or court order, or in response to a subpoena. |
| Certain health information | • State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law. |

OUR RESPONSIBILITIES. When it comes to your information, we have certain responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

Additional information about your Privacy Rights can be found @ https://www.hhs.gov/hipaa/

## STATE NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

Blue Cross and Blue Shield of Texas (BCBSTX) collects nonpublic personal information about you from your insurance application, healthcare claims, payment information and consumer reporting agencies. BCBSTX:

- **Will not** disclose this information, even if your customer relationship with us ends, to any non-affiliated third parties except with your consent or as permitted by law.
- **Will** restrict access to this information to only those employees who perform functions necessary to administer our business and provide services to our customers.
- **Will** maintain security and privacy practices that include physical, technical and administrative safeguards to protect this information from unauthorized access.
- **Will** only use this information to administer your insurance plan, process you claims, ensure proper billing, provide you with customer service and comply with the law.

BCBSTX is able to share this information with certain third parties who either perform functions or services on our behalf or when required by law. These are some examples of third parties that we can share your information with:

- Company affiliates
- Business partners that provide services on our behalf (claims management, marketing, clinical support)
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory agencies, other governmental entities and law enforcement agencies
- Your Employer Group Health Plan

You have a right to ask us what nonpublic financial information that we have about you and to request access to it.

### CHANGES TO THESE NOTICES

We have the right to change the terms of these notices, and the changes we make will apply to all information we have about you. The new notices will be available upon request or from our website. We will also mail a copy of the new notices to you as required by law.

### CONTACT INFORMATION FOR THESE NOTICES

If you would like general information about your privacy rights or would like a copy of these notices, go to: www.bcbstx.com/important-info/hipaa.

If you have specific questions about your rights or these notices, contact us in one of the following ways:

- Call us by using the toll-free number located on the back of your member identification card.
- Call us at 1-877-361-7594.
- Write us at Privacy Office Divisional Vice President
  Blue Cross and Blue Shield of Texas
  P.O. Box 804836
  Chicago, IL 60680-4110

REVIEWED: January 2020

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, sexual orientation, health status 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 |

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

| | |
|---|---|
| Español<br>Spanish | Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984. |
| العربية<br>Arabic | إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984. |
| 繁體中文<br>Chinese | 如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。 |
| Français<br>French | Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984. |
| Deutsch<br>German | Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an. |
| ગજરાતી<br>Gujara ti | જો તમને અથવા તમે મદદ કરી ર ા હોય એવી કોઈ બીજી વ્યિક્તને એસ.બી.એમ. કાયર્ક્રમ બાબતે પ્ર ો હોય, તો તમને િવના ખચેર્, તમારી ભાષામાં મદદ અને મા િહતી મેળવવાનો હક્ક છે. દભા ષિયા સાથે વાત કરવા માટે આ નબર 855-710-6984 પર કોલ કરો. |
| िहदी<br>Hindi | यिद आपके , या आप िजसकी सहायता कर रहे ह , उसके , प्र न ह , तो आपको अपनी भाषा म िनःश क सहायता और जानकारी प्रा त करने का अिधकार है। िकसी अनुवादक से बात करने के िलए 855-710-6984 पर कॉल कर ।. |
| Italiano<br>Italian | Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984. |
| 한국어<br>Korean | 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오. |
| Diné<br>Navajo | T’11 ni, 47 doodago [a’da b7k1 an1n7lwo’7g77, na’7d7[kidgo, ts’7d1 bee n1 ah00ti’i’ t’11 n77k’e n7k1 a’doolwo[ d00 b7na’7d7[kid7g77 bee ni[ h odoonih. Ata’dahalne’7g77 bich’8’ hod77lnih kwe’4 855-710-6984. |
| فارسی<br>Persian | اگر شما، یا کسی که شما به او کمک مي کنيد، سؤالی داشته باشيد، حق اين را داريد که به زبان خود، به طور رايگان کمک و اطلاعات دريافت نمايید. جهت گفتگو با يک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمايید. |
| Polski<br>Polish | Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984. |
| Русский<br>Russian | Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984. |
| Tagalog<br>Tagalog | Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. |
| اردو<br>Urdu | اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔ |
| Tiếng Việt<br>Vietnamese | Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984. |

*City of Mission*

## HIPAA Notice of Privacy Practices for Personal Health Information

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

**PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

Dear Employee:

This is your Notice of Privacy Practices from *City of Mission*. Please read it carefully. You have received this notice because of your employee benefits. *City of Mission* strongly believes in protecting the confidentiality and security of information we collect about you. This notice refers to *City of Mission* as “us”, “we”, or “our”.

This notice describes how we protect the Protected Health Information we have about you which relates to your *City of Mission* employee benefits and how we may use and disclose this information. Protected Health Information includes individually identifiable information, which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to your Protected Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (HIPAA). For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact the *Human Resources Department at 956-580-8630* or you may submit questions in writing directly to: *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572.*

We are required by law to:

- Maintain the privacy of your Protected Health Information (PHI);
- Provide you this notice of our legal duties and privacy practices with respect to your PHI, and;
- Follow the terms of this notice.

We protect your PHI from inappropriate use or disclosure. Our employees, and those companies that help us service your employee benefits, are required to comply with our requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer the plans.

We will not disclose your PHI to any other company for their use in marketing their products to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your employee benefits.

The main reasons for which we may use or disclose your PHI are: 1) to assist you in researching medical, dental, flexible spending account, and/or COBRA claims problems; 2) for benefit enrollment purposes and/or 3) for employee benefit plan administration. The following describes these and other possible uses and/or disclosures, together with some examples.

- **For Payment**: We may use and disclose PHI to assist you in researching claims disputes. For example, we may review PHI, at the employee's request, which is contained on claims submitted by medical or dental providers in an effort to verify that the claims were paid correctly.

- **For Health Care Operations**: We may also use and disclose PHI for benefit plan operations. These purposes include evaluating an employee's eligibility and administering the employee benefit plans. We may also disclose PHI to a business associate for benefit plan enrollment purposes. PHI may also be disclosed as part of the benefit plan renewal process so that we can make an informed decision regarding any such prospective changes to benefit plans.

- **Where Required by Law or for Public Health Activities**: We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

- **To Avert a Serious Threat to Health or Safety**: We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

- **For Health-Related Benefits or Services**: We may use PHI to provide you with information about benefits available to you under your current benefits plans.

- **For Law Enforcement or Specific Government Functions**: We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **When Required as Part of a Regulatory or Legal Proceeding**: If you or your estate are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **Other Uses of PHI**: Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosures we have already made with authorization.

EXAMPLES FOR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use or disclosure PHI as permitted or required by law, including, for example:

- To public health authorities for the purposes of preventing or controlling disease or other public health purposes;
- To appropriate government authorities to report about victims of suspected abuse, neglect, or domestic violence;
- To the Food and Drug Administration to report quality, safety, or effectiveness of the FDA-regulated products or activities;
- In certain limited circumstances to an employer such as if we are asked to evaluate or treat a work-related illness or injury;
- To qualified health authorities for purposes of conducting health oversight activities;
- In response to subpoenas, discovery requests, or other lawful legal processes in the course of a judicial or administrative proceeding;
- To law enforcement authorities as required or permitted by law such as, for example, to report a death, to report a crime on our premises, or if it appears necessary to alert law enforcement to respond to an emergency;
- To persons involved with respect to matters pertaining to a decedent, or relating to cadaveric organ, eye or tissue donation;
- In certain instances, for research purposes;
- We may disclose PHI if we believe, in good faith, that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
- We may disclose PHI for certain specialized government functions such as, for example, to Armed Forces Authorities with reference to military personnel or for national security purposes.

Other uses and disclosures will be made only with written authorization, which may be revoked by notifying our Privacy Officer. We may not sell protected health information.

**Your Rights Regarding Personal Health Information We Maintain About You**

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to us at the location listed in our discussion of that right.

- **Right to Inspect and Copy Your Personal Health Information**: In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572.* To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. An individual chosen by us who was not involved in the original decision to deny your request will conduct the review. We will comply with the outcome of that review.

- **Right to Amend Your Personal Health Information**: If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend

your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572*. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- Is accurate and complete;
- Was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for us; or
- Is not part of the PHI that you would be permitted to inspect and copy

- **Right to a List of Disclosures**: You have the right to request a list of the disclosures we have made of PHI about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes or national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572*. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before August 1, 2014. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions**: You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care of payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. To request a restriction, you must make your request in writing to *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572*. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both and to whom you want the limits to apply. We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

- **Right to Request Confidential Communications**: You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572* and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to File a Complaint**: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with City of Mission, please forward all correspondence to *City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572*. All complaints must be submitted in writing. You will not be

penalized for filing a complaint. If you have questions about how to file a complaint, please contact *City of Mission, Human Resources Department, 956-580-8630*.

**ADDITIONAL INFORMATION**

**Changes to This Notice**: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. You will receive a copy of any revised notice from *City of Mission* by mail, email, hand delivery or other appropriate means.

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

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

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

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

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

---

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

| ALABAMA - Medicaid | FLORIDA - Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 |
| **ALASKA - Medicaid** | **GEORGIA - Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: Medicaid<br>www.medicaid.georgia.gov<br>- Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **ARKANSAS - Medicaid** | **INDIANA - Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone 1-800-403-0864 |
| **IOWA - Medicaid** | **KANSAS - Medicaid** |
| Website: http://dhs.iowa.gov/hawk-i<br>Phone: 1-800-257-8563 | Website: http://www.kdheks.gov/hcf/<br>Phone: 1-785-296-3512 |

| KENTUCKY - Medicaid | NEW HAMPSHIRE - Medicaid |
|---|---|
| Website: https://chfs.ky.gov<br>Phone: 1-800-635-2570 | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll-Free: 1-800-852-3345, ext 5218 |
| **LOUISIANA - Medicaid** | **NEW JERSEY - Medicaid and CHIP** |
| Website:<br>http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website:<br>http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MAINE - Medicaid** | **NEW YORK - Medicaid** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | Website:<br>https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MASSACHUSETTS - Medicaid and CHIP** | **NORTH CAROLINA - Medicaid** |
| Website:<br>http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-862-4840 | Website: https://dma.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MINNESOTA - Medicaid** | **NORTH DAKOTA - Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 or 651-431-2670 | Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **MISSOURI - Medicaid** | **OKLAHOMA - Medicaid and CHIP** |
| Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MONTANA - Medicaid** | **OREGON - Medicaid and CHIP** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | Website:<br>http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |
| **NEBRASKA - Medicaid** | **PENNSYLVANIA - Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov<br>Phone: (855) 632-7633<br>Lincoln: (402) 473-7000<br>Omaha: (402) 595-1178 | Website:<br>http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm<br>Phone: 1-800-692-7462 |
| **NEVADA - Medicaid** | **RHODE ISLAND - Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: http://www.eohhs.ri.gov/<br>Phone: 855-697-4347 |

| SOUTH CAROLINA - Medicaid | VIRGINIA - Medicaid and CHIP |
|---|---|
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Medicaid Website:<br>http://www.coverva.org/programs_premium_assistance.cfm<br>Medicaid Phone: 1-800-432-5924<br>CHIP Website:<br>http://www.coverva.org/programs_premium_assistance.cfm<br>CHIP Phone: 1-855-242-8282 |
| **SOUTH DAKOTA - Medicaid** | **WASHINGTON - Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program<br>Phone: 1-800-562-3022 ext. 15473 |
| **TEXAS - Medicaid** | **WEST VIRGINIA - Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **UTAH - Medicaid and CHIP** | **WISCONSIN - Medicaid and CHIP** |
| Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 | Website:<br>https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>Phone: 1-800-362-3002 |
| **VERMONT - Medicaid** | **WYOMING - Medicaid** |
| Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 | Website: https://health.wyo.gov/healthcarefin/medicaid/<br>Phone: 307-777-7531 |

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

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

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

## Paperwork Reduction Act Statement

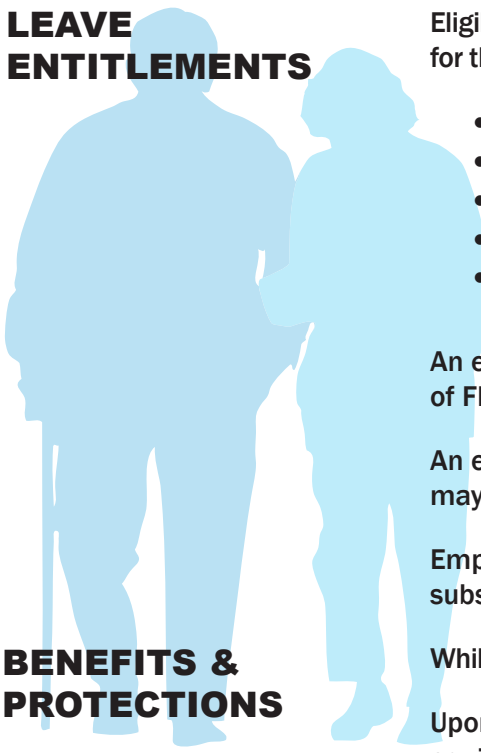
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor 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.

OMB Control Number 1210-0137 (expires 12/31/2019)

# EMPLOYEE RIGHTS
## UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION



### LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

### BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

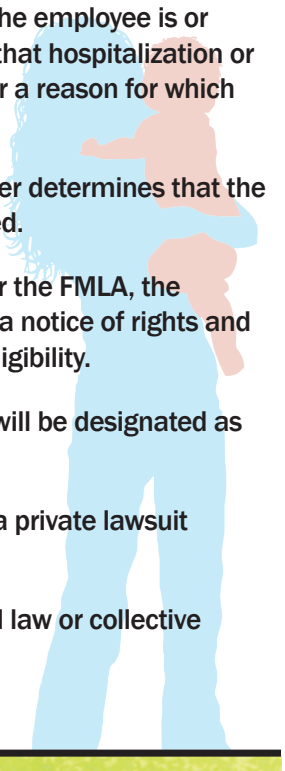
*Special "hours of service" requirements apply to airline flight crew employees.

### REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.



### EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

### ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

**1-866-4-USWAGE**

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

**www.dol.gov/whd**

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

WAGE AND HOUR DIVISION


# 2020 - 2021 HOLIDAYS

| HOLIDAY | DATE | DAY OFF |
|---|---|---|
| Veterans Day | November 11, 2020 | Wednesday |
| Day before Thanksgiving (1/2 day) | November 25, 2020 | Wednesday |
| Thanksgiving Day | November 26, 2020 | Thursday |
| After Thanksgiving Day | November 27, 2020 | Friday |
| Christmas Eve | December 24, 2020 | Thursday |
| Christmas Day | December 25, 2020 | Friday |
| New Year's Eve (1/2 day) | December 31, 2020 | Thursday |
| New Year's Day | January 1, 2021 | Friday |
| President's Day | February 15, 2021 | Monday |
| Good Friday | April 2, 2021 | Friday |
| Memorial Day | May 31, 2021 | Monday |
| Independence Day | July 5, 2021 | Monday |
| Labor Day | September 6, 2021 | Monday |

***Optional Holiday may be requested any day of the calendar year and requires Department Director approval***

# Payroll Calendar

| 2020 - 2021 Payroll Schedule | | | |
|---|---|---|---|
| **Deduction** | **Paycheck Date** | **Processing Date** | |
| 1 | 10/09/2020 | 10/05/2020 | |
| 2 | 10/23/2020 | 10/19/2020 | |
| 3 | 11/06/2020 | 11/02/2020 | |
| 4 | 11/20/2020 | 11/16/2020 | |
| 5 | 12/04/2020 | 11/30/2020 | |
| 6 | 12/18/2020 | 12/14/2020 | |
| 7 | 12/31/2020 | 12/22/2020 | No Deductions Made |
| 8 | 01/15/2021 | 01/11/2021 | |
| 9 | 01/29/2021 | 01/25/2021 | |
| 10 | 02/12/2021 | 02/08/2021 | |
| 11 | 02/26/2021 | 02/22/2021 | |
| 12 | 03/12/2021 | 03/08/2021 | |
| 13 | 03/26/2021 | 03/22/2021 | |
| 14 | 04/09/2021 | 04/05/2021 | |
| 15 | 04/23/2021 | 04/19/2021 | |
| 16 | 05/07/2021 | 05/03/2021 | |
| 17 | 05/21/2021 | 05/17/2021 | |
| 18 | 06/04/2021 | 05/31/2021 | |
| 19 | 06/18/2021 | 06/14/2021 | |
| 20 | 07/02/2021 | 06/28/2021 | |
| 21 | 07/16/2021 | 07/12/2021 | |
| 22 | 07/30/2021 | 07/26/2021 | No Deductions Made |
| 23 | 08/13/2021 | 08/09/2021 | |
| 24 | 08/27/2021 | 08/23/2021 | |
| 25 | 09/10/2021 | 09/06/2021 | |
| 26 | 09/24/2021 | 09/20/2021 | |









CITY OF MISSION, TEXAS
FOUNDED IN 1908

Mission
All-America City
NATIONAL CIVIC LEAGUE
2019

1201 E. 8th Street
Mission, Texas 78572
(956) 580-8631