

EMPLOYEE BENEFITS GUIDE

2020-2021

*A comprehensive guide to understanding
your employee benefits program*



Welcome

We are pleased to offer you a comprehensive benefits package intended to protect your well-being and financial health. This guide is your opportunity to learn more about the benefits available to you and your eligible dependents beginning October 1, 2020.

To get the best value from your benefits plan, please take the time to evaluate your coverage options and determine which plans best meet your financial needs. By being a wise consumer, you can support your health and maximize your health care dollars.

Each year during Open Enrollment, you have the opportunity to make changes to your benefit plans. The enrollment decisions you make this year will remain in effect through September 30, 2021. You may make changes to your benefit elections only when you have a Qualifying Life Event. After such an event, you can make changes to your coverage within 30 days; otherwise, you cannot make changes to your benefits coverage until the next Open Enrollment period.

Availability of Summary Health Information

Our Employee Benefits Program offers one health coverage option. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available, which summarizes important information about your health coverage options in a standard format.

The SBC is available by accessing the Benefits in Hand employee portal or contacting the Human Resources department.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 24 for more details.

Important Contacts

Coverage	Group Number	Provider	Contact	Website
Medical	219410	Blue Cross Blue Shield	800-521-2227	www.bcbstx.com
Dental	5954389	Met Life	800-ASK-4MET	www.metlife.com
Vision	038729	Superior Vision	800-507-3800	www.superiorvision.com
Flexible Spending Accounts	N/A	Wage Works	877-924-3967	www.wageworks.com
Life and AD&D	F023228	Dearborn	800-778-2281	www.dearbornnational.com
Disability	F023228	Dearborn	877-348-0487	www.dearbornnational.com
Beneficiary Resource Services	N/A	Morneau Shepell	800-769-9187	www.beneficiaryresource.com Username: Dearborn National
Disability Resource Service	N/A	ComPsych	866-899-1363	www.guidanceresources.com Company ID: DNDRS
Travel Resource Service	N/A	Generali Global Assistance	877-715-2593	Email: ops@us.generaliglobalassistance.com
Accident Insurance Critical Illness Cancer Hospital Plan	N/A	AFLAC	800-992-3522 or 832-257-6201	www.aflac.com/mypolicy
Employee Assistance Program	N/A	ComPsych	888-628-4844	www.guidanceresources.com Web ID: PFGEAP
Human Resources	N/A	Shanell Garcia	281-261-3929	sgarcia@staffordtx.gov
Employee Response Center	N/A	Higginbotham	866-419-3518	helpline@higginbotham.net

Employee Contributions

This worksheet helps you calculate your monthly / semi-monthly benefit costs and is not an enrollment form.

2020 Cost

Medical Coverage					Medical
	PPO Plan Semi Monthly		PPO Plan Monthly		\$
Employee Only	\$ 0.00		\$0.00		
Employee + Spouse	\$ 96.50		\$193.00		
Employee + Child(ren)	\$ 83.50		\$167.00		
Employee + Family	\$117.50		\$235.00		
Dental Coverage					Dental
	Base Plan Semi Monthly	Buy Up Plan Semi Monthly	Base Plan Monthly	Buy Up Plan Monthly	\$
Employee Only	\$0.00	\$2.32	\$0.00	\$4.64	
Employee + Spouse	\$0.00	\$5.46	\$0.00	\$10.92	
Employee + Child(ren)	\$0.00	\$4.97	\$0.00	\$9.94	
Employee + Family	\$0.00	\$8.10	\$0.00	\$16.20	
Vision Coverage					Vision
	Semi Monthly		Monthly		\$
Employee Only	\$3.21		\$6.42		
Employee + Spouse	\$6.33		\$12.66		
Employee + Child(ren)	\$6.22		\$12.44		
Employee + Family	\$9.45		\$18.90		
Flexible Spending Account Contribution					FSA
Health Care	(Maximum Contribution up to \$2,750 per plan year.)				\$
Dependent Care	(Maximum Contribution up to \$5,000 per plan year.)				\$
Employee Assistance Program					EAP
Family	Paid by City of Stafford				\$ 0.00
Long Term Disability					LTD
Employee Only	Paid by City of Stafford				\$ 0.00
Basic Life/AD&D					Life/AD&D
Employee Only	Paid by City of Stafford				\$ 0.00
Voluntary Life/AD&D					Vol Life/AD&D
Can elect for employee, spouse, & child(ren)	Rates and calculation example are on page 21				\$

Your Total 2020 **Monthly or Semi-Monthly** Benefit Cost ➔ \$

Eligibility



Eligible Employees

- Work an average of 30 hours per week
- Coverage begins 1st of the month after date of hire

Eligible Dependents

- Legal Spouse
- Children under the age of 26
- Unmarried mentally or physically disabled children, regardless of age

NOTE: When covering dependents, you must select the same plans for your dependents as you select for yourself.

Qualifying Life Events

Once you elect your benefit options, they will remain in effect for the entire plan year until the following Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event, and you must do so within 30 or 60 days of the event.

30 –Day Notification Timeframe

- Marriage, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Change in your spouse’s employment that affects benefits eligibility
- Change in residence that affects your eligibility for coverage
- Significant change in coverage or cost in your, your spouse’s or child’s benefit plans
- FMLA Leave, COBRA event, Court Judgment or Decree
- Receiving a Qualified Medical Child Support Order

60-Day Notification Timeframe

- Death of a spouse or child
- Divorce
- Change in your child’s eligibility for benefits (reaching the 26 age limit)
- Becoming eligible for Medicare or Medicaid/CHIP

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 30 or 60 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

How to Enroll



Online Enrollment Instructions

1. Go to **www.benefitsinhand.com**. (First time users: Follow steps 2-5. Returning users: Log in and start at step 6.)
2. If this is your first time to log in, click on the **New User Registration** link. Once you register, you will just use your username and password to log in.
3. Enter your personal information and Company Identifier of [StaffordTx](#) and click **Next**.
4. Create a username (work email address recommended) and password, then check the **I agree to terms and conditions** box before you click Finish.
5. If you used an email address as your username, you will receive a validation email to that address. You may now log in to the system.
6. Click the **Start Enrollment** button to begin the enrollment process.
7. Confirm or update your personal information and click **Save & Continue**.
8. Edit or add dependents that need to be covered on your benefits. Once all dependents are listed, click Save & Continue.
9. Follow the steps on the screen for each benefit to make your selection. Please notice there is an option to Decline Coverage. If you wish to decline, click the **Don't want this benefit?** button and select the reason for declining.
10. Once you have elected or declined all benefits, you will see a summary of your selections. Click the Click to Sign button. Your enrollment will not be complete until you click the **Click to Sign** button.



EMPLOYEE RESPONSE CENTER

QUESTIONS



CALL or
EMAIL



ANSWERS



THE EMPLOYEE RESPONSE CENTER
CAN ASSIST YOU WITH:

- ▶ Enrollment
- ▶ Benefit information
- ▶ Claims or billing questions
- ▶ Eligibility issues

(866) 419-3518

helpline@higginbotham.net

8:00 am – 5:00 pm CST
Monday – Friday

If you reach voicemail, your call will be returned
within 24 hours or next business day.

Call us toll-free or send us
an email... *We can help!*



Medical Coverage

The City of Stafford offers one fully insured, non-grandfathered, medical plan provided by **Blue Cross Blue Shield of Texas**.

Preferred Provider Organization (PPO)

The PPO plan allows access to both in-network and out-of-network providers, but you will get better discounts and pay less money by remaining in-network. All out-of-network services are subject to Reasonable and Customary (R&C) limitations and you are responsible for all charges over this allowance. ID cards will be mailed to the home address on file.

Preferred Pharmacies

The PPO plan offers the freedom to visit any pharmacy when you need prescriptions. When you use pharmacies in the **Preferred Pharmacy** network, your copayments will be lower. Preferred Pharmacies include pharmacies such as **Walgreens, Walmart, HEB and Sam's Club**. To check to see if your pharmacy is eligible for the lower copayments, contact Blue Cross Blue Shield or log into the Blue Access for Members website.

Health Coverage Reminder

The Patient Protection and Affordable Care Act (PPACA) encourages individuals to have minimum essential health coverage. You may obtain coverage through your employer or through the Marketplace.

- Depending on your income and the coverage offered by your employer, you may be able to obtain lower cost private insurance in the Marketplace.
- If you buy insurance through the Marketplace, you will lose any employer contribution to your health benefits.
- Visit **www.HealthCare.gov** for Marketplace information.

REMINDER: You may only purchase insurance through the Marketplace if you experience a qualifying event OR during Open Enrollment. The Federal Marketplace 2020 Open Enrollment dates are from November 1 through December 15, 2020.

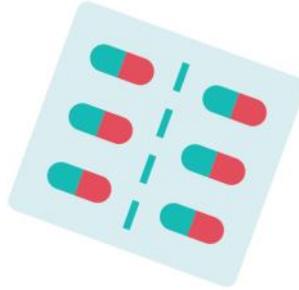
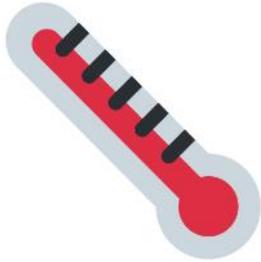


Medical Coverage

	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$ 750	\$1,500
Family	\$2,250	\$4,500
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$ 3,750	\$ 7,500
Family	\$10,200	\$22,500
	You pay	
Coinsurance / Copays		
Preventive Care	\$0	Ded + 30%
Primary Care Physician / Specialist / Telemedicine	\$20	Ded + 30%
Diagnostics X-Ray and Lab	\$0	Ded + 30%
Urgent Care	\$45	Ded + 30%
Emergency Room	\$100 + 20%	\$100 + 20%
Inpatient Hospital Care	Ded + 20%	Ded + 30%
Outpatient Surgery	Ded + 20%	Ded + 30%
Pharmacy		
Retail RX (up to 31 day supply)		
Tier 1	\$15 or \$20	\$20 + 20%
Tier 2	\$30 or \$40	\$40 + 20%
Tier 3	\$45 or \$55	\$55 + 20%
Mail Order RX (up to 90 day supply)		
Tier 1	\$ 45	NA
Tier 2	\$ 90	NA
Tier 3	\$135	NA
Calendar Year Out-of-Pocket Maximum		
Individual	\$1,000	
Family	\$3,000	

MDLive

MDLive gives you access to a board certified physician through the convenience of a phone call. This is a great alternative to Urgent care and the Emergency Room for non-emergency issues.



MDLive 24/7/365

When to Use MDLive

- Non-ER Medical Issue
- Doctor is Unavailable
- Traveling
- RX Refill
- Convenience
- Mental Health Concerns
- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems

BCBSTX partners with **MDLIVE** to provide you with 24/7/365 access to U.S. board-certified doctors through the convenience of a phone call or an online consultation.

TALK TO A DOCTOR ANYTIME:

- Visit www.mdlive.com and set up an account
- Call 888-680-8646
- Download the MDLIVE app to your tablet or smartphone.

Where to Go for Healthcare

Did You Know

The cost of treating MOST common medical conditions can be up to 5 times greater in the Emergency Room than in a physician’s office or an Urgent Care Center. Also, persons experiencing a situation requiring prompt medical attention that is not life-threatening may receive faster care at a Convenience Care Clinic* or Urgent Care Clinic, or by scheduling a same-day appointment with their primary care physician, if available.

Your out-of-pocket costs are much less in a non-emergency setting.



Common Illnesses Treated at Urgent Care Clinics

- Allergy
- Bladder infection
- Flu
- Ear infection
- Upper respiratory infection
- Pink eye or stye
- Sinus infection
- Sprains
- Stitches
- Minor burn, rash or skin infection

When you need quick, convenient and affordable treatment for common illnesses but your doctor’s office is not open or you need to be seen quickly, Urgent Care Clinics provide simple, non-emergency services to walk-in patients. The nurse practitioners and physician assistants who staff the clinics are certified, licensed health care professionals and are qualified to:

- Diagnose and treat common injuries and minor illnesses
 - Prescribe or order medication
 - Give most vaccinations

PPO Plan		
	IN-NETWORK	OUT-OF-NETWORK
	You pay	
MDLive	\$20	NA
Urgent Care	\$45	Ded + 30%
Emergency Room (true emergency)	\$100 + 20%	\$100 + 20%

*Convenience Care Clinics may not be available inside all retail store partners of Walgreens, CVS or HEB. Check your area for locations.

Where to Go for Healthcare

					
TELEMEDICINE/	DOCTOR'S OFFICE	RETAIL HEALTH	URGENT CARE	HOSPITAL	FREESTANDING
\$	\$\$	\$\$	\$\$\$\$	\$\$\$\$\$	\$\$\$\$\$\$
<ul style="list-style-type: none"> • Available 24/7/365 • Talk with a doctor via your computer or mobile phone • Use for non-emergency conditions • Medication may be prescribed • Takes 10-15 minutes FOR HELP WITH • Allergies • Cough/cold/flu • Infections • Diarrhea • Rash • Sore throat • Fever • Stomachache 	<ul style="list-style-type: none"> • Office hours vary • Generally best place for routine, preventive or non-emergency care • Established relationship and able to treat based on knowledge of medical history FOR HELP WITH • Routine exam • Vaccinations • Preventive services • General health management • Common infections • Minor skin conditions • Minor injuries • Earache • Sprains and strains 	<ul style="list-style-type: none"> • Based on retail store hours • Usually lower out-of-pocket costs than urgent care • Often located in stores and pharmacies to provide low-cost treatment for minor medical problems FOR HELP WITH • Common infections • Minor skin conditions • Vaccinations • Pregnancy tests • Minor injuries • Earache 	<ul style="list-style-type: none"> • Hours vary and usually open evenings, weekends and holidays • Use when doctor's office is closed and not a true emergency • Average wait time is 11-20 minutes • Online and/or telephone check-in FOR HELP WITH • Sprains and strains • Minor infections • Small cuts that may require stitches • Minor burns 	<ul style="list-style-type: none"> • Open 24/7/365 • Place to go for true emergency or trauma • Average wait time is over 4 hours • Multiple bills for services such as doctor and facility FOR HELP WITH • Any life-threatening or disabling condition • Sudden loss of consciousness • Major injuries • Chest pain; numbness in face, arm or leg; difficulty speaking • Severe shortness of breath • High fever • Coughing or vomiting blood • Cut or wound that will not stop bleeding • Broken bones 	<ul style="list-style-type: none"> • Open 24/7/365 • Does not include trauma care or cardiac services requiring catheterization • May be out-of-network, which means you will pay more for care and possibly balance billed • Charged fees for facility, laboratory and each doctor you see • May provide imaging and lab services • Does not always accept ambulances FOR HELP WITH • Most major injuries except trauma • Severe pain

Well onTarget

A wellness program that rewards you for taking actions to improve your quality of life.

Earn up to
56,490 Blue
Points per year!

Check out the **Well onTarget** mobile app — **AlwaysOn**, available for iPhone and Android smartphones. It can help you work on your wellness goals — anytime and anywhere.

The Wellness portal at wellontarget.com provides you with the tools needed to help set and reach your wellness goals.

Completing wellness activities allows you to earn **blue points** that can be used to purchase amazing merchandise on their online shopping mall.

Sample prizes available on the online shopping mall:



You can earn points for doing activities such as:

- Taking a Health Assessment
- Connecting a Device or Mobile App
- Completing a Self-Management Program
- Completing Monthly Progress Check-ins
- Track Your Progress Daily Using a Fitness Device or Mobile App
- Track your Progress Weekly
- Enroll in The Fitness Program
- Fitness Center Use - Visit 1
- Fitness Center Use - Visit 3



Life Energy
OUR PIPELINE TO WELLNESS



Make Your Fitness Program Membership Work for You!

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Texas member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Base	Core	Power	Elite
Monthly Fee	\$19	\$29	\$39	\$99
Gym Facility Network Size†	3,000	7,500	12,000	12,400
\$19 Initiation Fee				

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.





Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the Whole Health Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at whlchoices.com.
- **Blue PointsSM:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.^{***}
- **Web Resources:** You can go online to find fitness locations and track your visits.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to bcbstx.com and log in to Blue Access for MembersSM.
2. Under "Quick Links," choose "Fitness Program." On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click "Enroll Now." Then search and select the fitness location that is best for you. Remember, you can visit any participating fitness location after you sign up. You can also find locations by going to bcbsilforyourhealth.com.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).



Find fitness buddies, take a class and try something new!
Join the Fitness Program today to help you reach your health and wellness goals.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

***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.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

The Fitness Program is provided by Tivity HealthTM, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Dental Coverage

Our **Met Life** dental plans help you maintain good dental health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions for dental will be deducted from your paycheck on a pre-tax basis. The plan you choose will determine your semi-monthly premium.

Benefit Plan

Two levels of benefits are available with the dental plan depending on whether or not you need base coverage or an enhanced level of coverage. You have the flexibility to select the provider of your choice. Staying in-network and going to a contracted **Met Life** provider will provide you with the highest level of benefits and the deepest discounts your plan has to offer. ID cards are not provided under this plan.

DENTAL PLAN		
	BASE PLAN	BUY-UP PLAN
Calendar Year¹ Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Individual	\$1,000 per individual	\$1,500 per individual
You pay		
Services		
Preventive Procedures Exams, Cleanings, X-rays, Fluoride Treatments, Sealants, Space Maintainers	\$0, deductible waived	\$0, deductible waived
Basic Procedures Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%, deductible applies	20%, deductible applies
Major Procedures Crowns, Inlays/Onlays, Dentures, Bridges, Implants	50%, deductible applies	50%, deductible applies
Orthodontia		
Children (up to 19th birthday)	Not Covered	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived

¹Calendar year is January 1 – December 31. Your calendar year deductible and annual maximum will reset to \$0 every January 1.

[†]Out-of-Network Providers: When you use out-of-network providers, your benefits will be paid based on a Contracted Fee Schedule (a set amount for each type of service that is determined by Met Life). If your dentist's fee is lower than the Scheduled Fee, the plan will pay benefits based on the actual fee. If the fee is higher, the plan will pay benefits based only on the Scheduled Fee and you are responsible for the difference. Pre-treatment Review is highly recommended when dental treatment proposed is over \$200.

Vision Coverage



The vision plan, offered to you by City of Stafford, is designed to provide your basic eyewear needs and preserve your health and eyesight. In addition to detecting eye problems, vision exams can help identify certain medical conditions such as diabetes or high cholesterol. To help you manage your health, we offer vision coverage through **Superior Vision**. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are higher if you use a Superior Vision provider. ID cards will be sent to your home address on file.

Vision Plan—Superior Select Southwest Network		
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You pay	Reimbursement
Cost		
Exam	\$10	Up to \$35
Materials	\$25	
Lenses*		
Single Lenses	\$25	Up to \$25
Bifocals	\$25	Up to \$40
Trifocals	\$25	Up to \$45
Frames	\$150 Allowance	Up to \$70
Contacts in lieu of Frames/Lenses		
Contact Lens Fitting Fee	Included in Allowance	Not Covered
Contacts - Elective	\$150 Allowance	Up to \$80
Benefit Frequency**		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months

*UV Protection, Scratch Resistant Coating and Polycarbonate Lenses for Children—Covered in full

**Frequencies are tracked based upon the initial date of service.

Flexible Spending Accounts

One way to plan ahead and save money over the course of a year is to participate in our Flexible Spending Account (FSA) programs. FSAs allow you to pay for certain health, dental, vision and dependent day care expenses with pretax dollars that reduce your taxable income and save you money.

There are two kinds of accounts: one for health care expenses and one for dependent day care expenses. When you enroll, you must decide how much money to set aside from your paycheck for each account. Be sure to estimate your expenses conservatively as the IRS requires that you use the money in your account during the plan year and applicable grace period (the “use it or lose it” rule). Our FSAs are administered by [Wage Works](#).

Health Care FSA	Dependent Care FSA
 <ul style="list-style-type: none">• Set aside pretax dollars from each paycheck• Contribute up to \$2,750 annually• Pay for eligible health care expenses such as office visit copays, deductible, prescription drugs, braces, dental and eye care expenses• Available only if you do not have a Health Savings Account	 <ul style="list-style-type: none">• Set aside pretax dollars from each paycheck• Use for child or dependent elder care expenses• Allows you and your spouse to work or attend school full time• Can not be used to pay for dependent health care expenses

HOW THE HEALTH CARE FSA WORKS

When you incur a medical, dental, vision or hearing expense, you will be reimbursed the full amount of the expense at that time (up to your annual election amount). You are entitled to the full election amount from day one of your plan year. When you incur a qualified health care expense, you can choose one of two reimbursement methods:

- Use your FSA debit card to pay doctor visit and prescription copays. Your FSA will be charged for the amount and you will not need to submit a request for reimbursement.
- You can pay out-of-pocket, then submit your receipts to the vendor either online or via fax or email

\$550 Rollover Benefit

If you end the 2019-2020 plan year with funds in your account, you may rollover up to \$550 into the 2020-2021 plan year.

HOW THE DEPENDENT CARE FSA WORKS

Reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time. In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care and that provider cannot be anyone considered your dependent for income tax purposes.

THINGS TO CONSIDER REGARDING THE DEPENDENT CARE FSA

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- A dependent child must be under age 13 and claimed as a dependent on your federal income tax return.
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least 8 hours a day in your home and is mentally or physically incapable of self-care.

IMPORTANT FSA RULES

- The maximum per plan year you can contribute to a Health Care FSA is \$2,750. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- Expenses for services received during the 12-month period (or from the date you became covered) can be reimbursed from the money set aside from your pay during the 2020 plan year. You can continue to file claims incurred during the plan year for another 30 days (up until September 30, 2021).
- Your Health Care FSA debit card can only be used for health care expenses. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow you to carry over \$550 of unused dollars into the 2020-2021 plan year. Any amounts in your account over \$550 on September 30, 2020 will be forfeited unless a receipt is submitted with a date of service prior to September 30th. The carry-over rule does not apply to your Dependent Care FSA.

OVER-THE-COUNTER ITEM RULE REMINDER

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription in order to be considered an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the 2020-2021 plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

REMINDERS

- Please check the expiration date on your card to see when you should order a replacement card(s).
- You can find a list of eligible expenses on the IRS website in Publication 502.

Life and AD&D Insurance

Life and Accidental Death & Dismemberment (AD&D) insurance provides you with the peace of mind knowing you can help meet your family’s financial needs even if you are not there to provide for them.

Basic Life and AD&D Coverage

The City of Stafford pays the full cost of Basic Life and AD&D coverage for all eligible full-time employees. Coverage is provided through **Dearborn**.

Benefit	Coverage
Basic Employee Life	\$25,000
Basic Employee AD&D	\$25,000
Benefits reduce 35% at age 65 and 50% at age 70	

Voluntary Life and AD&D Coverage

You may purchase additional Life and AD&D insurance for you and your eligible dependents. If you decline Voluntary Life insurance when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) may be required before coverage is approved. You must elect Voluntary coverage for yourself in order to elect coverage for your spouse or children. Coverage is provided through **Dearborn**.

Voluntary Employee Life	Voluntary Spouse Life	Voluntary Child(ren) Life
		
<ul style="list-style-type: none"> • Minimum Benefit—\$10,000 • Maximum Benefit—\$500,000 • Guarantee Issue— \$150,000 	<ul style="list-style-type: none"> • Minimum Benefit—\$5,000 • Maximum Benefit—\$250,000 not to exceed 50% of employee coverage • Guarantee Issue— \$25,000 	<ul style="list-style-type: none"> • Maximum Benefit—\$10,000
<ul style="list-style-type: none"> • The Guarantee Issue amount for newly eligible employees is \$150,000 and spouse is \$25,000. If you are a current employee and you previously waived coverage, an Evidence of Insurability (EOI) will be required if electing coverage this year. This form will be reviewed by Dearborn before a benefit is approved/denied. • Benefits reduce 35% at age 65 and 50% at age 70. 		

Voluntary Life and AD&D Rates

Calculation Example:

John is 35 years of age and elects \$50,000 of coverage

$$\$50,000 / \$1,000 \times \$.136 \times 12 / 24 = \text{Semi-monthly deduction of } \$3.40$$

Conversion, Portability, and Waiver of Premium

Upon termination of employment, you have the option to continue your company paid and/or voluntary life and AD&D insurance and pay premiums directly to Dearborn. Your company paid life insurance and voluntary life may be converted to an individual policy. Portability is available for your voluntary life and AD&D coverage. If you are disabled at the time your employment is terminated, you may be eligible for a Waiver of Premium while you are disabled. Contact your Human Resources Department for a Conversion, Portability, and/or Waiver of Premium application.

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your life insurance policy. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, identify the share for each.



Age (Spouse's premium is calculated based on employee's age)	Employee / Spouse Rate per \$1,000
< 25	\$0.094
25-29	\$0.104
30-34	\$0.126
35-39	\$0.136
40-44	\$0.147
45-49	\$0.201
50-54	\$0.286
55-59	\$0.500
60-64	\$0.746
65-69	\$1.399
70+	\$2.245
Child(ren) Rate	\$2.30

Disability Insurance / EAP

If you suddenly become ill or are involved in an accident and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. That is why a salary replacement plan is an important benefit for you and your family.

Long Term Disability Insurance

Long Term Disability (LTD) insurance provides long term income protection in the event of sickness or injury. A qualifying disability can occur on or off the job. City of Stafford provides LTD coverage at no cost to you. Coverage is provided through Dearborn.

This complex world in which we live often presents an array of challenges. Our Employee Assistance Program, (EAP) through ComPsych, provides support programs to help you deal with personal concerns, work-related problems, and life's toughest issues. Whether you are dealing with job pressures, alcohol or drug abuse, or depression, our EAP services can help you 24 hours a day / 7 days a week.

Guidance and support is offered for such issues as:

- ◆ Work/Life Balance
- ◆ Stress and Anxiety
- ◆ Grief and Loss
- ◆ Child/Elder Care Resources
- ◆ Relationship Issues
- ◆ Financial and Legal issues

The EAP is completely confidential and is available at no cost to you for **5 visits**.

Call ComPsych to receive support services.

Coverage	Benefit
Long Term Disability	Covers 60% of your base monthly earnings to a \$4,000 maximum per month. Benefits begin after 90 days of disability and continues to age 65 or your Social Security Normal Retirement Age (SSNRA).



ILLUSTRATION/PAUL JUESTRICH; PHOTOS shutterstock.com

Additional Benefits

Accident Insurance

Accident insurance is offered through **AFLAC**. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. Please refer to the benefit summary for details of the benefits.



Critical Illness

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and copays may quickly diminish savings. Critical illness insurance through **AFLAC** pays an initial diagnosis benefit as well as hospitalization and recovery benefits if you are diagnosed with a covered critical illness. Please refer to the benefit summary for details.



Cancer

Real cancer coverage is more important than ever before. Having cancer costs patients and families more than any other chronic illness. From deductibles and copays, to treatment, transportation and childcare, there are lots of expenses that health insurance may not cover. **AFLAC** benefits help from prevention to recovery. The benefits see you through treatment and stay with you for life after cancer. Please refer to the benefit summary for details.



Hospital Plan

A quick trip to the emergency room or an overnight stay in the hospital can result in costly medical bills that health insurance may not cover. **AFLAC** Choice offers customizable benefits that individuals need for those unexpected medical expenses. Please refer to the benefit summary for details.

Required Notices

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

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

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

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

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and

your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

For More Information or Assistance

To request special enrollment or obtain more information, contact:

City of Stafford
Human Resources
2610 South Main Street
Stafford, TX 77477
281-261-3929

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Stafford and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Stafford has determined that the prescription drug coverage offered by the City of Stafford medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year

from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting City of Stafford at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current City of Stafford prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Human Resources Department at 281-261-3929.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration

(SSA) online at www.socialsecurity.gov, or you can call them at 800-772-1213. TTY users should call 800-325-0778.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: September 2020

Name of Entity/Sender: City of Stafford
Human Resources

Address: 2610 South Main Street, Stafford, TX 77477

Phone Number: 281-261-3929

Notice of HIPAA Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan - whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by City of Stafford, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

City of Stafford
Human Resources
2610 South Main Street
Stafford, TX 77477
281-261-3929

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 are 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 and CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual 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, you can 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, you can ask the 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 are not 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 further information on eligibility.

ALABAMA – Medicaid

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

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/hcpf>
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.hip.in.gov>
Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>
Phone: 1-800-403-0964

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofc/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.mn.gov/dhs/ma/>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhs.gov/dma>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/hipp>
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.eohhs.ri.gov
 Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://www.gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <http://health.utah.gov/medicaid>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:
http://www.coverva.org/programs_premium_assistance.cfm
 Medicaid Phone: 1-800-432-5924
 CHIP Website:
http://www.coverva.org/programs_premium_assistance.cfm
 CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website:
<http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>
 Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website:
www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
 Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
 Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
 Phone: 307-777-7531

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

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

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

Continuation of Coverage Rights Under COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your eligible dependents are entitled to continue your group health benefits coverage (medical, dental, vision) under the City of Stafford plan after you have left employment with the City. If you wish to elect COBRA coverage, you have 60 days from the date you receive your election notice to make an election. You have 45 days after electing coverage to pay the initial premium. For a full COBRA Rights and Responsibilities notice, please contact Blue Cross Blue Shield of Texas or Human Resources at any time. At the time of hire, Blue Cross Blue Shield of Texas will mail you the COBRA Rights and Responsibilities notice to your home address on file.



This brochure highlights the main features of the City of Stafford benefits program. It is intended to help you choose the benefits that are best for you. This brochure does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. City of Stafford reserves the right to change or discontinue its benefit plans at any time.

