



EMPLOYEE BENEFITS GUIDE 2018–2019

*A comprehensive guide to understanding
your employee benefits program*

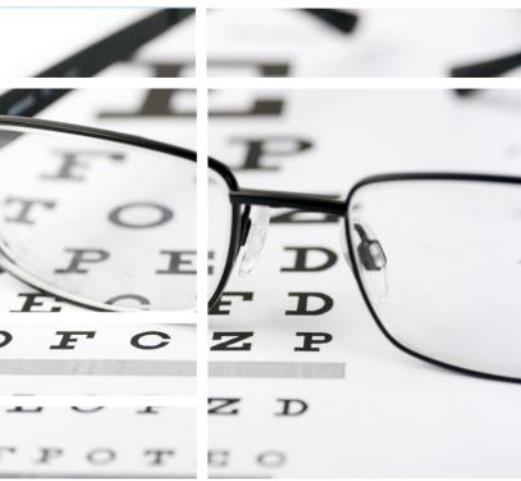


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Welcome

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, 2018.

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, 2019. 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 contacting the Human Resources department.

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 18 for more details.

Eligibility

You are eligible for benefits if you are a regular, full-time employee working an average of 30 hours per week. Your coverage is effective on the first of the month following your date of hire. You may also enroll eligible dependents for benefits coverage. The cost to you for dependent coverage will vary depending on the number of dependents you enroll in the plan and the particular plans you choose. When covering dependents, you must select the same plans for your dependents as you select for yourself.

Eligible Dependents include:

- Your legal spouse
- Children under the age of 26, regardless of student status, dependency or marital status
- Children who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return; coverage may continue past age 26

Proof of Dependent Status

In order to cover your dependents, you must provide proof of dependent eligibility. The following forms are acceptable forms of documentation:

- Birth certificate
- Adoption Paperwork
- Marriage license
- Front page of your 2017 Tax Return



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 days of the event.

Qualifying Life Events include:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of a spouse or child
- Change in your spouse's employment that affects benefits eligibility
- Change in your child's eligibility for benefits (reaching the age limit)
- 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
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order

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 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Medical Coverage

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

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) requires most individuals to have minimum essential health coverage or pay a penalty. 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 may 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 2019 Open Enrollment dates are from November 1 through December 15, 2018.

	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

Talk to a Doctor Anytime

MDLive gives you 24/7/365 access to U.S. board-certified doctors through the convenience of a phone call. This is a great alternative to Urgent Care and Emergency Room visits because services you receive through MDLive are covered under your office visit copay.

When Can I Use MDLive?

- If you are considering the Emergency Room or Urgent Care Clinic for a non-emergency issue
- If you are on vacation, on a business trip, or away from home
- For short-term prescription refills

Get the Care You Need

MDLive doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems

Meet the Doctors

All MDLive doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years

With your consent, MDLive is happy to provide information about your consult to your primary care physician.

Talk to a Doctor Anytime

- Visit www.mdlive.com
- Call 888-680-8646



Urgent Care Clinics

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



Common Illnesses Treated at Urgent Care Clinics

- Allergy
- Bladder infection
- Flu
- Ear infection
- Upper respiratory infection
- Pink eye or stye
- Sinus infection
- Sore throat
- Insect bite
- Minor burn, rash or skin infection

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.

	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.

CHOOSING THE RIGHT HEALTH CARE SETTING

When you need medical attention, you should go to your primary care doctor whenever you can. Your doctor knows you best and has quick access to your medical records. However, there are times when you might need to go to a facility other than your doctor's office. This list shows examples of various care providers and the services they generally provide. The cost of medical care can widely vary. Your cost depends on where and how you receive care. Knowing the facts can help you manage your health and your health care dollars.

 DOCTOR'S OFFICE	 CONVENIENCE CARE CLINICS	 URGENT CARE CENTERS	 HOSPITAL EMERGENCY ROOM (ER) / HOSPITAL FREESTANDING ER	 VIRTUAL VISITS
Average Cost: \$100 – \$150	Average Cost: \$50 – \$100	Average Cost: \$150 – \$200	Average Cost: \$1,200 – \$1,500	Average Cost: \$40 – \$50
<p>Visit your doctor's office when you need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.</p> <p>Visit your doctor's office for:</p> <ul style="list-style-type: none"> • Routine checkups • Immunizations • Preventive services • Care to manage your general health • Common infections (e.g. strep throat) • Minor skin conditions (e.g. poison ivy) • Vaccinations – Tetanus shots, flu shots • Pregnancy tests • Minor injuries – cuts, burns, bruises • Earaches • Sprains and strains 	<p>Convenience Care Clinics are often located in malls or retail stores offering fast walk-in services for minor health conditions such as:</p> <ul style="list-style-type: none"> • Common infections (e.g. strep throat) • Minor skin conditions (e.g. poison ivy) • Vaccinations – Tetanus shots, flu shots • Pregnancy tests • Minor Injuries – cuts, burns, bruises • Earaches 	<p>Urgent Care Centers offer treatment for urgent but non-life threatening injuries or illnesses. Patients are accepted on a walk-in basis for treatment of such conditions as:</p> <ul style="list-style-type: none"> • Sprains and strains • Minor broken bones (e.g. finger) • Minor infections • Small cuts that may need a few stitches • Minor burns <p>Note: Some freestanding facilities operating as Emergency Rooms can easily be confused as Urgent Care Centers. Visiting a freestanding ER can result in your paying higher out-of-pocket costs.</p>	<p>The Emergency Room is for the treatment of life-threatening or very serious conditions that require immediate medical attention such as:</p> <ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injury • Difficulty breathing • Major broken bones <p>Many hospitals and other organizations are opening freestanding ER locations in your community that may appear to be an Urgent Care Center or Convenience Clinic. They are actually part of the hospital ER. If you receive care at one of these freestanding ERs, you may be charged hospital ER rates for any and all of your services.</p>	<p>A virtual visit lets you see and talk to a doctor through your computer or mobile device from the comfort of your home or office. If needed, a prescription can be sent to your local pharmacy (in applicable states). Most visits take 10–15 minutes and are part of your health benefits. Use for non-emergency conditions such as:</p> <ul style="list-style-type: none"> • Allergies/sinus problems • Cough/cold/flu • Bladder infection • Diarrhea • Rash • Sore throat • Fever • Stomach ache <p>Virtual visits can be helpful when:</p> <ul style="list-style-type: none"> • Your doctor is not available • You become ill while traveling • You are considering visiting an Urgent Care Center or a hospital ER for a non-emergency health condition.

Dental Coverage

Our 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.

	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, Impants	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 United Healthcare. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are higher if you use a United Healthcare provider.

	Vision Plan	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You pay	Reimbursement
Cost		
Exam	\$10	Up to \$40
Materials	\$25	
Lenses		
Single Lenses	\$25	Up to \$40
Bifocals	\$25	Up to \$60
Trifocals	\$25	Up to \$80
Frames	\$150 Allowance	Up to \$45
Contacts in lieu of Frames/Lenses		
Contact Lens Fitting Fee	Included in Allowance	Not Covered
Contacts - Elective	\$150 Allowance	Up to \$150
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

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

Flexible Spending Accounts

A great way to plan ahead and save money over the course of a year is to participate in our Flexible Spending Account (FSA) programs.

These accounts allow you to put a portion of your salary, on a pre-tax basis, into reimbursement accounts. Pre-tax means the dollars you use for eligible expenses are not subject to Social Security tax, federal income tax and, in most cases, state and local income taxes. When you enroll, you must decide how much 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 or it will be forfeited (the “use it or lose it” rule).

Health Care Spending Account

The Health Care Spending Account enables you to take control of your out-of-pocket health care spending by contributing pre-tax money to your account to pay for everyday eligible expenses. The result can be substantial savings on products and services not covered by your plan such as copayments, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses, eyeglasses and more. A complete list of qualified expenses can be found in publication 502 on the IRS website. When you incur the expense, you will be reimbursed the full amount at that time. You can contribute up to **\$2,650** annually to the Health Care Spending Account.

Dependent Care Spending Account

The Dependent Care Spending Account helps pay for dependent/elder care expenses associated with caring for elder or child dependents in order for you or your spouse to work or attend school full-time. The dependent child must be under age 13 and claimed as a dependent on your federal income tax return, or a disabled dependent of any age incapable of caring for him- or herself, and who spends at least eight hours a day in your home. You can contribute up to **\$5,000** annually to the Dependent Care Spending Account.

Unlike the Health Care Spending Account, reimbursement from your Dependent Care Spending Account 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.

How FSAs Work

Estimate the amount you will need for eligible out-of-pocket health care and/or dependent care expenses for the plan year or portion thereof, depending upon your effective date of coverage. Estimate carefully and contribute only as much as you think you will need, subject to the plan limit.

Divide your total estimated expenses by the number of paychecks you receive yearly, or portion thereof, depending on your effective date of coverage. This is the amount that will be deducted from each paycheck and deposited into your non-interest-bearing account(s).

How to Use the Debit Card

The FSA debit card allows you to pay for eligible health care expenses at the point of service and deducts funds directly from your Health Care Spending Account. This allows you to avoid waiting for reimbursement. You may use your FSA debit card at locations such as doctor and dentist offices, pharmacies and vision service providers. The card cannot be used at locations that do not offer services under the plan, unless the provider has complied with IRS regulations. Should you attempt to use the card at an ineligible location, the swipe transaction will be denied. Should you need to submit a receipt for substantiation, you will receive an email or be mailed a Receipt Notification. Always retain receipts for your records.

The debit card is automatically sent to new participants. If you are already a participant, keep your current card.

Your debit card can not be used for dependent care expenses.

FSA Eligible Expenses

Your Health Care Spending Account dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible expenses created by the IRS. It is not an all-inclusive list, but provides many examples of eligible expenses. Some eligible expenses require a Note of Medical Necessity from your health care provider to qualify for reimbursement.

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 Spending Account expense. You will only need to obtain a one-time prescription per OTC item for the 2018 plan year.

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 and metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

Medications

- Insulin
- Prescription drugs
- 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

Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse
- Ambulance
- Fertility enhancement and treatment

- Hair loss treatment
- Hospital services
- Immunization
- In vitro fertilization
- Physical examination
- Service animals
- Sterilization/sterilization reversal
- Transplants (to include donor)
- Transportation

Obstetrics

- Lamaze class
- OB/GYN exams
- OB/GYN maternity fees
- Pre- and postnatal

Practitioners

- Allergist
- Chiropractor
- Christian Science practitioner
- Dermatologist
- Homeopath
- Naturopath
- Optometrist
- Osteopath

- Physician
- Psychiatrist or psychologist

Therapy

- Alcohol and drug addiction
- Counseling
- Exercise programs
- Hypnosis
- Massage (medically necessary)
- Occupational
- Physical
- Smoking cessation programs
- Speech

Weight Loss Programs

Life and AD&D

Basic Life and AD&D Coverage

Basic Life insurance and Accidental Death and Dismemberment (AD&D) coverage are provided at no cost to you. You are automatically covered for **\$25,000*** through Dearborn.

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 (proof of good health) 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.

Coverage For:	Coverage Available*
Employee	Increments of \$10,000 up to \$500,000 of coverage.
Spouse	Increments of \$5,000 up to \$250,000 of coverage (not to exceed 50% of employee)
Child(ren)	\$10,000 of coverage age 6 months to 26 years; (birth to 14 days: \$0; age 15 days

**Age Reductions Apply*

Evidence of Insurability (EOI)

If you and/or your spouse do not enroll during the 2018 open enrollment (or when first eligible if you are a new hire) and choose to enroll for Voluntary Life at a future date, you must complete the Evidence of Insurability form and wait for Dearborn to approve your application. You will not be charged premium for the coverage you have elected until Dearborn approves your coverage.

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.

Guarantee Issue Limits

During the 2018 open enrollment, you may enroll for certain levels of coverage without the requirements of completing the Evidence of Insurability (EOI) form. Those limits are listed below.

Future new hires may enroll for the guarantee issue limits during their first 30 days of employment without completing the Evidence of Insurability (EOI) form.

Coverage For:	Coverage Available During 2018 Open Enrollment and Future New Hires
Employee	Up to \$150,000
Spouse	Up to \$25,000
Child(ren)	\$10,000

Conversion / Portability / Waiver of Premium

If you leave the City, you can take your life insurance benefit with you through the conversion and/or portability application process. If you are disabled at the time of your termination, you may be eligible for Waiver of Premium while you are disabled. Contact Human Resources for a Conversion, Portability or Waiver of Premium application. Additional information regarding these three options can be found in the Dearborn benefit booklet.

*Benefit Reductions

You and your spouse's Life and AD&D benefits will reduce when you reach a certain age. The reductions are 35% at age 65 and 50% at age 70. Benefit reductions are calculated on the original life benefit.

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.

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).

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.



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.



Rates

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

2018 Semi-Monthly Cost

Medical Coverage		Medical
	PPO Plan	\$
Employee Only	\$ 0.00	
Employee + Spouse	\$ 96.50	
Employee + Child(ren)	\$ 83.50	
Employee + Family	\$117.50	

Dental Coverage			Dental
	BASE PLAN	BUY-UP PLAN	\$
Employee Only	\$0.00	\$2.08	
Employee + Spouse	\$0.00	\$4.90	
Employee + Child(ren)	\$0.00	\$4.46	
Employee + Family	\$0.00	\$7.28	

Vision Coverage		Vision
Employee Only	\$3.28	\$
Employee + Spouse	\$6.47	
Employee + Child(ren)	\$6.35	
Employee + Family	\$9.64	

Flexible Spending Account Contribution		FSA
Health Care	(Maximum Contribution up to \$2,650 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

Subtotal	→	\$
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Subtotal	\$
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Basic Life/AD&D		Life/AD&D
Employee Only	Paid by City of Stafford	\$ 0.00

Voluntary Life & AD&D Rates (per \$1,000 of coverage)					V. Life	
Under age 25	\$.094	50—54	\$.286	Calculation Example: John is 35 years of age and elects \$50,000 of coverage $\$50,000 / \$1,000 \times \$.096 \times 12 / 24 =$ Semi-monthly deduction of \$2.40		
25—29	\$.104	55—59	\$.500		Employee Benefit	\$
30—34	\$.126	60—64	\$.746		Employee Premium	\$
35—39	\$.136	65—69	\$1.399		Spouse Benefit	\$
40—44	\$.147	70+	\$2.245		Spouse Premium	\$
45—49	\$.201	Child	Flat \$2.30		Child Premium	\$

Additional Benefits					Voluntary
	Employee	Spouse	Child(ren)	Family	
Accident					\$
Critical Illness					\$
Cancer					\$
Hospital Plan					\$

Your Total 2018 Semi-Monthly Benefit Cost	\$
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Important Contacts

Coverage	Provider	Contact	Website
Medical	Blue Cross Blue Shield	800-521-2227	www.bcbstx.com
Dental	Met Life	800-ASK-4MET	www.metlife.com
Vision	United Healthcare	800-638-3120	www.myuhcvision.com
Flexible Spending Accounts	Wage Works	877-924-3967	www.wageworks.com
Life and AD&D	Dearborn	800-778-2281	www.dearbornnational.com
Disability	Dearborn	877-348-0487	www.dearbornnational.com
Beneficiary Resource Services	Morneau Shepell	800-769-9187	www.beneficiaryresource.com Username: Dearborn National
Disability Resource Service	ComPsych	866-899-1363	www.guidanceresources.com Company ID: DNDRS
Travel Resource Service	Generali Global Assistance	877-715-2593	Email: ops@us.generaliglobalassistance.com
Accident Insurance	AFLAC	800-992-3522 or 832-257-6201	www.aflac.com/mypolicy
Critical Illness	AFLAC	800-992-3522 or 832-257-6201	www.aflac.com/mypolicy
Cancer	AFLAC	800-992-3522 or 832-257-6201	www.aflac.com/mypolicy
Hospital Plan	AFLAC	800-992-3522 or 832-257-6201	www.aflac.com/mypolicy
Employee Assistance Program	ComPsych	888-628-4844	www.guidanceresources.com Web ID: PFGGEAP
Human Resources	Shanell Garcia	281-261-3929	sgarcia@staffordtx.gov

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 2018

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, 2018. Contact your State for further information on eligibility.

ALABAMA – Medicaid

Website: <http://www.myalhipp.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/ofi/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/oi/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.ncdhhs.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.hijosaludablesoregon.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.scdhhs.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, 2016, 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

OMB Control Number 1210-0137 (expires 10/31/2016)

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 Human Resources.

Notes

Notes

