# 2022 Employee Benefit Guide

# Introduction

Working for the City of Lincoln includes excellent perks. The City of Lincoln offers comprehensive and generous benefit plans.

The goal is to be a valued resource and business partner with all our internal and external customers. We are committed to providing effective human resources services and aligning our vital strategic role with growth and success.

This benefits booklet is a summary description of your City of Lincoln benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

The current benefit plan year is November 1, 2022-October 31, 2023.

Open Enrollment is Monday, September 19, 2022 - Friday, September 30, 2022. Changes for the new plan year must be made through Oracle. The only exception is Allstate Voluntary Benefit Plans. Reminder that you must re-enroll in the Flexible Spending Accounts for the new plan year (in Oracle).

We hope this benefits booklet will help you make the best health care choices for you and your family.

## COVERAGE OR ENROLLMENT

Open Enrollment is your opportunity to make changes to your current benefit elections for the plan year. During Open Enrollment, you may:

- Enroll or re-enroll
- Make changes to your benefit elections
- Add or remove dependents



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# What's New for 2022

The City of Lincoln is continually grateful for the effort and enthusiasm that employees display at work every day. It is this energy that drives and motivates us to provide a suite of benefits for you and your family. As we prepare for the new plan year, our benefit priorities remain unchanged: keep our plans competitive, cost-effective, and useful for you and your family, so we can offer you the level of support you provide for us daily.

### NEW Premium Deductions:

› All premiums will now be deducted during the current month of coverage, including Medical, Dental, Vision, Life, and Flexible Spending.

### NEW Eligibility Change:

› We have changed the rules for eligibility for new hires. All Classes are now eligible for benefits effective first of the month following date of hire.

### NEW Hearing Aids:

› We have removed the age limit for hearing aids.

### NEW Teladoc:

› Teladoc is a new feature provided by Aetna for the new plan year.



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# Overview of Benefits Programs

## CHANGES AND QUALIFYING EVENTS

### When Coverage Begins and Ends

- If you are an eligible employee working 30 hours or more per week, your coverage under the benefits plan will begin on the first of the month following your date of employment with City of Lincoln.
- Your coverage under the benefits plans will end on the date you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.
- If your employment with City of Lincoln terminates, then your coverage will end on the date in which your employment terminates.

### Qualifying Events

- Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a Qualifying Event.
- Qualifying Event changes need to be made no later than 31 days after the Qualifying Event occurs. Changes after 31 days of the Qualifying Event will not be processed.
- Qualifying Events may include, but are not limited to:
  - Changes in employment status
  - Changes in legal marital status
  - Changes in number of dependents
  - Taking an unpaid leave of absence
  - Dependent satisfies or ceases to satisfy eligibility requirement
  - Family Medical Leave Act (FMLA) leave.
  - A COBRA-qualifying event
  - Entitlement to Medicare or Medicaid
  - A change in the place of residence of the employee, resulting in the current carrier not being available



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# Overview of Benefits Programs

City of Lincoln provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

## BENEFITS AT-A-GLANCE

| Coverage | Carrier |
|---|---|
| Medical | Aetna |
| Dental | Ameritas |
| Vision | Ameritas |
| Life and Disability Insurance | The Hartford |
| Voluntary Life and Disability Insurance | The Hartford |
| Flexible Spending Accounts | Navia Benefits |
| Critical Illness / Accident / Disability | Allstate |

## ELIGIBILITY

If you are an eligible employee working 30 hours or more per week, your coverage under the benefits plan will begin on the first of the month following your date of employment with the City of Lincoln.



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# Medical

## KEY TERMS TO REMEMBER

### ANNUAL DEDUCTIBLE

The amount you must pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

### OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.

### COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.

### PLAN TYPES

- PPO – A network of doctors, hospitals and other health care providers

### IN NETWORK VS. OUT OF NETWORK

In-network health care providers have agreed to accept certain rates, so you will typically pay less when you use them. Out-of-network health care providers can charge you any amount they want. Because there is no negotiated rate, these services usually cost you more.

### PREMIUMS

A premium is the money that is automatically taken out of your paycheck for health insurance. In addition to the premium, you also pay additional amounts for health care when you use it, such as a deductible, copayment, and coinsurance.



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CITY OF LINCOLN NEBRASKA

# Medical

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## SUMMARY OF COVERAGE

Health

| In Network 2022-2023 | IAFF | LPU | ATU | PAGE | LCEA | M & W | E | X | DSS |
|---|---|---|---|---|---|---|---|---|---|
| | Ind/Fam | Ind/Fam | Ind/Fam | Ind/Fam | Ind/Fam | Ind/Fam | Ind/Fam | Ind/Fam | Ind/Fam |
| **Annual Deductibles** | $300/$600 | $400/$800 | $400/$800 | $400/$800 | $400/$800 | $400/$800 | $400/$800 | $400/$800 | $400/$800 |
| Office Visits | $20 | $25 | $25 | $25 | $25 | $25 | $25 | $25 | $25 |
| Preventative Care | 100% Covered | 100% Covered | 100% Covered | 100% Covered | 100% Covered | 100% Covered | 100% Covered | 100% Covered | 100% Covered |
| Urgent Care | $35 | $35 | $40 | $40 | $40 | $40 | $40 | $40 | $40 |
| Out of Pocket Limit | $800/$1,600 | $1,400/$2,300 | $2,400/$4,800 | $2,100/$4,200 | $2,400/$4,800 | $2,000/$3,000 | $2,400/$4,800 | $2,400/$4,800 | $2,400/$4,800 |
| Inpt Hospitalization | 10% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay | 20% After $100 Copay |
| Outpt Hospital sevices | 10% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible |
| Emergency Room | $150 (Deductible doesn't apply) | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance | $150 + Deductible & Coinsurance |
| **PRESCRIPTIONS** | | | | | | | | | |
| Generic | $10 | $10 | $5-$25 25% Coins | $5-$25 25% Coins | $5-$25 25% Coins | $5-$25 25% Coins | $5-$25 25% Coins | $5-$25 25% Coins | $5-$25 25% Coins |
| Formulary | $25 | $25 | $25-$50 25% Coins | $25-$50 25% Coins | $25-$50 25% Coins | $25-$50 25% Coins | $25-$50 25% Coins | $25-$50 25% Coins | $25-$50 25% Coins |
| Non Formulary | $50 | $50 | $50-$75 50% Coins | $50-$75 50% Coins | $50-$75 50% Coins | $50-$75 50% Coins | $50-$75 50% Coins | $50-$75 50% Coins | $50-$75 50% Coins |
| Specialty Drugs | $10, $25,$50 | $100 | $75-$100 25% Coins | $75-$100 25% Coins | $75-$100 25% Coins | $75-$100 25% Coins | $75-$100 25% Coins | $75-$100 25% Coins | $75-$100 25% Coins |
| Mail Order | $20/$50/$100 | $20/$50/$100 | 2x Retail | 2x Retail | 2x Retail | 2x Retail | 2x Retail | 2x Retail | 2x Retail |
| Rx Out of Pocket Limit | | | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 | $3,000/$6,000 |
| **Total Cost Per Month** | | | | | | | | | |
| Single | $911.78 | $889.70 | $804.16 | $816.40 | $804.16 | $804.16 | $804.16 | $804.16 | $804.16 |
| Employee + Spouse | $1,996.68 | $2,046.44 | $1,867.56 | $1,865.40 | $1,867.56 | $1,867.56 | $1,867.56 | $1,867.56 | $1,867.56 |
| Employee + Child(ren) | $1,619.00 | $1,601.56 | $1,514.28 | $1,512.50 | $1,514.28 | $1,514.28 | $1,514.28 | $1,514.28 | $1,514.28 |
| Family | $2,680.44 | $2,615.62 | $2,364.08 | $2,400.02 | $2,364.08 | $2,364.08 | $2,364.08 | $2,364.08 | $2,364.08 |
| **CITY Cost Per Month** | | | | | | | | | |
| Single | $875.32 | $818.52 | $739.84 | $751.10 | $723.74 | $731.80 | $723.74 | $739.84 | $731.80 |
| Employee + Spouse | $1,876.88 | $1,739.48 | $1,587.44 | $1,678.86 | $1,606.10 | $1,662.14 | $1,606.10 | $1,680.80 | $1,662.14 |
| Employee + Child(ren) | $1,521.86 | $1,361.34 | $1,287.14 | $1,361.26 | $1,302.28 | $1,347.72 | $1,302.28 | $1,362.86 | $1,347.72 |
| Family | $2,519.62 | $2,223.28 | $2,009.48 | $2,160.02 | $2,033.12 | $2,104.04 | $2,033.12 | $2,127.68 | $2,104.04 |
| **EMPLOYEE Cost Per Month** | | | | | | | | | |
| Single | $36.46 | $71.18 | $64.32 | $65.30 | $80.42 | $72.36 | $80.42 | $64.32 | $72.36 |
| Employee + Spouse | $119.80 | $306.96 | $280.12 | $186.54 | $261.46 | $205.42 | $261.46 | $186.76 | $205.42 |
| Employee + Child(ren) | $97.14 | $240.22 | $227.14 | $151.24 | $212.00 | $166.56 | $212.00 | $151.42 | $166.56 |
| Family | $160.82 | $392.34 | $354.60 | $240.00 | $330.96 | $260.04 | $330.96 | $236.40 | $260.04 |



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# Medical

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by City of Lincoln, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

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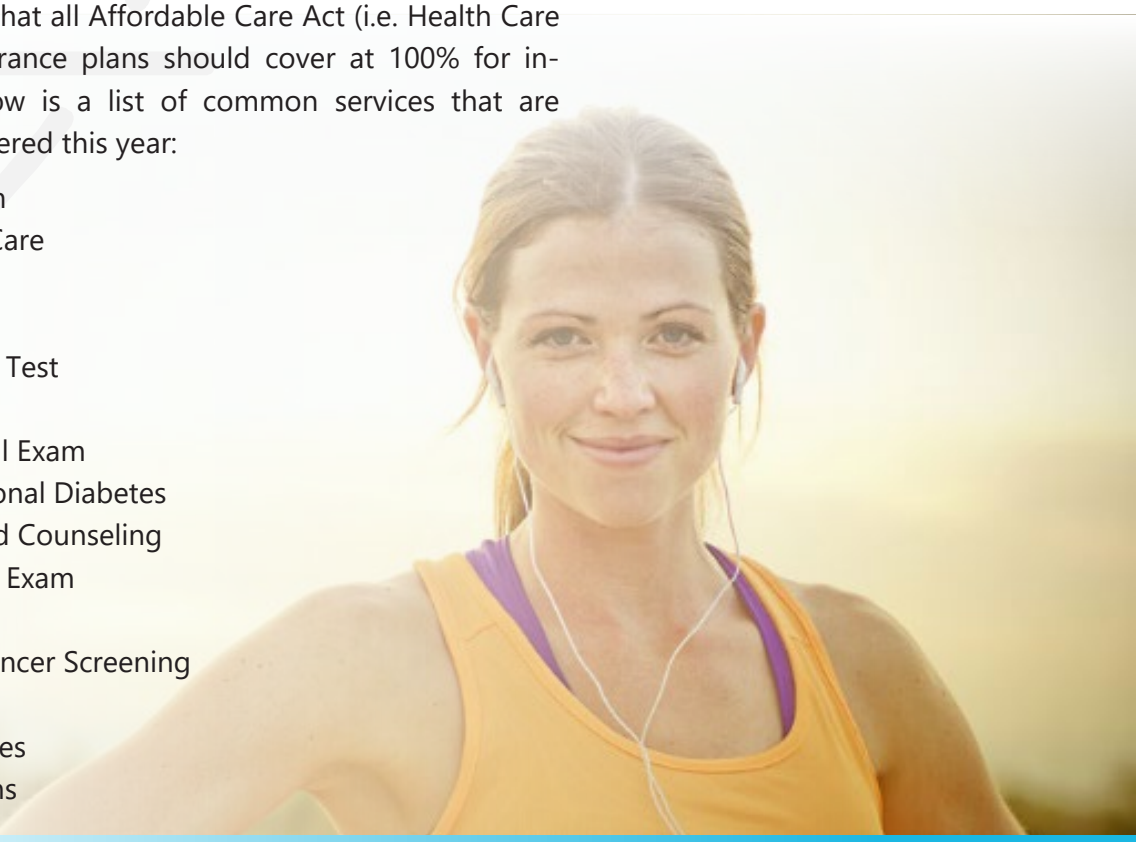
## WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence



*"An ounce of prevention is worth a pound of cure"*



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# Medical Resources

Why not make sure you are fully utilizing your health care benefits? You can count on Aetna's advocacy services to help navigate across the entire spectrum of health and wellness. From dealing with a significant medical diagnosis to resolving complex claim issues to mapping out a path for improving health, Aetna advocates are here for you and your family.

**Personalized nurse support**
Our clinical nurses can collaborate with service teams to help you achieve your health goals. Our nurses are supported with a multidisciplinary team that can help guide you to local resources. Whether you're struggling with emotional issues or an advanced illness, we'll work with you and your family to provide guidance and support.

**Local support**
With CVS® HealthHUB™ and MinuteClinic® locations inside select CVS Pharmacy® and Target® stores, you have a broad range of services to keep you and your family healthy.

**Tools, tips and support centers**
Through your Aetna® member website, you'll be able to locate a doctor, review your benefits information and watch informational health videos. And for specific health needs, you can explore member resources like the Cancer Support Center, the Maternity Support Center and the Back and Joint Care Support Center.

**Access to information — whenever, wherever**
Always on the go? No problem. Your member website is fully mobile. Remember, this is your one-stop shop for getting the help you need. And when you download the Aetna Health℠ app, you can access it all from the palm of your hand.

**Get started with these resources today.**
Go to **Aetna.com** to log in to your member website.



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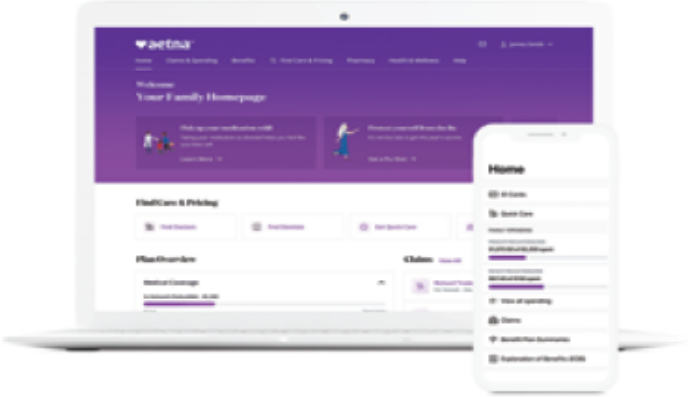
# Medical Resources

## Aetna® member website and Aetna Health℠ app

### Manage your benefits, connect to care, handle claims — from anywhere.



### As a member, you can:

- ✓ View your health plan summary and get information about what's covered
- ✓ Track spending and progress toward your deductible for you and your family
- ✓ View and pay claims, even see the breakdown of your costs, like what's covered by your plan and what you're responsible for
- ✓ Use tools to help you choose quality in-network providers including those offering telemedicine services
- ✓ Estimate and compare costs
- ✓ Get personalized reminders to help improve your health

### Once you're a member, here's how you can connect:

**Your Aetna member website**

Go to Aetna.com to create an account and log in to your member website.

**The Aetna Health app**

Get the Aetna Health app by texting "GETAPP" to 90156 for a link to download the app and create an account. Message and data rates may apply.*

Available on the App Store | GET IT ON Google Play



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# Medical Resources

made available through aetna™

TELADOC.

## Access to quality care at your fingertips

### General Medical
**$49 or less/visit**

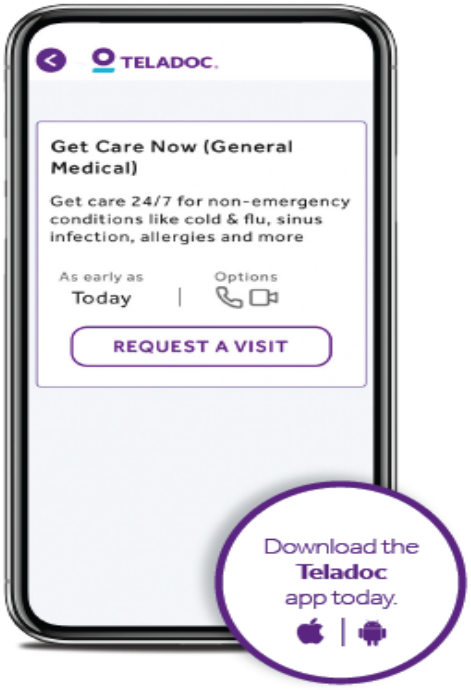
Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

### Mental Health
**$85 or less/therapist visit**
**$190 or less/psychiatrist first visit**
**$95/psychiatrist ongoing visit**

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

### Dermatology
**$75 or less/consult**

Upload images of a skin issue online and get a custom treatment plan within 2 days
Eczema • Acne • Rashes • And more




## Set up your account or log in today.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362)

*Effective September 1, 2022, members may be charged a *$50 fee for no-shows and cancellations within 24 hours of a scheduled Mental Health visit. This practice is consistent with other telehealth providers as well as brick and mortar providers who charge late cancellation and no-show fees. We recognize that this is a new policy, and we will waive the fee related to a member's first late cancellation or no-show



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# Dental

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## SUMMARY OF COVERAGE

| Plan Features | | |
|---|---|---|
| | | |
| | IN NETWORK | OUT OF NETWORK |
| Annual Deductible (Individual / Family) | Waived for Type 1<br>$25/$75 for Type 2 & 3 | Waived for Type 1<br>$50/$150 for Type 2 & 3 |
| Type 1 | 100% | 100% |
| Type 2 | 80% | 80% |
| Type 3 | 80% | 50% |
| Orthodontia (adult & child) | 50% | 50% |
| Orthodontia Annual Maximum (per person) | $2,000 | |
| Calendar Year Maximum Benefit (per person) | $2,000 | |

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# Dental

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

| In Network | | |
|---|---|---|
| **Type 1** | **Type 2** | **Type 3** |
| • Routine Exam (2 per benefit period) | • Sealants (age 16 and under) | • Onlays |
| • Bitewing X-rays (2 per benefit period) | • Restorative Amalgams | • Crowns (1 in 5 years per tooth) |
| • Full Mouth/Panoramic X-rays (1 in 3 years) | • Restorative Composites | • Crown Repair |
| • Periapical X-rays | • Endodontics (nonsurgical) | • Implants |
| • Cleaning (2 per benefit period) | • Endodontics (surgical) | • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |
| • Fluoride for Children 18 and under (1 per benefit period) | • Periodontics (nonsurgical) | |
| • Space Maintainers | • Periodontics (surgical) | |
| | • Denture Repair | |
| | • Simple Extractions | |
| | • Complex Extractions | |
| | • Anesthesia | |

| Out of Network | | |
|---|---|---|
| **Type 1** | **Type 2** | **Type 3** |
| • Routine Exam (2 per benefit period) | • Sealants (age 16 and under) | • Onlays |
| • Bitewing X-rays (2 per benefit period) | • Restorative Amalgams | • Crowns (1 in 5 years per tooth) |
| • Full Mouth/Panoramic X-rays (1 in 3 years) | • Restorative Composites | • Crown Repair |
| • Periapical X-rays | • Endodontics (nonsurgical) | • Implants |
| • Cleaning (2 per benefit period) | • Endodontics (surgical) | • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |
| • Fluoride for Children 18 and under (1 per benefit period) | • Periodontics (nonsurgical) | |
| • Space Maintainers | • Periodontics (surgical) | |
| | • Denture Repair | |
| | • Simple Extractions | |
| | • Complex Extractions | |
| | • Anesthesia | |

**Dental Network Information**

To find a provider, visit ameritas.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553 or www.ameritas.com/olbc/cityoflincoln there is a link on the right hand side or use https://dentalnetwork.ameritas.com



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# Dental

## Dental Monthly Rates

| In Network 2022-2023 | IAFF | LPU | ATU | PAGE | LCEA | M & W | E | X | DSS |
|---|---|---|---|---|---|---|---|---|---|
| **Total Cost Per Month** | | | | | | | | | |
| Single | $38.54 | $38.54 | $38.54 | $38.54 | $38.54 | $38.54 | $38.54 | $38.54 | $38.54 |
| Employee + Spouse | $84.80 | $84.80 | $84.80 | $84.80 | $84.80 | $84.80 | $84.80 | $84.80 | $84.80 |
| Employee + Child(ren) | $69.38 | $69.38 | $69.38 | $69.38 | $69.38 | $69.38 | $69.38 | $69.38 | $69.38 |
| Family | $124.02 | $124.02 | $124.02 | $124.02 | $124.02 | $124.02 | $124.02 | $124.02 | $124.02 |
| **CITY Cost Per Month** | | | | | | | | | |
| Single | $38.54 | $38.54 | $19.28 | $19.28 | $37.78 | $37.78 | $37.78 | $19.28 | $37.78 |
| Employee + Spouse | $79.72 | $55.98 | $42.40 | $42.40 | $53.42 | $57.24 | $53.42 | $42.40 | $57.24 |
| Employee + Child(ren) | $65.22 | $45.80 | $34.70 | $34.70 | $43.72 | $46.84 | $43.72 | $34.70 | $46.84 |
| Family | $116.58 | $81.86 | $62.02 | $62.02 | $78.14 | $83.72 | $78.14 | $62.02 | $83.72 |
| **EMPLOYEE Cost Per Month** | | | | | | | | | |
| Single | $0.00 | $0.00 | $19.26 | $19.26 | $0.76 | $0.76 | $0.76 | $19.26 | $0.76 |
| Employee + Spouse | $5.08 | $28.82 | $42.40 | $42.40 | $31.38 | $27.56 | $31.38 | $42.40 | $27.56 |
| Employee + Child(ren) | $4.16 | $23.58 | $34.68 | $34.68 | $25.66 | $22.54 | $25.66 | $34.68 | $22.54 |
| Family | $7.44 | $42.16 | $62.00 | $62.00 | $45.88 | $40.30 | $45.88 | $62.00 | $40.30 |



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# Vision

Ameritas

## SUMMARY OF COVERAGE

| Plan Features | | |
|---|---|---|
| | | |
| | **IN NETWORK** | **OUT OF NETWORK** |
| **Vision Exam** | 100% after $10 copay | Up to $35 |
| **Lenses** | | |
| ***Single*** | Covered in full | Up to $25 |
| ***Bifocal*** | Covered in full | Up to $40 |
| ***Trifocal*** | Covered in full | Up to 55 |
| ***Lenticular*** | 20% discount | No Benefit |
| **Frames** | $100 | Up to $45 |
| **Contacts (Fit & Follow Up Exams)** | **Standard**: Up to $55<br>**Premium:** 10% off of retail | Not Covered |
| **Elective Contacts** | Up to $115 | Up to $100 |
| **Necessary Contacts in Lieu of Eyeglasses** | Covered in full | Up to $200 |
| **Frequency (Months)** | | |
| ***Exam*** | 12 Months | |
| ***Lenses*** | 12 Months | |
| ***Frames*** | 12 Months | |
| ***Contacts*** | 12 Months | |

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# Vision

Ameritas

## Additional ViewPointe® H Features

| | |
|---|---|
| **EyeMed In-Network Discounts** | 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses. |
| **EyeMed In-Network Secondary Purchase Plan** | Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only. |
| **Contact Lens Replacement by Mail Program** | After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details. |

## Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: ameritas.com
View plan benefit information at: eyemedvisioncare.com



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# Vision

| In Network 2022-2023 | IAFF | LPU | ATU | PAGE | LCEA | M & W | E | X | DSS |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| **Vision** | | | | | | | | | |
| Single | $9.16 | $9.16 | $9.16 | $9.16 | $9.16 | $9.16 | $9.16 | $9.16 | $9.16 |
| Employee + Spouse | $17.40 | $17.40 | $17.40 | $17.40 | $17.40 | $17.40 | $17.40 | $17.40 | $17.40 |
| Employee + Child(ren) | $18.32 | $18.32 | $18.32 | $18.32 | $18.32 | $18.32 | $18.32 | $18.32 | $18.32 |
| Family | $27.28 | $27.28 | $27.28 | $27.28 | $27.28 | $27.28 | $27.28 | $27.28 | $27.28 |

# Basic Life and AD&D

## SUMMARY OF COVERAGE

| Employer-paid Basic Life Insurance | |
|---|---|
| **Plan Features** | **Employee Life and AD&D Amount** |
| **Class 1: all administrative assistants to the mayor and the mayor of the City** | $50,000 |
| **Class 2: all LCEA and "E" employees of the City not subject to a collective bargaining agreement** | $70,000 |
| **Class 3: all ATU employees of the City** | $50,000 |
| **Class 4: all police of the City** | $75,000 |
| **Class 5: all PAGE employees and "X" employees of the City not subject to a collective bargaining agreement** | $71,000 |
| **Class 6: all "M" and "W" employees of the City not subject to a collective bargaining agreement** | $70,000 |
| **Class 7: all firefighters of the City** | $75,000 |
| **Class 8: all directors** | $70,000 |
| **The following shows how much benefits are reduced at certain ages:** | |
| **Age Band** | **Benefit Reduction** |
| At age 70 | Reduced to 35% of benefit amount |
| At age 75 | Reduced to 55% of benefit amount |
| At age 80 | Reduced to 70% of benefit amount |
| At age 85 | Reduced to 80% of benefit amount |
| At age 90 | Reduced to 85% of benefit amount |

**It's important to keep your beneficiary designations up to date!**
Please request a Beneficiary Designation Form from Human Resources if you need to update your primary and contingent beneficiaries. A Beneficiary Designation Form will also be provided upon your initial enrollment in the plan, as well as during subsequent open enrollment periods. You will need to complete the Beneficiary Designation Form even if you decline other benefits.



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# Voluntary Life and AD&D

## SUMMARY OF COVERAGE

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident when you add optional AD&D insurance

| Employee-paid Life and AD&D Insurance | |
|---|---|
| **Plan Features** | **All Full-Time Employees** |
| **Employee Life Amount** | Increments of $10,000 to lesser of $500,000 or 5 times your annual earnings |
| ***Spouse Life Amount** | $5,000 up to $100,000 |
| **Child Life Amount (Child(ren) are covered from live birth to age 26)** | $1,000 up to $10,000 |
| **Guarantee Issue Amounts** | |
| **Employee** | Lesser of $250,000 or 5x base annual earnings |
| **Spouse** | $50,000 |
| **Child** | $10,000 |

**The amount of Spouse Supplemental coverage may never exceed 50% of the Supplemental Amount of Life Insurance in force for the Employee.*

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# Voluntary Life and AD&D

THE HARTFORD

## WHAT YOUR BENEFITS COVER

### Voluntary Employee and Life and Optional AD&D Insurance Coverage Amount

- If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 5 times your annual earnings or $250,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.
- If you are currently enrolled, during the annual enrollment period, you may increase your current coverage by $10,000, not to exceed the lesser of 5 times your annual earnings or $250,000, without providing evidence of insurability. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time, evidence of insurability that is satisfactory to The Hartford will be required before any coverage can become effective.
- For your spouse coverage, if you are newly eligible and elect an amount that exceeds the guaranteed issue amount of $50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.
- Your original benefit amount will reduce as follows based on your age below.
    - Age 70 - reduced by 35%
    - Age 75 - reduced by 55%
    - Age 80 - reduced by 70%
    - Age 85 - reduced by 80%
    - Age 90 - reduced by 85%

## Monthly Rates

| *Employee/Spouse age Range | Vol Life and AD&D Premium Rates per $1,000 |
|---|---|
| **Under 30** | $0.063 |
| **30-34** | $0.072 |
| **35-39** | $0.099 |
| **40-44** | $0.144 |
| **45-49** | $0.234 |
| **50-54** | $0.396 |
| **55-59** | $0.612 |
| **60-64** | $0.927 |
| **65-69** | $1.701 |
| **70-74** | $2.970 |
| **75+** | $4.905 |
| **AD&D Rates applies to employee, spouse, and child life** | $0.040 |

**Spouse life rates are based on spouse's age*

### Dependent Child Coverage

**You can secure term life insurance for your dependent children ONLY if you choose coverage for yourself.**

**Dependent Life Insurance Coverage Options**: Increments of $1,000 up to $10,000

| Child Coverage Amount | Dep Life Rate per $1,000 |
|---|---|
| **$10,000** | $0.100 |



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# Flexible Spending Accounts

navia benefit solutions

A Healthcare FSA is a personal expense account that works with your employer's health plan, allowing you to set aside a portion of your salary pre-tax to pay for qualified medical expenses.

### Many ways to use your dollars

Use it for eligible medical, dental, vision, feminine products, over-the-counter and prescription drugs. In fact, there are more than 38,000 ways you can use your FSA funds.

### Family coverage

It covers you, your spouse, and eligible dependents!

### Easy to use

Pay using your Navia debit card or by submitting a claim online or on the Navia mobile app.

### Maximum Contribution

**IMPORTANT!** The contribution limit varies by employer, but you may be able to contribute up to $2850 per year. The funds in the account must be used during the plan year, but they are available to you immediately.

**FAMILY**

COVERS YOUR WHOLE FAMILY

**38K**

DIFFERENT WAYS TO USE YOUR FUNDS

**EASY**

MULTIPLE WAYS TO SUBMIT CLAIMS

**$2850**

MAXIMUM CONTRIBUTION



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# Dependent Flexible Spending Accounts

navia benefit solutions

A Day Care FSA is a pre-tax benefit account that enables you to set aside money to pay for your out-of-pocket daycare or dependent care expenses.

**Save on day care expenses you already pay for**
This FSA covers child care for dependents up to age 12 and dependents who cannot care for themselves while you're working.

**Pay your provider or a family member for child care**
With a Day Care FSA, participants can use their account to pay your licensed day care provider for child care services. You can also use your Day Care FSA to pay a family member to watch your child, as long as the family member is not your spouse and age 19 or older.

**Easy to use**
Pay using your Navia debit card or by submitting a claim online or on the Navia mobile app.

**Maximum contribution**
The contribution limit varies by employer, but you may be able to contribute up to $5000 per year. The funds in the account must be used during the plan year. Much like your banking account, you cannot spend more than what is in your account each month.

**SAVE**
USE FUNDS TO PAY YOUR PROVIDER OR FAMILY MEMBER

**CARE**
CHILDREN AND ELDERS COVERED

**EASY**
MULTIPLE WAYS TO SUBMIT CLAIMS

**$5000**
MAXIMUM CONTRIBUTION



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# Critical Illness

Allstate Benefits

**No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.**

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

## Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

## Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- Coverage available for dependents
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

**BENEFIT AMOUNTS**

†Covered dependents receive 50% of your benefit amount

| INITIAL CRITICAL ILLNESS BENEFITS† | PLAN 1 | PLAN 2 |
|---|---|---|
| Heart Attack (100%) | $15,000 | $30,000 |
| Stroke (100%) | $15,000 | $30,000 |
| Major Organ Transplant (100%) | $15,000 | $30,000 |
| End Stage Renal Failure (100%) | $15,000 | $30,000 |
| Coronary Artery Bypass Surgery (25%) | $3,750 | $7,500 |
| Waiver of Premium (employee only) | Yes | Yes |
| **CANCER CRITICAL ILLNESS BENEFITS†** | **PLAN 1** | **PLAN 2** |
| Invasive Cancer (100%) | $15,000 | $30,000 |
| Carcinoma in Situ (25%) | $3,750 | $7,500 |
| **SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†** | **PLAN 1** | **PLAN 2** |
| Advanced Alzheimer's Disease (25%) | $3,750 | $7,500 |
| Advanced Parkinson's Disease (25%) | $3,750 | $7,500 |
| Benign Brain Tumor (100%) | $15,000 | $30,000 |
| Coma (100%) | $15,000 | $30,000 |
| Complete Blindness (100%) | $15,000 | $30,000 |
| Complete Loss of Hearing (100%) | $15,000 | $30,000 |
| Paralysis (100%) | $15,000 | $30,000 |
| **OPTIONAL/ADDITIONAL BENEFIT** | **PLAN 1** | **PLAN 2** |
| Wellness Benefit (per year) | $50 | $50 |



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# Accident Insurance

Allstate Benefits

**Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.**

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

## Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

## Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
**Are you in Good Hands? You can be.**



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# Disability

**Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.**

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

## Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

## Meeting Your Needs

- You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage; refer to your certificate for details

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

### DETAILS OF COVERAGE

| |
|---|
| **Maximum Monthly Benefit** - $5000 |
| **Maximum Benefit Period** - 6 months |
| **Elimination Period for Accident** - 14 Days |
| **Elimination Period for Sickness** - 14 Days |



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# CONTACT INFORMATION

| Carrier Name | Coverage | Website | Group Number | Phone Number |
|---|---|---|---|---|
| **Aetna** | Medical | www.aetna.com | 285744 | (866) 290-3711 |
| **Ameritas** | Dental | dentalnetwork.ameritas.com | 010-301083 | (800) 487-5553 |
| **Ameritas** | Vision | eyemedvisioncare.com | 010-350389 | (866) 289-0614 |
| **The Hartford** | Basic Life and AD&D Insurance | thehartford.com | GL-675776 | (800) 523-2233 |
| **The Hartford** | Voluntary Life and AD&D Insurance | thehartford.com | GL-675776 | (800) 523-2233 |
| **Allstate** | Critical Illness / Accident / Disability | www.allstateatwork.com | | (877) 282-0808 |

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# Legal Notices

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

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

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

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

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

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **ALASKA – Medicaid** | **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ARKANSAS – Medicaid** | **FLORIDA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |



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# Legal Notices

| GEORGIA-Medicaid | MAINE-Medicaid |
|---|---|
| A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: (678) 564-1162, Press 2 | Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 |
| **INDIANA-Medicaid** | **MASSACHUSETTS-Medicaid and CHIP** |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840 |
| **IOWA-Medicaid and CHIP (Hawki)** | **MINNESOTA-Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 |
| **KANSAS-Medicaid** | **MISSOURI-Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **KENTUCKY-Medicaid** | **MONTANA-Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **LOUISIANA-Medicaid** | **NEBRASKA-Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |



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# Legal Notices

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



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# Legal Notices

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)



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# Legal Notices

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

**Women's Health and Cancer Rights Act Enrollment Notice**

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

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

These will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this benefits plan. If you would like more information on WHCRA benefits, contact your plan administrator.

**Newborns' and Mothers' Health Protection Act Disclosure**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Patient Protection Notice**

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact United Healthcare at the number on the back of your ID Card.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact United Healthcare at the number on the back of your ID Card.



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# Legal Notices

**HIPAA Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself 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 request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact City of Lincoln.

**Genetic Information Nondiscrimination Act (GINA) Disclosures**

**Genetic Information Nondiscrimination Act of 2008**

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



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# Legal Notices

## USERRA Notice

***Your Rights Under USERRA***

**A. The Uniformed Services Employment and Reemployment Rights Act**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

**B. Reemployment Rights**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

**C. Right to Be Free from Discrimination and Retaliation**

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

**D. Health Insurance Protection**

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

**E. Enforcement**

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resFor assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at *http://www.dol.gov/vets.* An interactive online USERRA Advisor can be viewed at *http://www.dol.gov/elaws/userra.htm*.
- olve complaints of USERRA violations.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: *http://www.dol.gov/vets/programs/userra/poster.htm*. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.



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*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.*