



2020 BENEFITS GUIDE

October 1, 2020 - September 30, 2021

This document is an outline of the coverage proposed by the carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Your full Summary Plan Document (SPD) is made available through your Human Resources Department.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific coverage issues can be directed to the Benefit Advocates at Gallagher Benefit Services, Georgetown.GBS.CustomerService@ajg.com.

Table of Contents

• Customer Service and Contact Information	1
• Benefits Guide Information	2-3
• Benefits Overview	4
• Where to Go for Care	5
• Medical Plan Chart Base Plan	6
• Medical Plan Chart Buy Up Plan	7
• S&W Extras	8-14
• Dental Plan Benefits	15
• Vision	16
• Flexible Spending Account	17-22
• Basic Life & AD&D	23
• Voluntary Life Benefits & Rates	24
• Long-Term Disability (LTD) Benefits	25
• Employee Assistance Program (EAP)	26-31
• Legal Shield	32
• Nationwide 457	33
• Aflac	34-36
• ICMA-RC	37
• Employer Cafeteria Plan – Pre-Tax Deductions	38
• Taylor - Made Benefits	39
• Payroll Deductions	40
• Retiree Rates	41
• Important Information - Notices	42
• CHIPRA Notice	43
• Medicare D Notice	44-45

****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 pages 44-45 for more details.**

Customer Service and Contact Information

Gallagher Benefit Services is here to act as a liaison in your dealings with insurance carriers. If you are having problems getting claims paid or have questions regarding your coverage, let us deal with the insurance company for you. Please contact anyone at Gallagher Benefit Services with questions regarding your employee benefits package.

For information on how to enroll, please contact your Human Resources Department.

Your Gallagher Benefit Services Team:

Producer/Benefits Broker	Jeff Kloc	512-930-8350	Jeff_Kloc@ajg.com
Senior Client Service Manager	Sandra Quintanilla	512-930-8347	Sandra_Quintanilla@ajg.com
Senior Client Service Associate	Tammy Jowers	512-930-8354	Tammy_Jowers@ajg.com

City of Taylor Contacts:

HR Director	Kim Peterson	512-352-5993	kim.peterson@taylortx.gov
HR Admin. Assistant	Chris Silva Gonzales	512-352-5993	csilva-gonzales@taylortx.gov

Benefit	Carrier	Customer Service	Website and/or Email
Medical Prescription Drugs	Scott & White	800-321-7947	www.swhp.org
Dental Discount Vision	Sun Life Financial VSP Discount	800-442-7742 800-877-7195	www.slfserviceresources.com www.vsp.com/find-doctor-results.html
Vision	Dental Select	800-999-9789	www.dentalselect.com
Basic Life AD&D	Unum	866-679-3054	www.unum.com
Voluntary Life and AD&D	Unum	866-679-3054	www.unum.com
Long-Term Disability (LTD)	Lincoln Financial Group	800-423-2765	www.lfg.com
Employee Assistance Program (EAP)	Alliance Work Partners	800-343-3822	www.awpnw.com
Flexible Spending Account (FSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Deferred Compensation 457 Plan	Nationwide	877-677-3678	www.nationwide.com
Deferred Comp 457 Plan	ICMA	800-669-7400	www.icmarc.org
Short term disability, cancer and critical illness	AFLAC	512-825-4522	www.aflac.com
Legal and ID theft protection	Legal Shield	512-740-3322	jlavender@legalshieldassociate.com

Benefits Guide Information

Who is Eligible?

Employees – You are eligible to enroll in the City's benefit plans if you are a regular, active full time employee scheduled to work at least 30 hours per week. As a regular full time employee you are eligible for benefits on the first day of the month following your date of hire.

Retirees – Full time employees retiring from the City under TMRS and covered by the City's medical insurance at time of retirement are eligible to receive insurance coverage. Contingent on funding, a portion of premiums for the retiree may be paid by the City for up to 5 years or until retiree attains age 65 or becomes eligible for coverage through other employment or through disability retirement through the federal government.

Dependent Eligibility – You may also cover your eligible dependents, including:

- Your legal spouse
- Your children up to age 26 for medical coverage; your unmarried, eligible children up to age 26 for dental and vision coverage. (Children are defined as your natural children, stepchildren, legally adopted children and children for whom you are the court appointed legal guardian.
- Dependent grandchildren – must meet the requirement above and must be listed as a dependent on your last IRS Tax Return or your spouse's federal income tax return. Proof of claiming the dependent may be required from time to time.
- Children of any age who are incapable of self-support due to physical or mental disability. Proof of disability may be required from time to time.

When Coverage Begins

Initial Enrollment – When you first join the City you have 31 days to enroll yourself and dependents for benefits and coverage begins the first day of the month following your hire date. If you do not enroll within 31 days of hire, you will automatically be enrolled in company sponsored benefits such as TMRS Retirement and Long Term Disability but you will have to wait until the next annual Open Enrollment to enroll in medical and dental coverage.

Annual Open Enrollment – Annual Open Enrollment is Aug 20th - Sept 2nd 2020. Coverage takes effect on October 1, 2020. Open enrollment is the only time you may enroll in coverage without the occurrence of a qualifying event.

IRS regulations require that for a qualifying event, enrollment forms be turned into Human Resources within 31 days of the date of the qualifying event. Your benefit change must be consistent with your change in family status.

Waiving Coverage

If you are a full time employee declining or dropping medical coverage for yourself, you are eligible for \$100 / month as follows:

You must provide proof of other insurance for the coverage you are declining or dropping

Sign a Waiver of Benefits form indicating you are aware that City provided medical coverage has been made available to you.

If you later decide that you want City provided coverage, you will not be able to enroll until the next Open Enrollment or within 31 days of a qualifying life event.

When Coverage Ends

Coverage for you and your dependents will end on the earliest of the following:

- The last day of the month in which you terminate your or your dependents' coverage
- The last day of the month in which you or your dependents no longer meet eligibility requirements

Making Changes to coverage

Once you enroll, these choices remain in effect through September 30, 2021. You may only make changes during the year if you have one of the following qualifying events:

- Marriage, divorce, legal separation or death of a spouse
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, or reaching the dependent child age limit.
- Change in employment status, such as starting or ending employment for your spouse or children.

Premium Deduction Errors

It is your responsibility to verify that the premium deductions taken from your paycheck are correct. Any deduction errors must be reported immediately to Human Resources at 512-352-5993.

- **Enrollment Form Errors** – It is your responsibility to ensure that information on the Benefits Enrollment Form is correct. If a premium error occurs, notify Human Resources immediately. If an underpayment occurs due to an error you made on the Benefits Enrollment Form, the City has the right to collect any additional premiums owed.
- **Data Entry Error / Delay** – If a data entry error occurs or if data entry is delayed, it will not invalidate the coverage on your Benefits Enrollment Form. Upon discovery, an adjustment will be made to reflect the correct premium owed by you.

Benefits Guide Information

Benefits ID Cards

Benefits ID cards are issued for health insurance only and you should receive your ID cards within two or three weeks of enrolling or making changes to your benefits. You can go to www.swhp.org to create an online account and print a temporary card if you need one sooner. Assurant Dental does not issue an ID card but if you want one, you can print one from their website by setting up an account. VSP Vision Discount does not issue ID cards and just require that you provide your Social Security Number to access services.

Calendar Year Deductible and Out-of-Pocket Maximum:

Expenses incurred toward your annual deductible and out of pocket maximum are credited on a calendar year basis, January 1 to December 31. Your deductible and out of pocket maximum will restart January 1st of each year, regardless of the expenses you incurred in the prior calendar year or when your annual open enrollment period occurs.

Primary Care Physicians/Specialty Physician Referrals:

You are not required to select a primary care physician (PCP) or obtain referrals for specialty physicians. Be sure that all providers including doctors, labs, x-rays, etc., participate in-network for the best coverage.

Dependent Age Limitation:

Your children are eligible for coverage on your medical and dental plan until age 26. Your children are eligible for coverage on your Voluntary Life plan until age 19 or 25 if a full time student.

In-Network vs. Out-of-Network Benefits:

City of Taylor's Base medical plans only offers in-network benefits. City of Taylor's Buy Up medical plans offer in-network and out-of-network benefit levels. When a doctor or hospital agrees to be in the Plan's network, they are contractually bound not to charge over a specific amount for services covered by the Plan. When you choose an in-network provider, they will file a claim on your behalf and you are not held responsible for amounts that the provider may charge in excess of their contracted rates. Out-of-network expenses are paid according to 'Usual and Customary' charges, which may leave you with significant out-of-pocket expenses. For the best benefit available under the plan, you should utilize in-network providers when possible.



Benefit Overview

The City of Taylor provides several categories of benefits from which employees may choose to participate. The plans are in effect October 1, 2020 to September 30, 2021.

Benefit Plan	Automatic	Voluntary	Who Pays	How you Pay
Medical Plan - Employee Only		√	The City	No cost
Medical Spouse, dependent, Family		√	You	Before or After Tax*
Dental Plan - Employee Only		√	The City	No cost
Dental Spouse, dependent, family		√	You	Before or After Tax*
Vision Plan - Employee Only		√	The City	No cost
Vision Spouse, dependent, family		√	You	Before or After Tax*
Flexible Spending Account		√	You	Before Tax*
Dependent Care Account		√	You	Before Tax*
TMRS Retirement	√		The City & You	Before Tax*
Basic Life & AD&D	√		The City	No Cost
Lincoln Financial (LTD)	√		The City	No Cost
Employee Assistance Program (EAP)	√		The City	No Cost
AFLAC		√	You	Before Tax*
ICMA (451 plan)		√	You	Before Tax*
Nationwide Deferred Comp (457 plan)		√	You	Before Tax*
Legal Shield & ID Theft Protection		√	You	After Tax

*For your cost for Dependent Medical, Dependent Dental, Dependent Vision & Supplemental Insurance, you can choose what is to be paid on a before or after tax basis through your payroll deductions. Before tax means that your benefit deductions go farther because you save the federal income tax that would otherwise be required on these contributions.

Where to go for care

Care Center	Why would I use this care center?	What are examples of conditions that can be treated?	What are the cost and time considerations?
Virtual Visits	<ul style="list-style-type: none"> You need routine care or treatment for a current health issue. 	<ul style="list-style-type: none"> Allergies Asthma Nausea Pink Eye Cold/Flu Sinus Infections 	<ul style="list-style-type: none"> Download App Answer personal health questions Best to set up prior to requiring a visit. Requires a copayment
Doctor's Office	<ul style="list-style-type: none"> 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 medication and can recommend a specialist, if necessary. Referral to a specialist is not needed. 	<ul style="list-style-type: none"> Routine checkups Immunizations Manage your general health 	<ul style="list-style-type: none"> Normally requires an appointment Little wait time with scheduled appointment Requires a copayment
Convenience Care Clinic	<ul style="list-style-type: none"> You cannot get into your doctor's office, but your condition is not urgent or an emergency. Convenience care clinics are located within pharmacies or grocery stores offering services for minor health conditions. Staffed by nurse practitioners and/or physician assistants. 	<ul style="list-style-type: none"> Common infections (i.e. strep throat) Minor skin conditions (i.e. poison ivy) Flu shots Pregnancy tests Minor cuts Ear aches 	<ul style="list-style-type: none"> Walk-in patients welcome with no appointment necessary, but wait times can vary Requires a copayment
Urgent Care Center	<ul style="list-style-type: none"> You need care quickly, but it is not an emergency and your primary physician may not be available. Urgent care centers offer treatment for non-life threatening injuries or illnesses. Staffed by qualified physicians. 	<ul style="list-style-type: none"> Sprains Strains Minor broken bones Minor infections Minor burns Stiches 	<ul style="list-style-type: none"> Walk-in patients welcome, but waiting periods could be longer as patients with more urgent needs will be treated first Requires a copayment
Emergency Room (ER)	<ul style="list-style-type: none"> You need immediate treatment of a very serious or critical condition. The ER is for treatment of life threatening or very serious conditions that require immediate medical attention. Do not ignore an emergency situation. If a situation seems life threatening, take action. Call 911 or your local emergency number right away. 	<ul style="list-style-type: none"> Heavy bleeding Large or open wounds Sudden change in vision Chest pains Major broken bones Major burns Spinal injuries Severe head injury Difficulty breathing 	<ul style="list-style-type: none"> Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first Requires Deductible/Coinsurance & a copayment



Scott & White
HEALTH PLAN



Medical Plan Chart-Base Plan

Medical Plan Information
 Scott & White
 Claims, Benefits: www.swhp.org
 Customer Service: 800-321-7947
 Group No. 008969

S&W Base Plan Medical Benefits	In-Network	Out-of-Network
Annual Deductible Co-pays do not accumulate	\$1,500 Individual \$3,000 Family	— —
Annual Out-of-pocket Maximum Includes deductible, co-insurance and co-pays	\$5,000 Individual \$10,000 Family	— —
Co-insurance In-network benefit	80%	—
Hospital Services - Inpatient	80% after deductible	—
Emergency Room Treatment (Emergency Situation) Facility Physician	\$250 Copay + 20% of Charges 80% after deductible	\$250 Copay + 20% of Charges 80% after deductible
Urgent Care Center Services Additional services/supplies may incur additional fees	\$75 Copay	\$75 Copay
Physician Visits Primary Care Physician Specialist	\$30 Copay \$50 Copay	— —
Preventive Care Physician's Services Preventive Testing	100%	—
Office & Outpatient Surgery	80% after deductible	—
Diagnostic Lab and X-Ray - Outpatient	100%	—
Major Diagnostic (CT, PET, MRI, MRA and Nuclear Medicine)	80% after deductible	—
Prescription Drug Program *		
Annual Deductible	N/A	—
Generic	\$10 Copay	—
Preferred Brand Name	\$45 Copay	—
Non-Preferred Brand Name	\$85 Copay	—
Specialty	15% / 25%	—

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.



Medical Plan Chart-Buy Up Plan

Medical Plan Information
 Scott & White
 Claims, Benefits: www.swhp.org
 Customer Service: 800-321-7947
 Group No. 011290

S&W Buy Up Plan Medical Benefits	In-Network	Out-of-Network
Annual Deductible Co-pays do not accumulate	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family
Annual Out-of-pocket Maximum Includes deductible, co-insurance and co-pays	\$5,000 Individual \$10,000 Family	\$15,000 individual \$30,000 family
Co-insurance In-network benefit	80%	50%
Hospital Services - Inpatient	80% after deductible	50% after deductible
Emergency Room Treatment (Emergency Situation) Facility Physician	\$250 Copay + 20% of Charges 80% after deductible	\$250 Copay + 20% of Charges 80% after deductible
Urgent Care Center Services Additional services/supplies may incur additional fees	\$75 Copay	\$75 Copay
Physician Visits Primary Care Physician Specialist	\$30 Copay \$50 Copay	50% after deductible 50% after deductible
Virtual Visit	\$30 Copay	Not Covered
Preventive Care Physician's Services Preventive Testing	100%	50% after deductible
Office & Outpatient Surgery	80% after deductible	50% after deductible
Diagnostic Lab and X-Ray - Outpatient	100%	50% after deductible
Major Diagnostic (CT, PET, MRI, MRA and Nuclear Medicine)	80% after deductible	50% after deductible
Prescription Drug Program *		
Preferred Generic	\$8 Copay	\$8 Copay
Preferred Brand Name	\$35 Copay	\$35 Copay
Non-Preferred Generic or Brand Name	\$70 Copay	\$70 Copay
Specialty	\$200/ \$300/ \$400	\$200/ \$300/ \$400

* If a brand name prescription is dispensed when a preferred generic is available, a copay of 50% applies.

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.





Healthcare in a snapp.

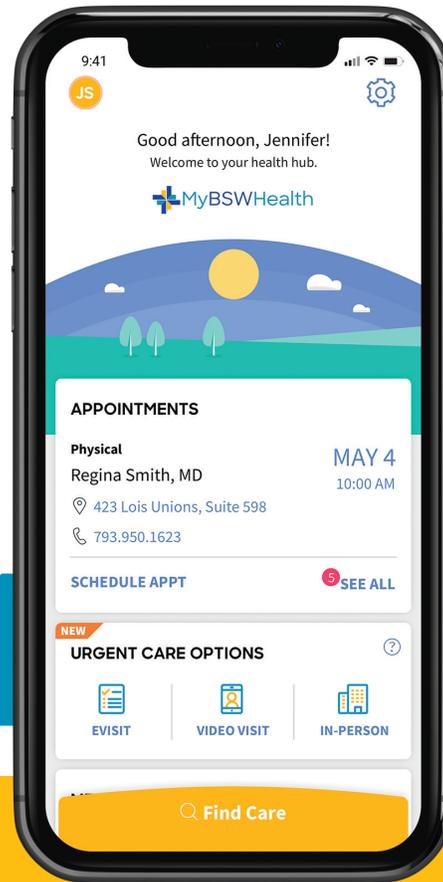
Receive care from the
comfort of your home,
or anywhere in Texas.

Conduct an eVisit for common medical conditions and get care fast

- ▼ Complete an online interview about your symptoms; it takes only 5-10 minutes
 - ▼ Receive a response from a Baylor Scott & White Health provider within one hour
 - ▼ Prescriptions (if needed) will be sent immediately to your preferred pharmacy
- Clinicians are available seven days a week,
8:00 AM – 8:00 PM. If you complete the survey after
8:00 PM, you will receive a response by the next day.

Schedule a same-day Video Visit with a provider, face-to-face

- ▼ Schedule your appointment
 - ▼ Talk with a Baylor Scott & White Health provider live about your symptoms
 - ▼ Visits are quick: just 10-15 minutes
 - ▼ Prescriptions (if needed) will be sent immediately to your preferred pharmacy
- Clinicians are available seven days a week,
8:00 AM – 8:00 PM.



Be sure to link your health plan account in the app by using the following steps:

1. Tap the gear icon in the top right corner
2. Tap "Manage Linked Accounts"
3. Tap "Link Account" under SCOTT & WHITE HEALTH PLAN
4. Enter member information



Scott & White
HEALTH PLAN



Baylor Scott & White
HEALTH

Get the MyBSWHealth app



Welcome to Scott & White Care Plans!

Welcome to Scott & White Care Plans (SWCP), a wholly owned subsidiary of Scott and White Health Plan, and part of the Baylor Scott & White Health family of companies. With Scott & White Care Plans, you will have access to the renowned doctors, specialists and facilities of the Baylor Scott & White Health system.

Beyond the Baylor Scott & White Health system, Scott & White Care Plans offers access to thousands of providers throughout North, Central and West Texas to ensure members have plenty of in-network options for care. You'll find useful information about what we have to offer in this booklet—and if you have questions, we're happy to answer them.

Got a question?

Our highly trained Customer Advocates can help you with things like finding a provider and answering questions about your benefits or claims. Whatever your question or concern may be, our Customer Advocates will work with you to resolve it as quickly as possible—in most cases, before you hang up the phone.

Contact us by phone

800.321.7947

7 AM - 7 PM

Monday - Friday

Contact us through the member portal

Log in at [MyBSWHealth.com](https://www.mybswhealth.com)

to send a secure email and receive a secure response.

Nurse Advice Line

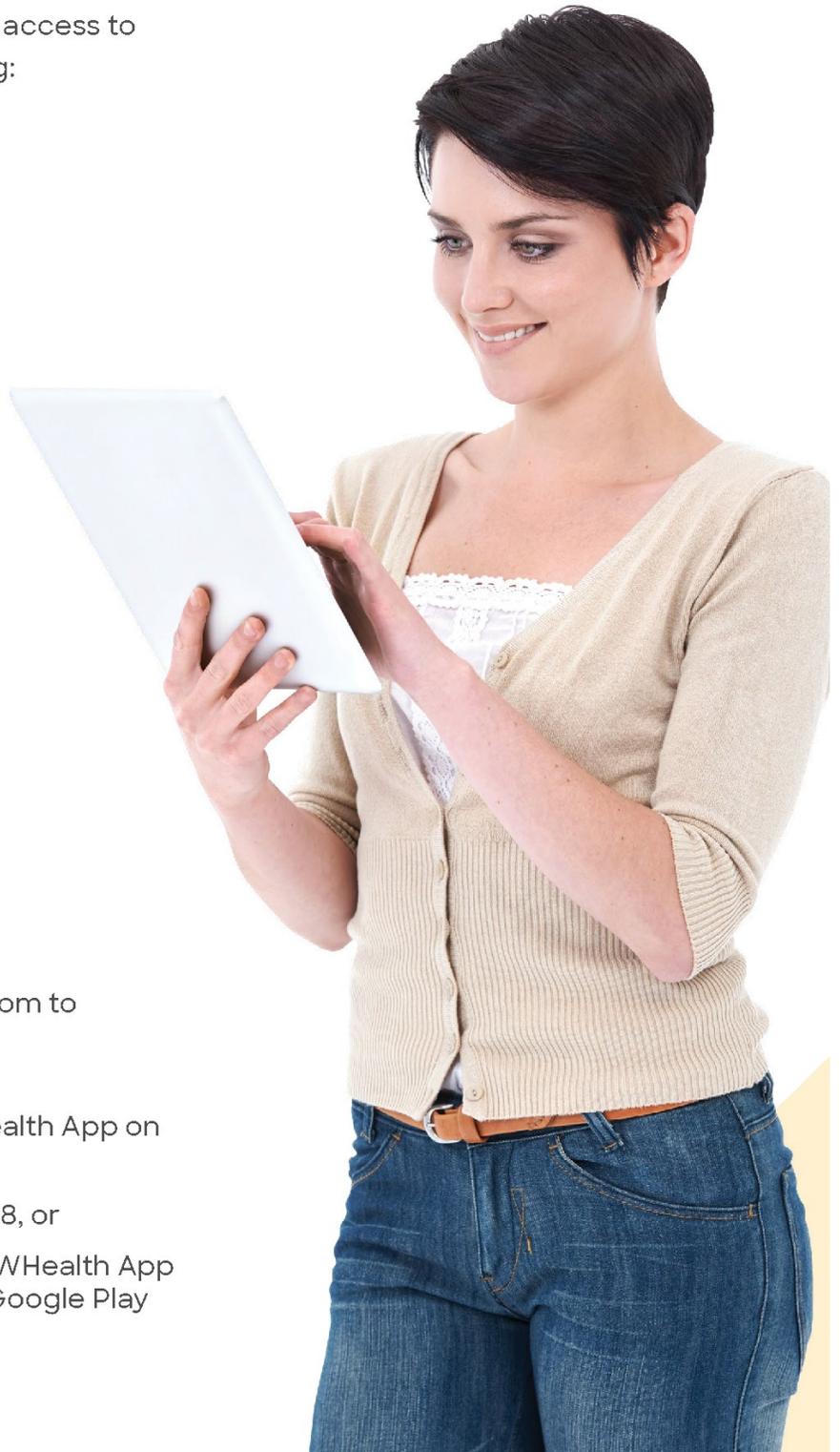
Nurses are available 24/7 to talk through your symptoms and help you make decisions on next steps, whether that's an appointment or an at-home remedy. The Nurse Advice Line phone number is on the back of your member ID card.



24/7 self-service on our member portal

MyBSWHealth offers our members access to 24/7 self-service features, including:

- View and print ID cards
- Find a provider
- Take advantage of eVisits and same-day Video Visits
- See copay information
- View claims, authorizations and deductibles
- Enjoy wellness features
- See Explanations of Benefits
- Message Customer Service
- And more!



Get started today



1. Visit [MyBSWHealth.com](https://www.mybswhealth.com) to register or log in



2. Install the MyBSWHealth App on your mobile device:

- Text BETTER to 88408, or
- Download the MyBSWHealth App in the App Store or Google Play

Better health starts with you

Elevate your well-being with our comprehensive suite of digital resources. Log in to your member portal to get started.

Digital Health Coaching – 6-week coaching modules with action plans, important articles, online seminars and video content on topics that include:

- Live Tobacco Free
- Healthier Diet
- Less Stress
- Healthy Weight
- Active Living

Progress Tracker – The digital platform has a dashboard to help you keep track of important health information like A1C, weight/BMI, cholesterol, blood pressure and physical activity. These biometric measurements can be charted over time to monitor your long-term health.

Fitness Tracker Integration – Synchronize your personal fitness tracker with the wellness platform to monitor your physical activity progress on the dashboard.

Digital Health Library – Access to articles, videos, recipes and other content to support a healthier life. You can search for condition-specific information or explore highlighted topics.

Challenges – Sometimes you need extra motivation to go the extra mile. You can participate in step challenges, hydration and even relaxation challenges.

Online Community – Access to online community forums where you can give and receive support for goals as well as get feedback from health coaches in the community.

WELL-BEING ASSESSMENT

The Well-Being Assessment is a simple, digital health survey that helps you take steps toward a more vibrant and healthier life. The Well-Being Assessment asks questions about your life and delivers customized action steps from our Lifestyle Management Program. Modules are self-paced, available online, and convenient for promoting physical and mental health – **all things to help you feel your best.**

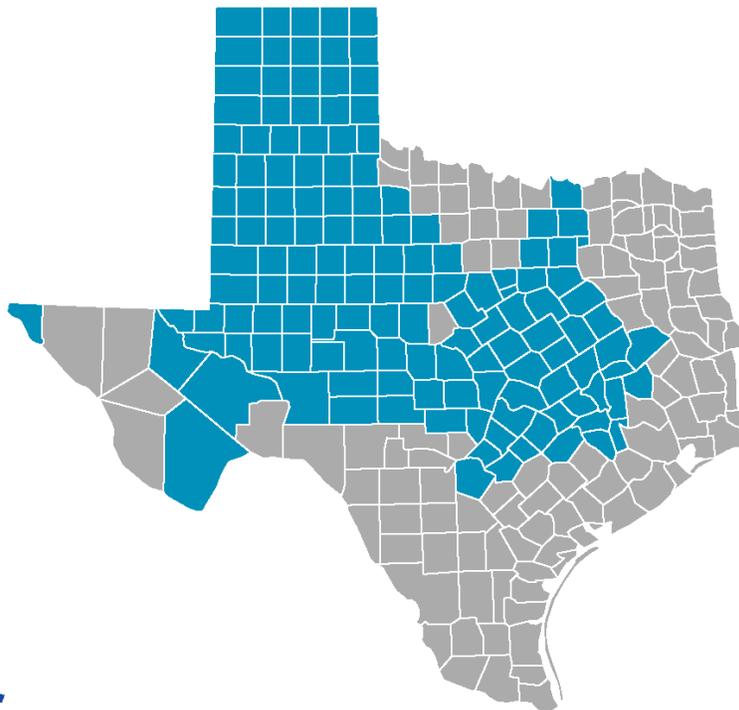
Take the assessment at my.bswhealth.com

Service Area

BSW Plus HMO

If you live or work in one of the blue counties, you are eligible to participate in the BSW Plus HMO Plan.

 Service Area



Find a Provider

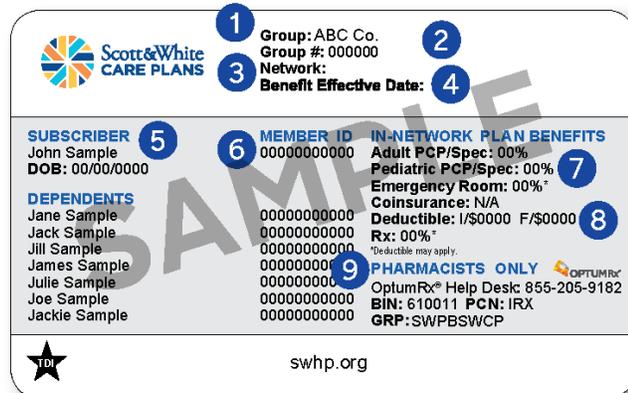
Choose from a broad range of in-network providers by using the [provider search tool](#) at swhp.org.

1. Select Member Type: **Commercial**
2. Select a plan: choose **BSW Plus HMO**
3. Start your search
 - Search by name, specialty and/or location
 - See practice locations, contact information and maps
 - Get details, including network participation and hospital affiliations
 - Add filters for gender, board certification, accepting new patients and more

Referrals are not required to see network specialists, even in our HMO network.

Get to know your member ID card

- 1 Group name
- 2 Group ID number
- 3 Network name
- 4 Benefit effective date
- 5 Member name
- 6 Member ID number
- 7 Copays/coinsurance
- 8 Deductible
- 9 Pharmacy/prescription drug info



- A Customer service phone number
- B 24/7 Nurse Line
- C Information for providers
- D Claims mailing address

You can request a replacement ID card through the member portal or access an electronic card at any time through the MyBSWHealth app.

The ID card above is a sample. The exact location of certain elements may vary on your card.

Get details on your claims with your monthly insurance statement

An electronic Monthly Insurance Statement, also known as an Explanation of Benefits (EOB), is available through the [Member Portal](#) to help you manage your claims expenses at a detailed level. The statement provides line-item detail on charges for that month, including what was billed and covered by Scott & White Care Plans. The amount you owe is included in this statement.

Remaining balances for deductibles and out-of-pocket expenses are also reported. Information for the current month and year-to-date is included. Statements are not provided for prescription claims or claims where the member does not owe anything.

Your EOBs will be available on the [Member Portal](#) unless you specifically request to receive paper EOBs in the mail. To request paper EOBs, log in to the [Member Portal](#) and select "Update Preferences."



1206 West Campus Drive
Temple, TX 76782
Forwarding Service Requested

John Smith
789 TEST STREET
REDGARR, MO 63141

Explanation of Benefits
This is NOT a bill

QUESTIONS?
Customer service: (800) 321-7947
Hours: 7 a.m. to 7 p.m. CT
Website: swfp.org

Member ID: 12345678
Group Number: 012345
Group Name: Sample Company Inc.
Print date: 02/18/2020

Helpful Definitions

Allowed Amount - This is the amount considered for payment based on our provider contracts and your benefits.

Amount Billed - This is the amount your provider billed for the services you requested. Note: this amount does not reflect discounts that the plan has negotiated with the provider or facility.

Amount Paid - This is the amount we paid to you or your provider.

Coinsurance - This represents the amount you are responsible to pay for certain services, typically paid at the time of service.

Copay - This represents the amount you are responsible to pay for certain services, typically paid at the time of service.

Coincidence - The coinsurance is a percentage of the "allowed amount" you are responsible for paying for services after your deductible is met. Providers may require payment when you receive services.

The member is responsible for paying each plan year before the plan lists "Non-Covered" amounts don't count toward meeting the yearly you for these charges.

you are responsible for paying because it is for a service that is not if you've used an out-of-network provider, "non-covered amount" in-network provider bills in excess of the plan-negotiated network rates.

he amount paid by your other insurance carrier.

you have to pay for in-network health services every year. Once you Plan typically pays 100% of your allowed health care charges, subject to

Scott and White Health Plan Compliance Help Line at (888) 464-6977.

Hi John,

This document summarizes your recent benefit activity. It confirms the amount charged by your provider(s) and the amount we paid for those charges.

Cost breakdown

Amount billed:	\$1250.00
Plan discount:	\$600.00
Plan paid:	\$650.00
Not covered:	\$0.00

What you may owe

\$150.00

This is the portion of the billed amount you may owe the provider(s) if payment was not collected at the time of service. The amount may include your deductible, copay, coinsurance, and/or non-covered amount.

Account Summary

Applied Amount	Member Deductible	Total Amount
\$250.00		\$1,500.00 (\$1,250.00 remaining)
\$189.74		\$2,250.00 (\$2,060.26 remaining)
\$1,500.00		\$3,000.00 (\$1,500.00 remaining)
\$2,477.84		\$4,500.00 (\$2,022.16 remaining)

Not in Network AND/OR THERE IS NO AUTH ON FILE

your out-of-network benefit, the provider or facility may bill you for an amount greater than the Health Plan. Out-of-network providers or facilities may not bill you for the copay/coinsurance/deductible indicated above in the following circumstances: (a) treatment from an out-of-network provider while receiving services at an in-network hospital; (b) imaging or laboratory services if related to treatment from an in-network provider.

Discrimination Notice

group assistance services, free of charge, are available to you.

in a applicable Federal civil rights law and does not discriminate on the basis of race, or sex.

su disposición servicios gratuitos de asistencia lingüística.

las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza o sexo.

so dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

điều khoản hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, khu vực, hoặc giới tính.

Dental Plan Summary

Dental Plan Information
 Sun Life Financial
 Claims, Benefits:
www.slfsvcresources.com
 Customer Service: 800-442-7742
 Group No. 900486

Sun Life Financial Dental Benefits	
PPO Plan	In-Network
Type I - Preventive Services Oral evaluations – 1 in 6-months Routine dental cleanings – 1 in 6-months Fluoride treatment – 1 in 6-months. <i>Only for pediatric covered persons under age 19</i> Sealants – 1 per tooth per person <i>Permanent molar teeth only—to age 14</i> Genetic test for susceptibility to oral diseases Bitewing x-rays – 1 in 6-months Panoramic or complete series x-rays – 1 in 60-months Space maintainers. <i>Only for children under age 19</i>	100% - no deductible
Type II - Basic Services New fillings Replacement fillings – 1 in 24 months per filling Simple extractions, removal of exposed roots, incision and drainage Complex extractions Endodontics (includes root canal therapy) Endodontic retreatment (covered after 24 months have passed from initial treatment) Complex oral surgery Biopsy (including brush biopsy) General anesthesia and IV sedation when medically required Minor gum disease treatment: (minor periodontics) Scaling and root planning – once in any 24-month period per area Localized delivery of antimicrobial agents Periodontal maintenance – 1 in any 6 consecutive months Major gum disease treatment: (major periodontics) Gingivectomy, osseous surgery, other major periodontic procedures – 1 in any 36-month period per area	80% after deductible
Type III - Major Services Fixed partial dentures (bridges) and full and partial dentures (removable) Stainless steel crowns. <i>Only for children under age 19</i> Inlay, onlay, and crown restorations	50% after deductible
Annual Deductible (waived for Type 1)	\$50 Individual \$150 Family
Annual Maximum	\$1,000
Orthodontia Adult & Child Coverage	50% Benefit \$1,000 Lifetime Max



While there is a network of providers you can utilize, benefit percentages are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider will result in a lower patient responsibility overall.

Out-of-Network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges

Vision Plan Summary

Vision Plan Information
 Dental Select
 Claims, Benefits: www.dentalselect.com
 Customer Service: 800-999-9789
 Group No. 14001328

Benefit	In-Network	Non-Network
Eye Exam	\$10 co-pay	Up to \$35 reimbursement
Frames/Lenses		
Single Vision	\$10 co-pay	Up to \$25 reimbursement
Bifocal Lenses	\$10 co-pay	Up to \$40 reimbursement
Trifocal Lenses	\$10 co-pay	Up to \$55 reimbursement
Frames	\$100 allowance / 20% off remaining balance	Up to \$50 reimbursement
Contacts - in lieu of glasses		
Medically Necessary	100%	Up to \$200 reimbursement
Cosmetic—Conventional	\$115 allowance / 15% off remaining balance	Up to \$100 reimbursement
Cosmetic—Disposable	\$115 allowance / No Discount	Up to \$100 reimbursement
Contact Lens Fitting	Standard Lenses - Up to \$40 Premium Lenses - 10% off retail	N/A
Exam Frequency		
Exam Frequency	Every 12 months	Every 12 months
Lens Frequency		
Lens Frequency	Every 12 months	Every 12 months
Frames Frequency		
Frames Frequency	Every 24 months	Every 24 months

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

DentalSelect



Flexible Spending Account (FSA)

How can I save with a flexible spending account (FSA)?

Administered by Discovery Benefits www.discoverybenefits.com



A Flexible Spending Account is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax, nor will it be subject to Social Security tax.

What are eligible expenses under the plan?

Premium payments

Allows you to use pre-tax rather than after-tax dollars to pay for your share of employer sponsored insurance premiums (medical, dental and vision). Premium payment is a simple payroll adjustment which is handled internally by your employer's payroll department. Do not add premium contributions to your Health Care FSA expense account contributions.

Health Care FSA

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Health Care Flexible Spending Account. The amount the employee elects to set aside in this account will be held until he or she uses the FSA debit card or submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is **\$2,750 for the 2020 plan year**. Eligible expenses can include, but not limited to*:

- | | |
|---------------------------|-------------------------------|
| Deductible | Chiropractor |
| Co-insurance | Deductibles |
| Prescription Copays | Eyeglasses & Contact Lenses |
| Dental Expenses | Physician Copays |
| Pre-Existing Conditions | Psychologist |
| Special Medical Equipment | Special Tests (allergy, etc.) |

*For a complete list of eligible expenses please see IRS Publication 508.

Dependent Care FSA (must be work related)

Another important part of the Flexible Spending Account is the ability to pay for child care or day care services with before-tax dollars. Your savings will amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is **\$5,000 per calendar year, per family**. Eligible expenses can include:

- | | |
|---------------|---|
| Nursery | Baby-Sitting |
| Private Pre-K | Extended Day Care before & after school |

Note: If you are a highly compensated employee, City of Taylor may be required to discontinue or limit your contributions to the Dependent Care Flexible Spending Account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule. Please see your HR Team if you have any questions.

Flexible Spending Account (FSA)

Use It Or Lose It Provision

\$500 Rollover

If you elect the FSA and have an unused balance at the end of the plan year, you will be able to roll over up to \$500 to the next plan year. Any unused funds over \$500 will be forfeited.

Reimbursement Requests

To submit a claim, follow the following steps:

1. Visit www.discoverybenefits.com and log in after registering.
2. Select File Claims from the ACCOUNTS tab and select the plan for which you would like to file a claim.
3. Select File Claim button from the plan you would like to be reimbursed from.
4. Enter the claim information.
5. Select Add Claim, agree to Terms and Conditions, and select Submit.
6. You will receive a confirmation that your claim was submitted. It will be processed within two business days. If further documentation is needed, you will be notified via email if you have an email address on file or via mail if you do not respond.

You may also submit the Out-of-Pocket Reimbursement request form (found on the Discovery Benefits website) with documentation via mail or fax.

Mail: Discovery Benefits
PO Box 2926
Fargo, ND 58108-2926
Fax: 866-451-3245
Website: www.discoverybenefits.com

You will be issued a Debit card.
If you lose your debit card, please contact
Discovery Benefits to order a new one. Or visit
the Discovery Benefits website at
www.discoverybenefits.com.



Flexible Spending Account (FSA)

HOW IT WORKS

MEDICAL FSA



Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses. The medical expenses must primarily alleviate or prevent a physical or mental defect or illness. **Note:** If you're enrolled in a Health Savings Account (HSA), you're not eligible for a Medical FSA.

Examples of eligible expenses include doctor visits, physical therapy, speech therapy, surgeries, hearing aids, ambulance costs, acupuncture and all Limited FSA eligible expenses.

DEPENDENT CARE FSA



A Dependent Care FSA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for a Dependent Care FSA, you and your spouse (if applicable) must work, be looking for work or be full-time students. You can be enrolled in both an HSA and Dependent Care FSA.

Examples of eligible expenses include preschool and after-school care, daycare providers and summer day camps.

GETTING STARTED WITH AN FSA

PLANNING

Use It or Lose It

The most important step to have success with your FSA is planning ahead. Because the IRS has a "Use or Lose" rule in place for FSAs, funds not spent by the end of a plan year are at risk of being forfeited. **Note:** Your employer's plan may offer a grace period or carryover to reduce this risk.

To plan ahead with your FSA, you'll first want to estimate how much you think you'll spend on qualified expenses throughout the year. Need help determining the amount that's right for you? Use our FSA Calculator at www.DiscoveryBenefits.com/fsacalculator.

WHAT TO CONSIDER WHEN DETERMINING YOUR FSA ELECTION

Big-ticket expenses

Do you have a major surgery expected for the upcoming plan year? Have children who are keeping you busy with trips to the doctor? These types of expenses will almost certainly lead you to spend the maximum amount allowed to be put into an FSA, which means big pre-tax savings for you.

Regular expenses

Items such as dental exams or eye appointments are easy-to-anticipate expenses. Make sure to factor these in when determining your election amount.

MAKING PLAN CHANGES MID-YEAR

There are circumstances — called "qualifying events" — that allow you to make changes to your FSA election in the middle of a plan year. These include:

- Marital status changes
- Number of tax dependent changes (e.g. birth, death, adoption)
- Employment changes (e.g. leave of absence or retirement)
- Dependent doesn't meet eligibility requirements due to change in age or student status
- Change in residence

Flexible Spending Account (FSA)

WAYS TO SPEND

Swipe your benefits debit card to instantly pay for eligible expenses with funds from your benefits accounts. Where you swipe the card will determine whether any steps are needed after that. In addition to using your benefits debit card to pay for services at your healthcare provider's office, you can also use it at the following types of merchants:

IIAS

Many merchants provide IRS-required information for documentation right at the point of sale through an Inventory Information Approval System (IIAS). An IIAS merchant auto-substantiates the claim, so you won't need to provide additional documentation on qualifying expenses.

90% Merchants

Our debit card also works at pharmacies or drug stores that meet the IRS' 90 percent rule. At least 90 percent of the gross sales at these merchants come from eligible medical expenses.

OTHER WAYS TO USE YOUR FSA INCLUDE:

- Paying up front for FSA-eligible products and services and requesting reimbursement by filing a claim and providing documentation, either through the mobile app or your online account. If you've signed up for direct deposit, you'll get reimbursed faster, as the money will get deposited straight into your bank account. You may also receive a check reimbursement.
- Enrolling in Recurring Dependent Care, which means you only need to submit one reimbursement form per year for each daycare provider used.

SPENDING

ELIGIBLE EXPENSES

In order to pay for an expense using your FSA dollars, that expense has to be considered eligible by the IRS. To view our searchable list of eligible expenses, go to www.DiscoveryBenefits.com/eligibleexpenses.

FSA STORE

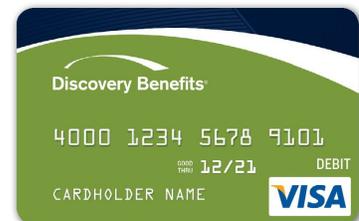
Need to spend down your balance but not sure what to use your funds on? Discover thousands of eligible FSA expenses at www.DiscoveryBenefits.com/fsastore and make purchases for FSA-eligible items using your pre-tax funds.

THE BENEFITS DEBIT CARD

With the Discovery Benefits debit card, using your FSA dollars has never been easier. It streamlines the process of managing multiple benefits plans with us. One card — that's all you need for all of your plans. You'll receive two cards when you enroll, and you can request additional cards for your spouse and dependents 18 years or older — for free — through your online account.

Handy features

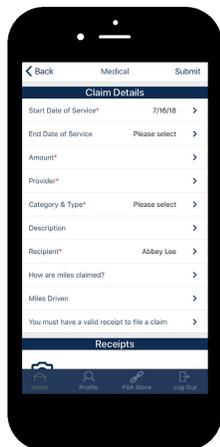
Payments are automatically withdrawn, minimizing out-of-pocket costs. The card's technology ensures that the correct balance is pulled when you swipe it.



Flexible Spending Account (FSA)

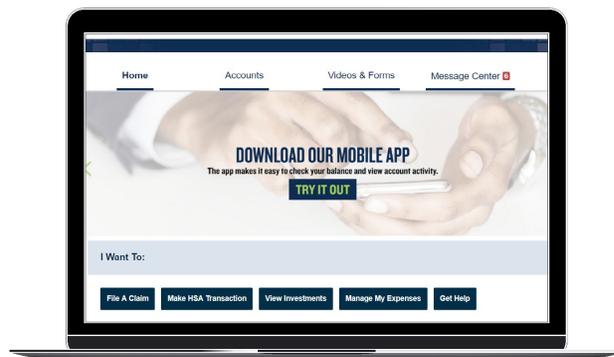
WAYS TO SUBMIT

BENEFITS MOBILE APP



You can submit documentation within minutes using the Benefits Mobile App by Discovery Benefits. Our app is the quickest and easiest method for filing claims and submitting documentation for your FSA purchases because it lets you use your phone's camera to take pictures of documentation and upload it on the spot.

ONLINE ACCOUNT



You can also submit documentation through your online account or via fax or mail. To submit documentation through your online account, log in and follow the prompts you see in the "Receipt(s) Needed" menu under the Home tab. If further documentation is needed beyond what you provide, you'll receive an email if an email address is on file.

SUBMITTING DOCUMENTATION

SUBSTANTIATE YOUR CLAIMS

To show that expenses incurred are eligible, the IRS requires purchases made with an FSA be substantiated. This process verifies that purchases made with FSA funds meet regulatory requirements.

A good rule of thumb when submitting documentation is to provide your Explanation of Benefits (EOB) document from your insurance provider, as this typically includes all the required information to substantiate an expense.

DOCUMENTATION REQUIREMENTS FOR MEDICAL FSA EXPENSES

- **Date** service was received or purchase was made
- **Description** of service or item purchased
- **Dollar amount**
- **Provider or store name** (in some cases, a Medical Necessity Form, prescription or physician letter may be required).

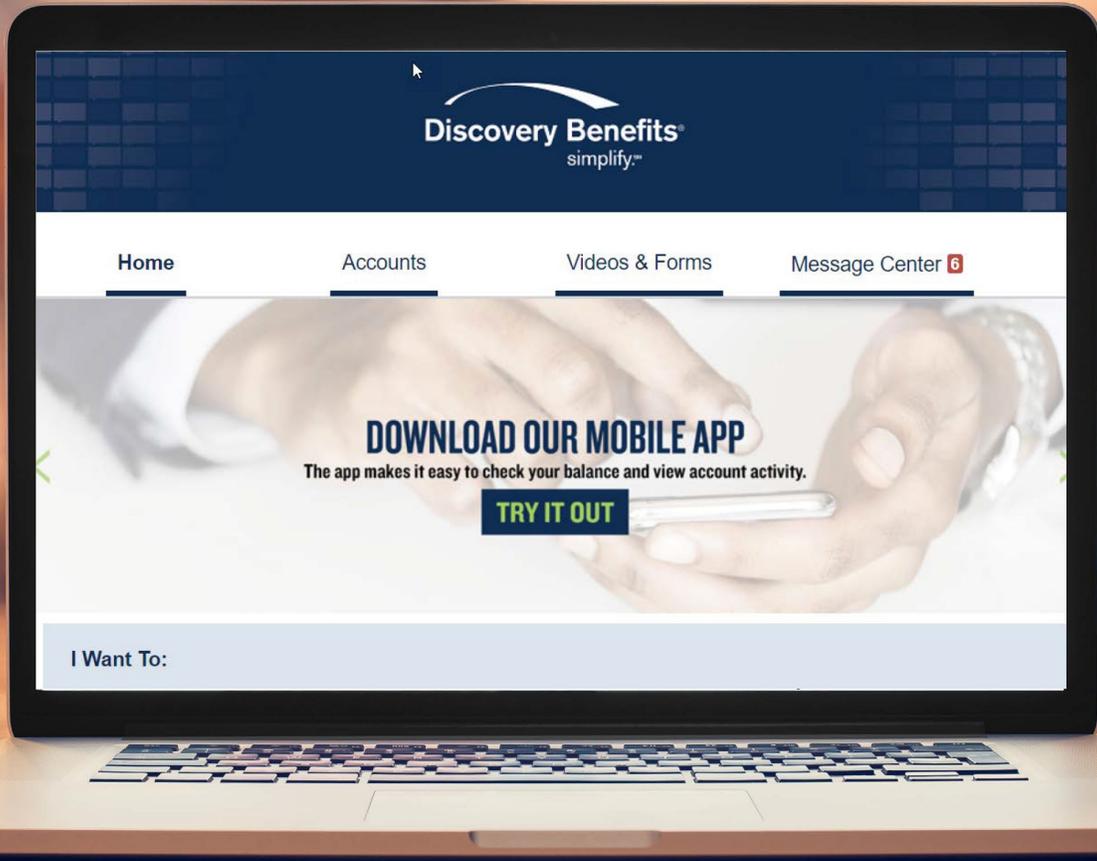
DOCUMENTATION REQUIREMENTS FOR DEPENDENT CARE FSA EXPENSES

- **Date(s)** of service
- **Dependent's name**
- **Description** of service(s)
- **Dollar amount**
- **Provider's name, address and tax ID or social security number**

Flexible Spending Account (FSA)

Discovery Benefits®

a wex company



YOUR ONLINE ACCOUNT



**ACCESS BALANCE,
CLAIM ACTIVITY &
OTHER ACCOUNT
INFORMATION**
24/7



**EASILY VIEW OR
ADD EXPENSES
FROM
USER-FRIENDLY
DASHBOARD TAB**



**FIND VIDEO & GUIDE
RESOURCES FOR
ADDITIONAL
EDUCATION**



**MANAGE YOUR
HSA INVESTMENTS
AND USE
INVESTMENT
GUIDANCE TOOLS**



**ADD AN
AUTHORIZED
REPRESENTATIVE
TO YOUR ACCOUNT**

Basic Life & AD&D

Basic Life & AD&D
Unum
Claims, Benefits: www.unum.com
Customer Service: 866-679-3054
Group No. 203247

Basic Life & AD&D Benefits	
Life Benefit	1x Annual Salary up to \$150,000
Guarantee Issue Amount	\$150,000
Age Reductions	35% at Age 70 50% at Age 75
Accidental Death and Dismemberment (AD&D) Benefit	Matches Life Benefit



Voluntary Life Summary & Rates

Voluntary Term Life Information
 Unum
 Claims, Benefits: www.unum.com
 Customer Service: 866-679-3054
 Group No. 203247

Unum Voluntary Life Benefits			
Employee Life Amount	Up to 4x Annual Salary or \$300,000		
Employee Guarantee Issue Amount	\$50,000		
Spouse Life Amount	Maximum of \$150,000 (not to exceed 50% of Employee's amount)		
Spouse Guarantee Issue Amount	\$25,000		
*Child Life Amount	Live Birth to 6 Months: \$100 6 Months to Age 19 (25 if FT Student): \$10,000		
Age Reduction Schedule (age 70) Employee Spouse	Lesser of 1x Annual Salary or \$30,000 Lesser of \$15,000 or 50% of Employee's Amount (TERMINATES AT RETIREMENT)		
Evidence of Insurability	Required if plan has not been previously elected		
Monthly Age Rated Premiums	Employee Non-Tobacco (per \$10,000)	Employee Tobacco (per \$10,000)	Spouse (per \$5,000)
Life Rate: Up to 30	\$0.94	\$1.62	\$0.54
30 - 34	\$1.09	\$2.05	\$0.65
35 - 39	\$1.64	\$3.09	\$1.01
40 - 44	\$2.27	\$5.18	\$1.72
45 - 49	\$3.93	\$8.90	\$2.86
50 - 54	\$7.06	\$15.86	\$4.58
55 - 59	\$12.18	\$21.08	\$6.36
60 - 64	\$17.48	\$27.39	\$9.04
65 - 69	\$29.01	\$54.29	\$13.50
70 - 74	\$44.81	\$74.29	\$22.49
75 +	\$119.84	\$160.96	\$54.82
Child Life Rate (per \$2,000)	\$0.47		

For example: A 36-year-old employee (non-tobacco) wants \$100,000 of coverage

$$\frac{\$100,000}{\text{Elected Benefit Amount}} \div \$10,000 = 10 \times \frac{\$1.64}{\text{Rate Above}} = \frac{\$16.40}{\text{Your Monthly Cost}} \div 2 = \frac{\$8.20}{\text{Your Semi Monthly Cost}}$$

*Guarantee Issue amounts listed are only available to new hires, their spouses and their children after the initial offering. All other eligible employees and spouses will be required to submit Evidence of Insurability for any new coverage amount or increase in coverage amount.



Long-Term Disability (LTD) Summary

LTD Plan Information
 Lincoln Financial Group
 Claims, Benefits: www.lfg.com
 Customer Service: 800-423-2765
 Group No. 10146774

Lincoln LTD Benefits	
<i>This plan is 100% paid by City of Taylor</i>	
Monthly Benefit	60% of Salary
Maximum Monthly Benefit	\$6,000
Elimination Period	90 Days
Maximum Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age
Own Occupation Limitation	Beginning at the end of the Elimination Period and ending 36 months later for Insured Employees
Mental Health Limitation	24 Months
Substance Abuse Limitation	24 Months
Definition of Earnings	Basic Monthly Earnings not including commissions, bonuses, overtime pay, or any other extra compensation.
Pre-existing Limitations	3/12

Please review your plan document for an exact description of the services that are covered, those which are excluded or limited, and other terms and conditions of coverage.



Employee Assistance Program (EAP)

City of Taylor

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, *confidential* services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-TAYLOR-2928

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

Employee Assistance Program (EAP)



Your Employee Assistance Program Navigating AWPnow.com

Your EAP offers many resources to help you become more resilient, cope with unfortunate events and uncover a better you. AWP now.com is computer, phone and tablet friendly and your gateway for online tools, helpful resources, training content, motivating webinars and legal/financial information.



◆ Logging into your EAP website –

AWPnow.com/main/benefits/

- ◆ AWPnow.com/main.benefits/
- ◆ Log in with email address and password
- ◆ Create an account: 1st time logging in? Use your Registration Code available on your EAP Benefit Flyer or email us at AM@alliancewp.com

◆ View your EAP Orientation Video

- ◆ On the main page, your EAP Orientation is a brief introduction to your EAP services

◆ Visit the Blog

- ◆ When you need motivation, AWP provides a blog of timely information, articles and tips to make the most of your day

◆ Creating a Will

Creating a will is an important step in planning the distribution of your estate (assets including real and personal property) following your death. A will allows for any children, your spouse, other family members, and pets to be provided for after your death. Although making a will is a sobering experience, your loved ones and friends will thank you for being so organized and thoughtful ahead of time. **Your EAP website provides a resource for you to create a will along with other important estate planning documents at no cost to you.**

To get started:

- ◆ Go to **AWPnow.com**
- ◆ Select Benefits > **Law Access**
- ◆ Click **Connect to Law Access**
- ◆ On the right, in the blue Legal & Financial Center box, select **Click here** to access legal and financial content.
- ◆ **Download Quicken WillMaker & Trust** to create your customized estate plan.
- ◆ Remember to **include your discount code at checkout** to receive this invaluable tool for free.

Contact Us Today: AM@alliancewp.com | 800-343-3822

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alliance work partners
A wap Program

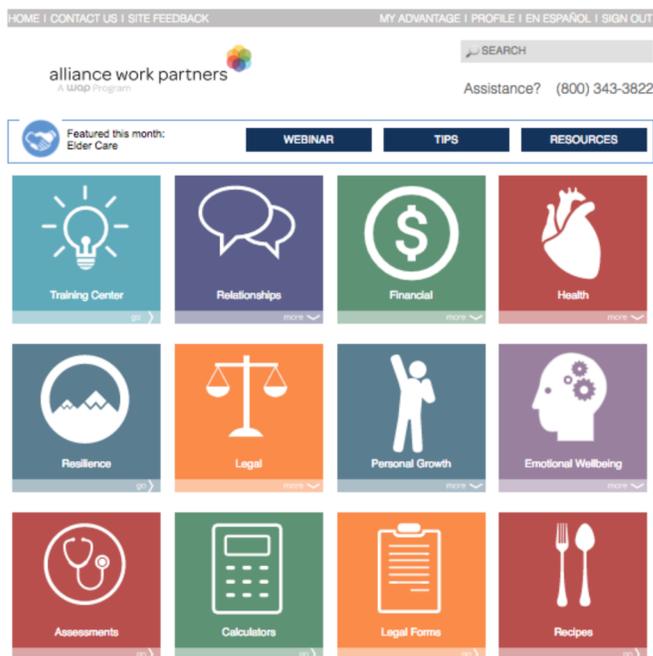
Employee Assistance Program (EAP)



Your Employee Assistance Program Navigating AWPnow.com

◆ **Access HelpNet** for helpful self-paced information on a variety of life events

- ◆ Select *Benefits > Help Net*
- ◆ Click *Connect to Help Net*
- ◆ If you have a topic in mind, enter it into the gray Search Box on the right and press enter
- ◆ To view personal development webinars
 - Scroll to the bottom and select the teal box labeled *Webinars*
 - There are three upcoming webinars listed
 - Select *Click here to view all archived Webinars* – over 70 available
 - Popular topics include: Caring for Elders at Home, Money Basics, Relaxation Techniques, Retirement Redefined and many more
- ◆ To view professional development courses
 - Select the teal tile labeled *Training Center* for topics including Communication, Professional Development, Leadership, Work/Life Balance, Interpersonal Skills and more
- ◆ Other Help Net tile topics are: Relationships, Financial, Health, Resilience, Legal, Personal Growth, Assessments, Calculators, Health Video and Shopping



◆ **AWP Webinars** – AWP provides monthly webinars that can be viewed at your convenience and are accessible for up to 90 days

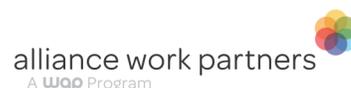
- ◆ Register for upcoming Webinars, select *Webinars*
- ◆ View Webinar Recordings currently available, select *Webinars > Recordings*

◆ **View AWP Publications** – Get inspired, prepared or informed for many life events by selecting Publications

- ◆ Preparedness and Response – Simple proactive steps can help us survive traumatic events
 - The Flu
 - Severe Weather
 - Identity Theft
 - Coping with terrorism
 - Traumatic events
- ◆ Suicide Prevention – Information on an important topic
- ◆ Tips Sheets – Benefit flyers for more information on your benefits

Contact Us Today: AM@alliancewp.com | 800-343-3822

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Anatomy of a Simple Will

Your AWP EAP

LawAccess

Benefit provides many resources to assist you, including consultations with an attorney to answer questions and document review related to Wills, Living Wills, Estate Planning and more.

For additional information, templates and more regarding Creating or Changing your Will, visit your EAP Website at www.AWPnow.com, and / or call us at 1-800-343-3822.

1-800-343-3822
TDD 800-448-1823
AM@alliancewp.com
www.awpnow.com

Why Have a Will?

A will is a legal document which states how the testator's property is to be distributed at death. A valid will minimizes issues that may arise from dying without a will and allows a person to leave property to the persons he or she desires.

Other Purposes of Wills:

- Designate the individual(s) who will manage property.
- Designate the individual(s) who will care for minor children.
- Create a trust ~ a method by which property is held by one party (the trustee) for the benefit of another (the beneficiary).



Your EAP website provides a resource for you to create a simple will along with other important estate planning documents at no cost to you.

To get started:

- ✓ Go to AWPnow.com
- ✓ Select Benefits > Law Access
- ✓ Click Connect to Law Access
- ✓ On the right, in the blue Legal & Financial Center box, select [Click here](#) to access legal and financial content.
- ✓ Download Quicken WillMaker & Trust to create your customized estate plan.
- ✓ Remember to include your discount code at checkout to receive this invaluable tool for free.

Here for you as life happens ...



Employee Assistance Program (EAP)

LawAccess

Will Basics

Although making a will is a sobering experience, your loved ones and friends will thank you for being so organized and thoughtful ahead of time.

People find that preparing a will provides great peace of mind, but they often fear that preparing one is complex. A simple will, however, is often merely a list of straightforward tasks designed to help someone wrap up their affairs. Creating a will is an important step in planning the distribution of your estate (assets including real and personal property) following your death.

Basic Requirements for a Last Will and Testament

- **Age:** The testator must be at least 18 years old, married, or serving in the armed forces.
- **Capacity:** The testator must be of sound mind (capable of reasoning and making decisions), not be forced or deceived to make the will, and have the intention to pass on property at death.
- **Signature:** A last will and testament must be signed by the testator or another person at his or her direction and in his or her presence.
- **Witnesses:** A last will and testament must be attested by two credible witnesses above the age of 14 and be signed by the witnesses in the presence of the testator.
- **Writing:** A last will and testament can be in writing, handwritten, or oral. Oral wills have limitations.
- **Beneficiaries:** A last will and testament may bequeath property to any person.

What Should My Will Include?

Your will should detail:

- That you are of sound mind as you are reading and signing the will.
- The names, locations and dates of birth of your immediate family, including your spouse and all children, including adopted children.
- Appointment of a guardian and alternate guardian for any minor children.
- Appointment of a guardian and alternate guardian to manage finances for any minor children.
- A list of who would inherit specific items of property.
- What will happen to any remaining property not specifically mentioned by you.
- Who will be your "executor", the person responsible for carrying out the directions you leave in your will, such as distributing property, paying any debts and taxes.

Where Should I Keep My Will?

- A will should be kept in a safe place such as a bank safe deposit box or fireproof safe at home, where it can be easily located after your death.
- If you keep your will in a safe deposit box, you'll need to arrange for your executor to have access to the box after your death. Many states put a freeze on a safe deposit at death which makes it more difficult to retrieve the will.

When Should I Update My Will?

Your will should be updated whenever:

- You marry or divorce.
- You give birth to or adopt a child.
- When a family member or other beneficiary of your estate dies.
- When someone you've named as an executor, trustee or guardian is no longer able to fulfill that role.
- When you decide to change an executor, trustee or guardian.
- When you want to change the way your property will be distributed.
- When you move to another state.
- When your net worth increases dramatically.

Revising a Will

A will can be revised by:

- Making minor changes in what's called a "codicil," a formal amendment to the will.
- Preparing an entirely new will revoking the prior will.
- Independent events such as divorce or adoption. State laws vary as to the effect these events may have on the validity of your will.

1-800-343-3822
TDD 800-448-1823

AM@alliancewp.com
www.awpnow.com

Here for you as life happens ...

alliance work partners
A **wap** Program





Have You Ever?

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

What is LegalShield?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

The LegalShield® Membership Includes:

- Legal Advice – personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
- Moving Traffic Violations (available 15 days after enroll)
- Trial Defense including Pre-Trial & Trial
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% Preferred Member Discount (Bankruptcy, Criminal Charges, Other Matters, etc.)
- 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

The IDShieldSM Membership Includes:

Full Service Restoration

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

Privacy Monitoring

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

Security Monitoring

SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle.

Consultation

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

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents.

Payroll Deduction Amount	LegalShield	IDShield	Combined
INDIVIDUAL	\$18.95 monthly	\$8.95 monthly	\$27.90 monthly
FAMILY	\$18.95 monthly	\$18.95 monthly	\$33.90 monthly

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.



457 can supplement your pension and help you have a more comfortable retirement.

What is 457?

A 457 deferred compensation plan is a supplemental retirement-savings program that offers a tax-advantaged way to invest for potentially more retirement income. Pre-tax contributions and any earnings are taxed as ordinary income when withdrawn.*

Why join a 457 plan?

By investing through your employer's 457 deferred comp plan, you may be able to fill a potential gap between what your pension provides and income you may need. Consider this: a 65-year-old couple retiring this year may need \$220,000 (in today's dollars) to cover medical expenses throughout retirement.¹

How do you put money in your account?

That's the easiest part! Your contributions are automatically deducted before taxes from your pay, contributed to your 457 plan account, and then invested as you direct.*

Deferred comp is designed for long-term investing. However, if you leave employment with your 457 plan sponsor, you can withdraw money without paying a 10% penalty. Consider that, if you're thinking about early retirement.

What about the risks of investing?

Investing involves market risk, including possible loss of principal. But you also face several other risks. While your Nationwide Retirement Specialist cannot offer investment, tax or legal advice, we'll help you put the various risks into perspective and explain strategies that may help you deal with them.

How do I get started in a 457 plan?

Contact your Nationwide Retirement Specialist:

Sarita Null
512-497-1666
sarita.null@nationwide.com

Retirement Specialists are registered representatives of Nationwide Investment Services Corporation, member FINRA.

**Note: If your employer's 457 plan offers and you take advantage of a Roth option, your contributions are taken after taxes are applied, but withdrawals of contributions and their potential earnings would be tax-free (subject to certain conditions).*

Sources: ¹Source: Fidelity Benefits Consulting, 2014.

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



Nationwide®

Aflac Supplemental Insurance Products



Aflac Voluntary Benefits

The City of Taylor is happy to provide our employees with access to the Aflac Supplemental Insurance products discussed below. August is our Open Enrollment period and any Aflac products purchased by our employees during this month qualify as Pre-Tax payroll deductions. If you are interested in any of the products listed below, Mr. Bob Stokes, our Aflac Agent, will be present during our Medical Enrollment Briefings. But you might be asking yourself:

Why Aflac Voluntary Benefits?

Income Protection

Most of us don't consider the real cost of illness or injury until it's too late. Even just a few weeks without a paycheck can create financial hardship for most of us. Income protection is the most important consideration when offered voluntary benefits. Have you considered **Short-Term Disability** as a hedge against income loss? What about the loss of income your spouse or children would experience if you happen to die. Do you have sufficient **Life Insurance**?

Increases in Deductibles and Out-of-Pocket Costs

It is not uncommon these days for a major medical plan to have an annual deductible of \$1000 to \$6000 with total out-of-pocket cost being three to five times that amount. How does the average person deal with costs like these? Voluntary benefits can help bridge the gap between the real cost of illness or injury and what major medical covers. Aflac offers **Accident** and **Hospitalization** policies to offset these out-of-pocket costs.

High Cost of Critical Illness

According to the National Cancer Institute, 50 percent of men and 40 percent of women will contact cancer in their lifetimes and age is not a strong determining factor. Do you know of someone who has contacted cancer or had a critical illness such as a heart attack? It is becoming more common and these diseases are financially devastating, requiring out-of-pocket costs in the \$100,000s. Aflac **Cancer** and **Critical Illness** policies pay benefits starting at \$40,000 on average and going into the \$100,000s.

All of these policies can be paid for through payroll deduction with most being paid with pre-tax dollars. Why is this important? Because you can **reduce the cost of your premiums by approximately 25 percent**. In addition, the above plans pay benefits directly to you as a cash payment. You decide what you do with the money. Ninety Five percent of all Aflac benefits are **paid within one day** of claim submission.

Of course, once you purchase a policy the **premiums never change** as long as you own the policy. Your policies are **fully portable**, meaning that, with no increase in premium, you can take them with you if you leave your current employment or you retire. A summary of each of the Aflac policies is provided below.

Aflac Policies - Summary Descriptions

Accident Advantage – Protection for all types of Accidents with benefits for over 27 medical events such as Doctor Visits, Physical Therapy, Hospitalization, Transportation and Family Lodging, and Accidental-Death benefit to name but a few. The policy provides for the following new benefits: 1. Prosthesis Repair or Replacement - \$1,000, 2. Rehabilitation Facility - \$200 per day, 3. Home Modification - \$4,000 per Accident, 4. Family Support - \$20 per day, and 5. Organized Sporting Activities. This policy, like our Cancer and Critical Illness Protection policies, has no yearly or lifetime dollar limits.

Critical Illness Rider – This is a rider to either the Aflac Accident, Short-Term Disability, or Hospitalization policies that provides for the payment of a lump sum amount (initially \$5,000) for contacting certain major illnesses such as Heart Attacks or Type 1 Diabetes, to name but a few.

Short-Term Disability - pays your salary when you are out of work due to a sickness or accident. Qualification for benefits only requires a doctor certification that the Policyholder cannot perform his/her specific job. Contains a 6 week maternity benefit. Semi-monthly rates are provided below starting with a minimum yearly salary of \$44,000 up to \$61,000. If your yearly salary is less or more than this range, our agent can provide rates associated with your specific yearly salary.

Aflac Supplemental Insurance Products And Rates

Cancer Indemnity - Aflac's Cancer policy, like the our Accident and Critical Illness Protection policies, is a comprehensive policy paying benefits for all of the medical events associated with contacting cancer such as Radiation and Chemo treatments and a multitude of other cancer events. Aflac provides this policy free of charge to the children of the policyholder with the enrollment of the policyholder.

Critical Illness Protection - Protection for those other major illnesses such as heart attacks and strokes, third degree burns and end-stage renal failure. This policy now covers heart related surgeries such as heart valve surgery, stent implantation, and catheterization.

Hospitalization - paying for those large major medical deductibles and co-pays. Excellent policy for those policyholders and/or spouses that are planning on having a baby 10 months or more from the start of the policy. Initial cash payouts can be anywhere between \$500 up to as much as \$2,000.

Adult Whole Life – Coverages from \$10,000 to \$500,000 in increments of \$5,000 each. Guaranteed issue up to \$50,000 in coverage (Face Value). Whole Life is guaranteed renewable for the rest of your life, builds cash value with the cash value equaling the face value when the policyholder is 100 years old. Please see our agent for rates

AFLAC POLICIES - RATES

ACCIDENT ADVANTAGE - 24-hour, 7 days a week coverage

AGE	POLICY COVERAGE	PREMIUM
18-75	INDIVIDUAL	\$15.47
18-75	NAMED INSURED/SPOUSE	\$20.61
18-75	ONE-PARENT FAMILY	\$23.99
18-75	TWO-PARENT FAMILY	\$30.23

ACCIDENT PLUS RIDER

AGE	POLICY COVERAGE	PREMIUM
18-29	INDIVIDUAL	\$1.56
30-39		\$2.21
40-49		\$3.77
50-70		\$6.44
18-29	HUSBAND WIFE	\$2.93
30-39		\$4.36
40-49		\$7.15
50-70		\$12.29
18-29	ONE-PARENT FAMILY	\$3.12
30-39		\$3.38
40-49		\$4.55
50-70		\$6.63
18-29	TWO-PARENT FAMILY	\$3.77
30-39		\$4.88
40-49		\$7.35
50-70		\$12.35



Aflac Supplemental Insurance Rates

SHORT TERM DISABILITY

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000	\$60,000	\$61,000
Benefit Period	Age	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100
3 MONTHS	18-49	\$32.89	\$34.39	\$35.88	\$37.38	\$38.87	\$40.37	\$41.86	\$43.36	\$44.85	\$46.35
	50-64	\$38.61	\$40.37	\$42.12	\$43.88	\$45.63	\$47.39	\$49.14	\$50.90	\$52.65	\$54.41
	65-74	\$45.76	\$47.84	\$49.92	\$52.00	\$54.08	\$56.16	\$58.24	\$60.32	\$62.40	\$64.48
6 MONTHS	18-49	\$42.90	\$44.85	\$46.80	\$48.75	\$50.70	\$52.65	\$54.60	\$56.55	\$58.50	\$60.45
	50-64	\$51.48	\$53.82	\$56.16	\$58.50	\$60.84	\$63.18	\$65.52	\$67.86	\$70.20	\$72.54
	65-74	\$64.35	\$67.28	\$70.20	\$73.13	\$76.05	\$78.98	\$81.90	\$84.83	\$87.75	\$90.68

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000	\$60,000	\$61,000
Benefit Period	Age	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100
3 MONTHS	18-49	\$20.02	\$20.93	\$21.84	\$22.75	\$23.66	\$24.57	\$25.48	\$26.39	\$27.30	\$28.21
	50-64	\$24.31	\$25.42	\$26.52	\$27.63	\$28.73	\$29.84	\$30.94	\$32.05	\$33.15	\$34.26
	65-74	\$28.60	\$29.90	\$31.20	\$32.50	\$33.80	\$35.10	\$36.40	\$37.70	\$39.00	\$40.30
6 MONTHS	18-49	\$24.31	\$25.42	\$26.52	\$27.63	\$28.73	\$29.84	\$30.94	\$32.05	\$33.15	\$34.26
	50-64	\$34.32	\$35.88	\$37.44	\$39.00	\$40.56	\$42.12	\$43.68	\$45.24	\$46.80	\$48.36
	65-74	\$42.90	\$44.85	\$46.80	\$48.75	\$50.70	\$52.65	\$54.60	\$56.55	\$58.50	\$60.45

CRITICAL CARE PROTECTION POLICY

Age	Individual Premium	One Parent Family Premium
18-35	\$8.90	\$15.14
36-45	\$12.61	\$17.88
46-55	\$18.59	\$23.01
56-70	\$25.74	\$32.44
Age	Insured/Spouse Premium	Two Parent Family Premium
18-35	\$17.10	\$19.37
36-45	\$22.62	\$24.64
46-55	\$34.84	\$36.92
56-70	\$49.66	\$53.17

HOSPITALIZATION – Initial Cash Benefit Amount = \$1,500

AGE	POLICY COVERAGE	PREMIUM
18-49	INDIVIDUAL	\$19.18
50-59		\$19.37
60-75		\$20.28
18-49	INSURED/SPOUSE	\$27.89
50-59		\$29.51
60-75		\$32.11
18-49	ONE-PARENT FAMILY	\$23.79
50-59		\$24.05
60-75		\$24.31
18-49	TWO-PARENT FAMILY	\$28.21
50-59		\$29.77
60-75		\$32.37

SAVING MORE MATTERS

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

Want to see more examples?



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

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

Want to maximize your tax benefits?

Pre-tax contributions reduce your current tax bill and you delay all taxes until you withdraw. In 2016, you can contribute up to:

- ▶ \$18,000
- ▶ \$24,000 if age 50 or over
- ▶ \$36,000 if you qualify for the pre-retirement catch-up

Want to really customize it?

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

Want to take action?

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

Your ICMA-RC representative can help.

Steve Lopez
866-822-3632 press 2 to forward to my cell phone
slopez@icmarc.org

AC: 27306-1214-7554-W1262



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

Employer Cafeteria Plan – Pre-Tax Deductions

What is it?

The City of Taylor maintains an IRS approved cafeteria plan which allows for Pre-Tax deductions of medical premiums.

What is the benefit?

The benefit of Pre-Tax premium deduction is that the employee will be able to achieve a 20 to 25 percent of total premium amount reduction in their federal taxes each pay period. Since Pre-Tax deductions are controlled by the cafeteria plan, policies taken on a Pre-Tax basis must be kept for at least one year from the policy start date unless there is qualifying event (questions about qualifying events should be referred to your HR department) allowing the policyholder to cancel policies earlier. After-Tax deducted policies do not achieve any tax advantages but may be purchased and/or cancelled at any time.

NOTE: policies such as Short-Term and Long-Term Disability and Life Insurance should only be taken on an After-Tax basis to prevent the benefits from being taxed by the federal government at the time of disbursement.

How do I sign up?

Each year employees must complete a form to identify if they are participating in the City medical offerings or waiving their right to do so and, if participating, how they would like their medical (major medical, dental, vision and other supplemental insurance products) policies deducted from their pay, either Pre-Tax or After-Tax.

The Universal Enrollment form provides a section for the employee to provide notice of the employee's desires concerning which policy premiums to be deducted on a Pre-Tax or After-Tax basis.



Taylor-Made Benefits

Employee & Family Pool Pass (Seasonal Benefit)

The City provides all employees a free Pool pass for recreation swimming. This pass provides free admittance to the Murphy Park Pool, 1600 Sycamore Street in Murphy Park, for employees and their families. Contact Human Resources Department to get a pool pass.

Taylor Public Library Card

All City employees are eligible to receive a free Taylor Public Library card regardless of City residence. Employees interested in obtaining a library card should complete an application at the Library at 801 Vance Street.

Employee Wellness Program

The Wellness Incentive Program is designed to support employee attempts to remain healthy and practice prevention. Participation in the program is strictly voluntary. Employees are eligible to earn one day off with pay per fiscal year for completion of 5 wellness activities. Contact Human Resources Department for more information.



Payroll Deductions Active Employees

S&W Base Medical Plan				
Rate Type	Scott & White Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
Employee Only:	\$ 615.11	\$615.11	\$ 0.00	\$ 0.00
Employee + Spouse:	\$1,187.50	\$615.11	\$572.39	\$286.20
Employee + Child(ren):	\$ 898.39	\$615.11	\$283.28	\$141.64
Employee + Family:	\$1,442.39	\$615.11	\$827.28	\$413.64
S&W Buy Up Medical Plan				
Rate Type	Scott & White Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
Employee Only:	\$ 652.93	\$615.11	\$ 37.82	\$ 18.91
Employee + Spouse:	\$1,247.10	\$615.11	\$631.99	\$316.00
Employee + Child(ren):	\$ 943.48	\$615.11	\$328.37	\$164.19
Employee + Family:	\$1,514.80	\$615.11	\$899.69	\$449.85
Sun Life Financial Dental Plan				
Rate Type	Sun Life Financial Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
Employee Only:	\$ 24.82	\$ 24.82	\$ 0.00	\$ 0.00
Employee + Spouse:	\$ 58.78	\$ 24.82	\$33.96	\$16.98
Employee + Child(ren):	\$ 62.03	\$ 24.82	\$37.21	\$18.61
Employee + Family:	\$ 96.59	\$ 24.82	\$71.77	\$35.89
Vision Plan				
Rate Type	Dental Select Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
Employee Only:	\$ 3.96	\$ 3.96	\$0.00	\$0.00
Employee + Spouse:	\$ 7.52	\$ 3.96	\$3.56	\$1.78
Employee + Child(ren):	\$ 7.92	\$ 3.96	\$3.96	\$1.98
Employee + Family:	\$11.88	\$ 3.96	\$7.92	\$3.96
Additional Products				
Basic Life AD&D	100% paid by City of Taylor			
Voluntary Life	See Rate Chart on Page 24			
Long-Term Disability (LTD)	100% paid by City of Taylor			

Premium Deduction Errors

It is your responsibility to verify that the premium deductions taken from your paycheck are correct. Any deduction errors must be reported immediately to Human Resources at 512-352-5993.

- **Enrollment Form Errors** – It is your responsibility to ensure that information on the Benefits Enrollment Form is correct. If a premium error occurs, notify Human Resources immediately. If an underpayment occurs due to an error you made on the Benefits Enrollment Form, the City has the right to collect any additional premiums owed.
- **Data Entry Error / Delay** – If a data entry error occurs or if data entry is delayed, it will not invalidate the coverage on your Benefits Enrollment Form. Upon discovery, an adjustment will be made to reflect the correct premium owed by you.

Retiree Premiums

S&W Base Medical Plan			
Rate Type	Scott & White Monthly Premium	City Pays Per Month	Retiree Pays Per Month
Retiree Only:	\$ 767.42	\$615.11	\$ 152.31
Retiree + Spouse:	\$1,481.52	\$615.11	\$ 866.41
Retiree + Child(ren):	\$1,120.82	\$615.11	\$ 505.71
Retiree + Family:	\$1,799.53	\$615.11	\$ 1,184.42
S&W Buy Up Medical Plan			
Rate Type	Scott & White Monthly Premium	City Pays Per Month	Retiree Pays Per Month
Retiree Only:	\$ 814.59	\$615.11	\$ 199.48
Retiree + Spouse:	\$1,555.85	\$615.11	\$ 940.74
Retiree + Child(ren):	\$1,177.08	\$615.11	\$ 561.97
Retiree + Family:	\$1,889.83	\$615.11	\$1,274.72



Important Information

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. City of Taylor reserves the right to change or discontinue its benefit plans at any time.

HIPAA Privacy Notice

HIPAA requires City of Taylor to notify you that a privacy notice is available upon request. **Please contact Human Resources if you have any questions.**

Special Enrollment Notice

If you are declining coverage 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 or your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request and complete enrollment within 31 days after yours or your dependents' coverage ends (or after the employer stops contributing towards 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 and complete enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and State CHIP. As described above, a 31 day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources at City of Taylor.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for a mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery / reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may **not**:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-payments consistent with other coverage provided by the plan.

Newborn Acts 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.

Summary of Material Modification/Reduction

This summary of material modification (SMM) describes changes to the City of Taylor Plan and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is October 1st, 2020. You should read this SMM very carefully and retain this document with your copy of the

CHIPRA Notice

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **January 31, 2020**. Contact your State for more information on eligibility

Alabama - Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447	Georgia - Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
Alaska - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Iowa – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Indiana - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
California – Medicaid Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Kansas - Medicaid Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
Colorado Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHIP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHIP+ Customer Service: 1-800-359-1991/ State Relay 711	Kentucky - Medicaid Website: http://chfs.ky.gov Phone: 1-800-635-2570 KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718
Florida - Medicaid Website: https://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Louisiana - Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Maine - Medicaid Website: http://www.maine.gov/dhhs/ofip/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Oregon - Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Pennsylvania - Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Rhode Island - Medicaid Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	South Carolina - Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
Nevada - Medicaid Medicaid Website: http://dhcnp.nv.gov/ Medicaid Phone: 1-800-992-0900	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	West Virginia - Medicaid Website: http://www.mywvhipp.com/ Phone: 855-MyWVHIPP (855-699-8447)
New Hampshire - Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 800-852-3345, ext 5218	Utah - Medicaid and CHIP Medicaid Website: http://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Virginia - Medicaid and CHIP Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
Montana - Medicaid Website: http://dphhs.mt.gov/ MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Washington - Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
North Carolina - Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Texas - Medicaid Website: https://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Wisconsin - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Wyoming - Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since **January 31, 2020**, 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

Medicare D Notice

Important Notice from City of Taylor About 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 Taylor and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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 Taylor has determined that the prescription drug coverage offered by the company's Medical Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Taylor coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug.

If you do decide to join a Medicare drug plan and drop your current City of Taylor coverage, be aware that you and your dependents may not be able to get this coverage back.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicare D Notice

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Taylor and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the Human Resources department for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Taylor changes. You also may request a copy of this notice at any time.

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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare 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 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, 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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date	October 1, 2020 - September 30, 2021
Name of Entity/Sender	City of Taylor
Contact Office	Human Resources Department
Address	400 Porter Street Taylor, TX 76574
Phone Number	512-352-5993

CMS Form 10182-CC

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Updated April 1, 2011

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