

# 2020 Benefits Guide

# EMPLOYEE



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As a full-time employee with the City of Arlington, there are many important benefit decisions that need to be made within the first 30 days of employment and annually thereafter. This guide provides a summary of the benefits offered by the City. Additional benefit documents, links and forms are included on the Human Resources portal, and employees are strongly encouraged to review these materials to assist in making benefit plan decisions.

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## Declining Coverage

If you have medical coverage under another plan, you may choose to decline (waive) the City’s medical plans. When an employee makes this choice, a “**Declination of Medical Coverage Affidavit**” form must be completed and returned to HR along with an enrollment form.

Some examples of other coverage could be:

- Your spouse’s or parents’ plan
- A government insurance program
- An individual policy or other group coverage

See back cover for benefit plan contact information

**NOTE: Any information that is false and/or inaccurate or enrolling dependents that do not meet eligibility guidelines (see page 3) is a material misrepresentation. This conduct may result in discipline up to and including termination of employment, personal liability for benefits received and/or criminal prosecution. Additional consequences may apply.**

# Benefit Overview



Welcome to the City of Arlington. This document is intended to provide basic information about benefit plan options available to employees. The City reserves the exclusive right to terminate, amend or modify plans, coverage and cost of employee benefits. This guide is only a summary of benefits. Where disparities exist between this guide and the insurance documents or policies, the documents or policies will govern.

## Employee Eligibility

The City offers the opportunity to enroll or change benefits for the following:

- 1) New hire or rehire
- 2) Annual enrollment
- 3) Family status changes (see page 4)
- 4) Promotions to full-time status

Benefit selections are **required** within 30 days of full-time eligibility. Employees are automatically enrolled in the High Deductible Health Plan with employee-only coverage unless they decline (waive) this coverage by completing both an enrollment form and a "Declination of Medical Coverage Affidavit" form, and return to HR within the first 30 days of eligibility.

Full-time employees are automatically enrolled in the following City plans and the required payroll deduction for TMRS:

- 1) Long Term Disability (LTD)
- 2) Employee Assistance Program (EAP)
- 3) Texas Municipal Retirement System (TMRS)
- 4) Basic Term Life Insurance
- 5) TMRS Life Insurance

## Social Security Card Name & Number

The City will provide 1095-C tax forms that include the employee and their covered family members enrolled in any City medical plan annually. **Employees are required to provide each covered family members' Name and Social Security Number as it appears on the family member's Social Security Card.**

## Medicare Card Requirement

The Centers for Medicare and Medicaid have established coverage rules to determine which plan is considered primary and secondary when an individual becomes eligible for Medicare. Benefits under the City's plans may be reduced when an employee or a covered family member becomes eligible for Medicare based on Federal regulations. It is the employee's responsibility to notify Human Resources of any covered family member's eligibility for Medicare and to provide a copy of the individual's Medicare card..

Event	Deadline to Enroll	How to Change	Effective Date of Change
New Hire, Rehire or Part-Time to Full-Time Status Change	30 days from hire	Contact Human Resources	Date of Hire, Rehire or Full-Time Status for (M/D/V/FSA/Life/Disability)
Family Status Change	30 days from event	Contact Human Resources	** First of Month
Loss of Dependent Eligibility	30 days to cancel	Contact Human Resources	** First of Month
*Annual Enrollment	As communicated	Lawson Self Service	January 1 Annually

\* Employees are required to make plan choices annually even when the enrollment choice is "No Change."

\*\*For life events other than birth and adoption, the effective date of coverage is the first of the month following receipt of your enrollment form and required documentation as outlined on page 4, dependent upon when documentation is received.

# Dependent Eligibility

Eligible Dependents	Documentation Required for Enrollment	Due Dates
* Spouse  * <b>NOTE: Spouses offered coverage through their own employer (other than the City) are not eligible for coverage on either City medical plan.</b>	<ul style="list-style-type: none"> <li>• Marriage License,</li> <li>• Most Recent Joint Tax Return, or</li> <li>• Informal Marriage Form (recognized by court)</li> </ul>	30 days
Child / Stepchild	<ul style="list-style-type: none"> <li>• Birth Certificate</li> </ul>	30 days
Other Dependent Child Under 26 Years Old	<ul style="list-style-type: none"> <li>• Court order for Guardianship or Conservatorship signed by a Judge</li> </ul>	30 days
Adopted Child	<ul style="list-style-type: none"> <li>• Adoption Documents &amp; Birth Certificate</li> </ul>	30 days
Child Placed for Adoption	<ul style="list-style-type: none"> <li>• Placement Documents &amp; Birth Certificate</li> </ul>	30 days
Qualified Medical Support Order	<ul style="list-style-type: none"> <li>• Notification from State Attorney General</li> </ul>	As directed by AG's Order
Other Medical Support Order directed to the City of Arlington	<ul style="list-style-type: none"> <li>• Copy of Court Order to City of Arlington</li> </ul>	30 days
Child incapable of self-sustaining employment due to a mental or physical disability when the child is enrolled in the City medical plan the day before age 26.	<ul style="list-style-type: none"> <li>• Attending Physician Statement</li> </ul>	30 days
NOTE: Dependents are only eligible for City plans until age 26.		

## Annual Audit of Selected Employees

Annually, the City may conduct an audit requiring selected employees to provide documentation proving eligibility of covered dependents. This process is intended to confirm employees have only enrolled eligible family members. Any information that is false and/or inaccurate or enrolling dependents that do not meet eligibility guidelines is a material misrepresentation. This conduct may result in discipline up to and including termination of employment, personal liability for benefits received and/or criminal prosecution. Additional consequences may apply.

**Enrollment for 'future life events' is not allowed.** Example: Marriages that have not yet taken place and/or children that have not yet been born are not eligible for enrollment until the date of the actual life event (marriage/birth, etc.) Contact Human Resources for additional information.



# Family Status Change - Life Events



## What is a Family Status Change?

A family status change is a life event that may allow an employee to add or drop coverage. The change must be consistent with the event and documentation must be provided to Human Resources **within 30 days of the life event and/or family status change**. Family status changes, other than birth and adoption, are effective the first of a month following receipt of required documentation. When a child gains or loses Children’s Health Insurance Program, also known as CHIP, employees have 60 days to provide documentation of the gain or loss of coverage to make a corresponding change to coverage; adding or dropping coverage. Family status changes/life events cannot be updated in the Lawson system. Employee must contact Human Resources.

Eligible family status changes include marriage, divorce, birth, adoption, death, child reaching age 26, child’s loss of eligibility on another plan, spouse’s gain or loss of other coverage. (A child is terminated from medical, dental, and/or vision coverage the last day of the month he/she attains age 26. All other plans end on the date the child is age 26.)

## Notification and Documentation Requirements

ADDING COVERAGE:		LIFE EVENT DESCRIPTION CODES
Marriage-A <sup>1</sup> Layoff-A <sup>3</sup> Loss of Coverage-A <sup>3</sup> Court Ordered Guardianship or Custody-A <sup>2</sup> Birth-A <sup>1</sup>	Dependent Daycare Added-A <sup>4</sup> Adoption-A <sup>1/2</sup> Placement for Adoption-A <sup>1/2</sup> Medicaid or CHIP loss of eligibility-B <sup>3</sup>	
DROPPING COVERAGE:		
Divorce-B <sup>2/5</sup> Other Coverage-A <sup>4</sup> Dependent Child Maximum Age-B <sup>5</sup>	Death-A <sup>1</sup> Daycare Discontinued-A <sup>3</sup> Medicaid or CHIP eligibility-B <sup>4</sup>	A. Add/Drop required within 30 days of event. B. Add/Drop required within 60 days of event. <sup>1</sup> Provide marriage / birth / death certificate within 30 days of event as applicable. <sup>2</sup> Provide Court document signed by judge. <sup>3</sup> Provide proof of loss of coverage. <sup>4</sup> Provide proof of coverage or enrollment. <sup>5</sup> Provide address when dropping former spouse or provide address for dependent child reaching maximum age of 26.

**NOTE:** A family status change allows a plan change – i.e., Exclusive Provider Plan (EPO) to High Deductible Health Plan (HDHP). Plan changes may impact year-to-date deductible, co-insurance and/or copays.

**Example:** Employee + Spouse coverage level changed to Employee Only coverage level. Only the claims incurred by the employee would follow the new Employee Only coverage level.

All payroll deductions/refunds due resulting from plan changes will be taken on the next paycheck. Deductions and refunds are based on the effective date of the change when enrollment and documentation are timely provided to HR.

**Enrollment for ‘future life events’ is not allowed.** Example: Marriages that have not yet taken place and/or children that have not yet been born are not eligible for enrollment until the date of the actual life event (marriage/birth, etc.) Contact Human Resources for additional information.)



# Online Enrollment



## How to Access Online Enrollment - City Computer

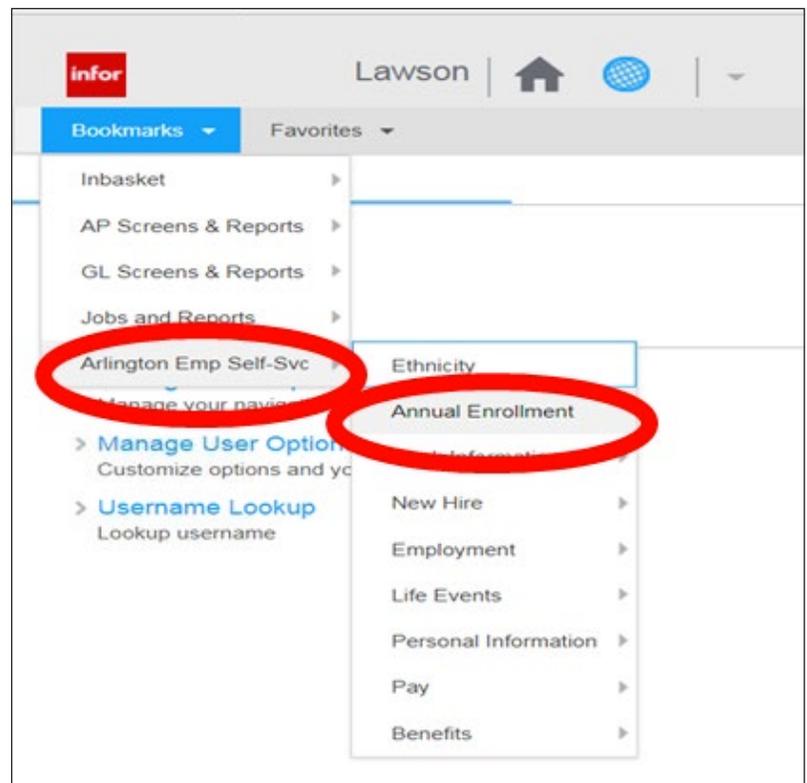
**USING A CITY COMPUTER**, go to the City Portal "Home" page and select "Lawson."

Annual Enrollment access is located under the drop-down labeled "Bookmarks" in the upper left corner of the Lawson page. Click on "Arlington Emp Self-Svc", then choose the option "Annual Enrollment".

### Browser/Operating Systems Required:

Windows PC and Chrome.

Note: Other systems do not display enrollment options correctly.



### Access Issues:

Visit the IT Customer Support Center and submit a REMEDYFORCE SELF-SERVICE SYSTEM request for assistance.

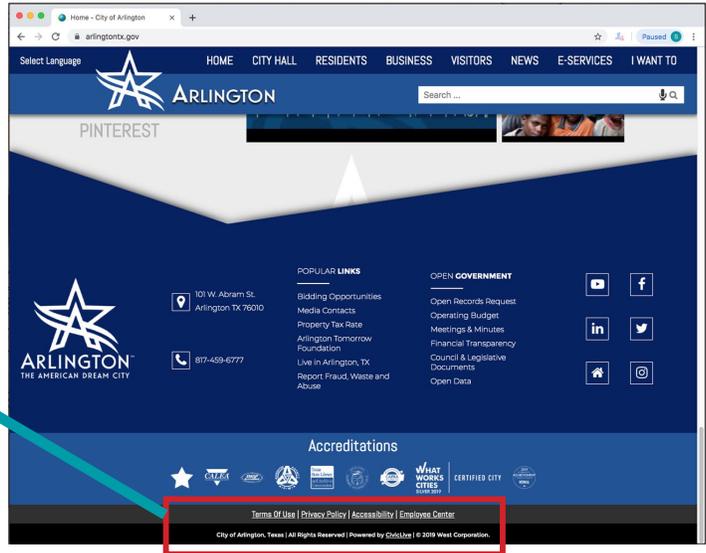
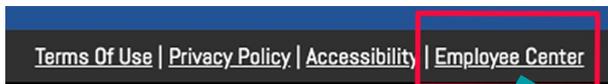
# Online Enrollment

## How to Access Online Enrollment - From Home

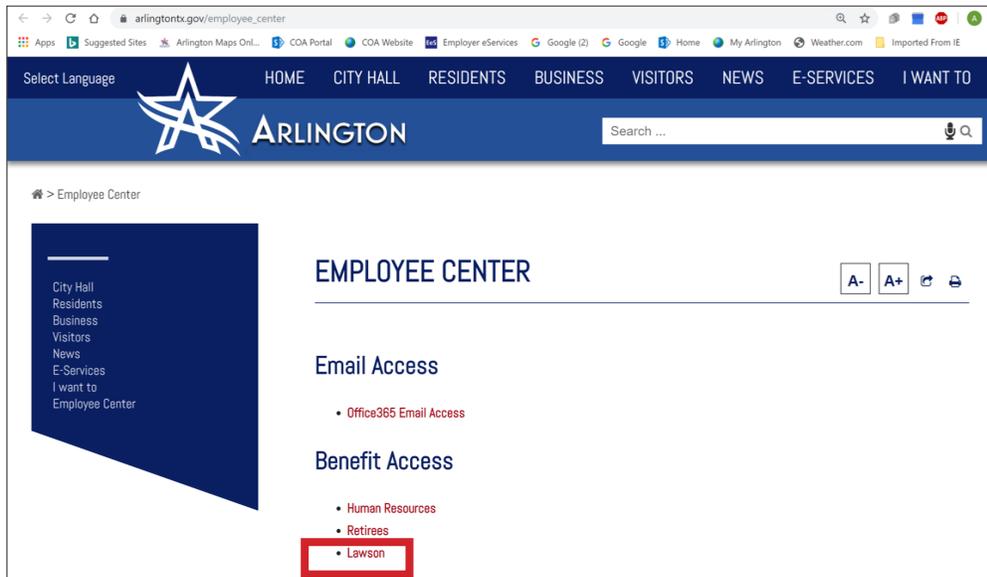
### LOG-IN TO LAWSON FROM YOUR HOME:

You may log into Lawson from the City's website:  
[www.arlingtontx.gov](http://www.arlingtontx.gov)

Scroll all the way down to the bottom of the City's Home Page and select Employee Center:



You will then see the option under Benefit Access to select Lawson as shown below – click on Lawson.



### Online Dependent Verification

When employees complete the Lawson online enrollment, you affirm an understanding of the eligibility definitions for spouse and dependents and only eligible family members have been enrolled in City benefit plans.

### Dependent Documentation Required

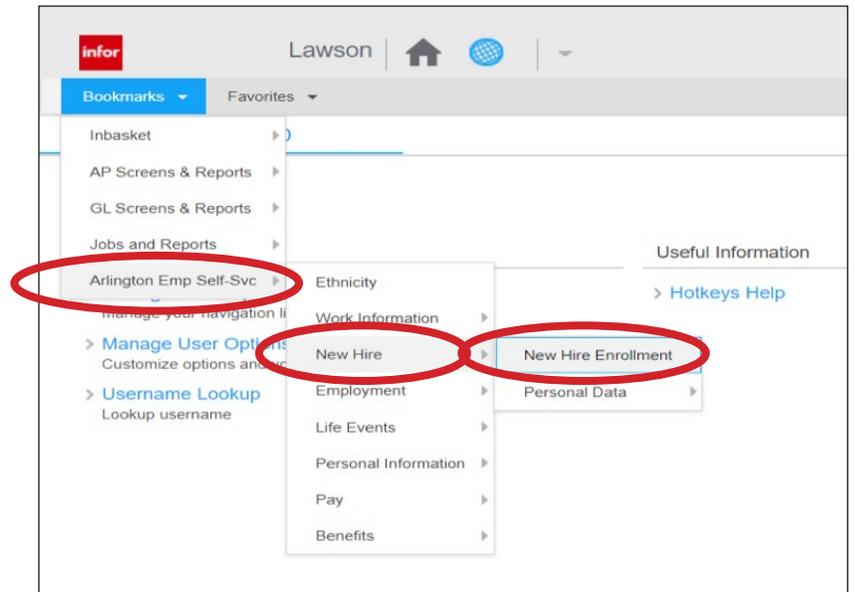
When employees add new family members, coverage cannot begin until required documentation has been received. Refer to page 3 for the Required Documentation list.

# Online Enrollment

## How to Access Online Enrollment - New Hires

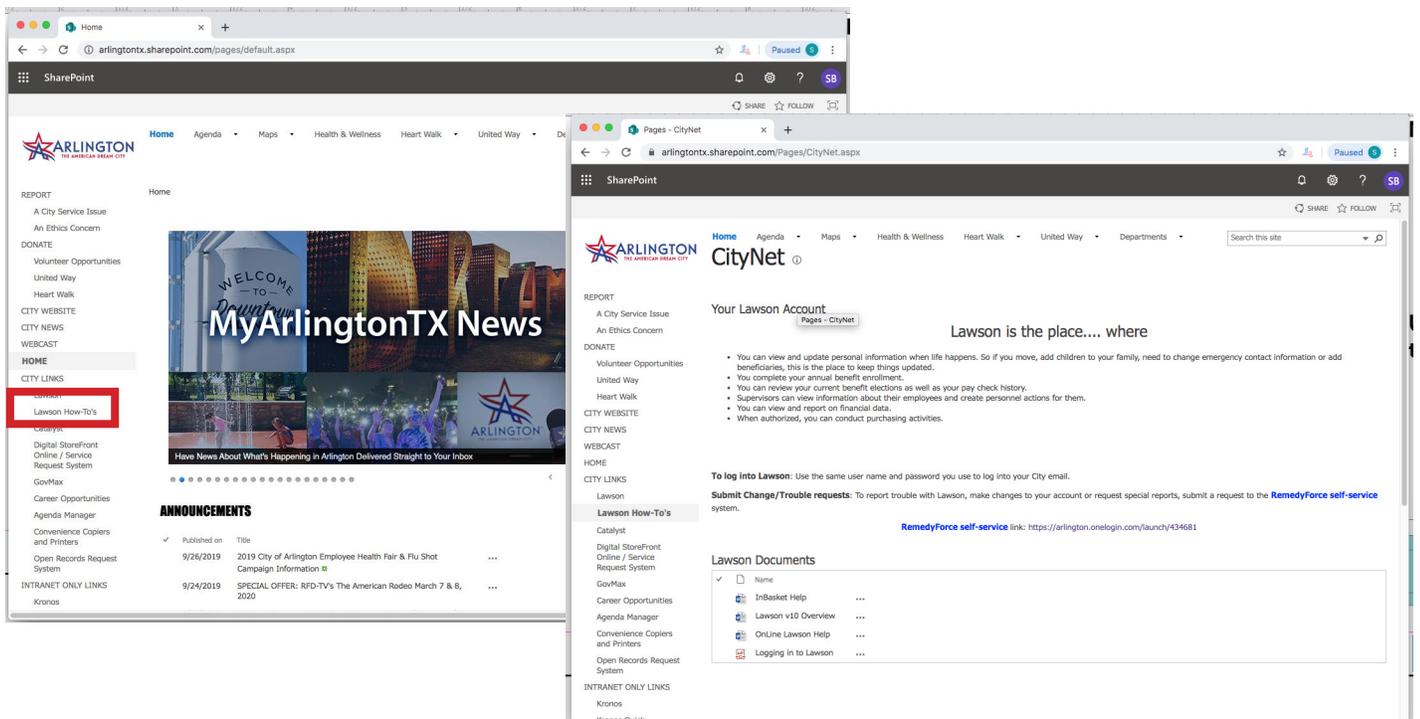
USING A CITY COMPUTER, go to the City Portal "Home" page and select "Lawson."

New Hire enrollment access is located under the drop-down labeled "Bookmarks" in the upper left corner of the Lawson page. Click on "Arlington Emp Self-Svc", choose the option "New Hire", and then "New Hire Enrollment".



## Additional Resources

The City Portal features a page with Lawson How-To's:



# 2020 Plan Updates



This Benefit Guide includes the plan designs and rates for the 2020 plan year in Appendix B. The following plan updates are provided as a Summary of Material Modifications for 2020. The City will incorporate these plan updates effective January 1, 2020.

## Medical and Pharmacy Plans

**No change in rates for the 2020 plan year.** UnitedHealthcare continues to be the third-party administrator for our medical plans and Navitus will continue as our Pharmacy Benefit Manager in 2020. Navitus will continue to monitor covered medications and update the formulary for covered prescriptions based on evidence-based outcomes and as new prescriptions become available in the marketplace.

## UnitedHealthcare - Transitioning Nurse Line to Virtual Visits

NurseLine utilization has been low and 85% of callers are instructed to see a doctor. As the Healthcare landscape has evolved, UHC began providing healthcare tools that make it more convenient for members to access and optimize their care delivery. **Effective January 1, 2020**, the option to utilize virtual visits will replace NurseLine.

## UnitedHealthcare Virtual Visits

Covered members have access to utilize virtual visits through the following providers: Doctor on Demand, Amwell and Teladoc. See and talk to a doctor from your mobile device or computer without having to leave the house (or office). For more information on Virtual Visits, see page 9.

## Delta Dental, Superior Vision, Allstate & Prudential

**No change in rates for the 2020 plan year.** NOTE: Prudential employee and spouse optional life insurance rates are based on age bands. Age is calculated as of January 1, rates are automatically adjusted for paycheck deductions annually based on the coverage level and age. **Refer to Appendix B for rate and age band charts.**

Refer to the HR Portal for additional plan information and details, under [Documents and Forms](#):  
Category: Medical, Category: Pharmacy, Category: Dental, Category: Vision

# Important Programs to Help Save Money



## UnitedHealthcare (UHC) Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription (prescription services may not be available in all states), if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits. Average cost per virtual visit is between \$45 – \$55 per visit (pricing is subject to change during the 2020 plan year.) Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/Urinary tract infection • Bronchitis
- Cold/flu • Diarrhea • Fever • Migraine/headaches • Pink eye
- Rash • Sinus problems • Sore throat • Stomach ache

## UHC Behavioral Health Virtual Visits

Similar to an acute/sick virtual visit, members can see or talk to a behavioral health doctor regarding depression, anxiety, ADD/ADHD, addiction and/or mental health disorders without having to leave the house (or office). A virtual visit for behavioral health costs between \$45-55 per visit (pricing is subject to change during the 2020 plan year.)

## UHC Telemental Health Virtual Visits

An alternative to traditional on-site, face-to-face counseling, telemental health offers private appointments from the comfort of your home. A telemental health virtual visit costs between \$160-\$190 per visit (pricing is subject to change during the 2020 plan year.)

For more information on Virtual Visits, please visit the [Human Resources Portal](#), Category: [Medical](#) or visit [www.myuhc.com](http://www.myuhc.com).

## The Affordable Healthcare Act

**Preventive Services at 100%** The Affordable Care Act provides for "preventive care services" without cost sharing (such as co-insurance, deductibles or co-payments), when the member uses a network provider. Services may include screenings, immunizations and other types of care, as recommended by the federal government.

## My Healthcare Cost Estimator

Did you know that you may pay a different amount for a procedure depending on which provider you select and/or where you have the procedure done?

Depending upon the procedure or treatment, you could see a wide range of estimates for the same thing. Use [myuhc.com](http://myuhc.com) or the

UnitedHealthcare Health4Me app using the myHealthcare Cost Estimator to quickly and easily estimate your health care costs. This tool will show you that not all doctors are the same.

Using your benefit information, the myHealthcare Cost Estimator shows you the estimated cost for a treatment or procedure, and how the cost is impacted by **your deductible, co-insurance and out-of-pocket maximums**. This means that you will get an estimate of what you will be responsible for paying out of your pocket, allowing you to be more prepared to decide which choice is best for you, plan your care and budget for medical expenses. For more information and step-by-step instructions, please visit the HR Portal, Documents and Forms, Category: Medical.

## Check. Choose. Go.

Know your care options before you go! Whether it be a virtual visit, the Health & Wellness Clinic, Convenience Care Clinic, an Urgent Care Center or the Emergency Room – compare your choices at [www.uhc.com/checkchooseseo](http://www.uhc.com/checkchooseseo).

## Tobacco Surcharge

Upon hire, and annually thereafter, employees enrolled in a City of Arlington medical plan must self-report as a tobacco user if they have used tobacco an average of four or more times per week within the past six months. This includes all tobacco products but excludes religious and ceremonial uses of tobacco. Tobacco products are defined as any product made with or derived from tobacco that is intended for human consumption. This includes, but is not limited to cigars, cigarettes, chewing or pipe tobacco, snuff, other smokeless tobacco products, e-cigarettes, vaporizers and other tobacco products including all Electronic Nicotine Delivery Systems (ENDS).

Tobacco users will pay a **\$25 per paycheck** tobacco surcharge. If an employee does not (i) complete the Tobacco Use Affidavit form (new hires) or (ii) complete the self-reporting information during online annual enrollment, they will be **defaulted** into the tobacco user status, subject to the Tobacco User Surcharge rate. This is a self-reported status, so employees should take action to indicate their tobacco user status.

Tobacco users may complete a tobacco cessation program to cease or avoid the tobacco surcharge (to be completed annually). Upon completion of the program, a new **Tobacco Use Affidavit** must be completed and provided to Human Resources along with the tobacco cessation program completion documentation to stop the \$25 surcharge for the balance of the plan year. Employees enrolled in one of the City's medical plans have access to zero copay tobacco cessation medications. A list of these medications can be located on the Human Resources Portal, Documents and Forms, Category: Pharmacy.

# Important Programs to Help Save Money



## Employee Assistance Program (EAP)

The City of Arlington provides all full-time employees with an employee assistance program (EAP). An EAP is a great source of health information and support. If you have health concerns, personal or family issues, or work-related challenges, EAP provides access to a wide range of health and well-being information through one toll-free telephone number. Call and you may speak with a master's level counselor who can help with most problems ranging from family matters to personal, legal, financial and emotional needs. The service is available 24 hours a day, 7 days a week. Key components of the program include:

EAP counselors help families identify and address life and work-related concerns. Call 1-800-311-4327 or visit [guidanceresources.com](http://guidanceresources.com)  
Web ID: MGR311 Company: ARLIN

- 24/7 phone access to master's-level counselors for behavioral health concerns and community resources
- Five face-to-face counseling visits at no cost per incident
- Legal, mediation and financial services
- Estate planning, tax questions, saving for college

## Health and Wellness Center

The City of Arlington has partnered with CareATC to provide medical services to employees, pre-65 retirees, eligible spouses and enrolled dependents covered under the City's medical plan. CareATC offers reduced or no cost medical care to City of Arlington medical plan members. Services are available to employees and their eligible dependents (over age 2).

Services	Examples
Acute Care	Treatment of common illnesses and minor injuries (flu, sinus infections, sprains etc.)
Chronic Disease Evaluation, Monitoring and Care Management	Hypertension, diabetes, asthma, etc.
Minor Procedures and Wound Care	Including simple biopsies and skin tag/mole removal
Preventive Care and Comprehensive Physical Exams	Age appropriate physicals, routine gynecological exams, prostate exams, kids sports/camp physicals, etc.
Diagnostic Testing and Screenings	Including on-site lab work and EKGs
Electronic Medical Records	With referral management ability and e-prescribing to your pharmacy of choice

- Exclusive Provider Organization (EPO) Plan members have no co-pay for office visits, lab work, or procedures performed in the center.
- High Deductible Health Plan (HDHP) members visiting the center for a preventive appointment will not be required to submit payment for the visit. For non-preventative or "sick" visits, a \$40 office visit fee payable at time of visit for members enrolled in

the HDHP. Non- preventative or "sick" visits are those for existing conditions that do not require a specialist physician but need education and monitoring. Some examples include monitoring blood pressure, diabetes, thyroid disorders, etc. Many other services at the center, including labs & procedures, have no fee. Nationwide access to any of the shared-site CareATC Health and Wellness Centers.

Clinic Name	Clinic Address
Arlington Central Park	3050 S Center St, Ste 130. Arlington, TX 76014
Richardson Center	1060 W. Campbell Rd., Ste 300. Richardson, TX 75080
Fort Worth Center	6618 Fossil Bluff Dr, Ste 132. Fort Worth, TX 76137
Mansfield Center	1770 E. Broad St., Mansfield, TX 76063
Josey Ranch Center	1735 Keller Springs Rd, Carrollton, TX 75006
Irving MacArthur Blvd.	2021 N. MacArthur Blvd, Ste 500. Irving, TX 75061



Monday/Wednesday/Friday . . . 7 a.m. - 4 p.m.  
Tuesday/Thursday . . . . . 8 a.m. - 5 p.m.  
Saturday . . . . . 9 a.m. - 3 p.m.

# Wellness for Life Program

The City of Arlington is committed to fostering the overall well-being of employees as well as embracing an environment of health. Wellness for Life is a voluntary program, however, participation is highly encouraged! The Wellness for Life Program was founded to provide activities that create health awareness, knowing your health numbers, and taking action.

The City sponsors this program as an opportunity for employees to earn a Wellness Medical Rate incentive as well as to become more aware of the overall health benefits associated with becoming and/or staying well. Some evidence based benefits of the Wellness for Life Program include:

- Decreased absenteeism from work
- Increased productivity at home and work
- Improved quality of life
- Lower healthcare cost as seen in reduction of out-of-pocket expenses for medical and prescription services; and
- Assist in keeping health insurance costs down

The Wellness for Life Program requirement includes two parts:

- Part 1 - Completion of Health Benchmarks and the UnitedHealthcare Rally Health Survey, and
- Part 2 - Completion of various activities/screenings to earn a minimum of 400 points

This program runs concurrent to the City's fiscal year and begins October 1 and ends September 30. All health benchmarks, UnitedHealthcare Rally health survey and activities/screenings must be completed between October 1 and September 30 each year. Employees that complete the requirements for both Part 1 and Part 2 will qualify for the Wellness Medical Rate incentive. The current wellness medical rate incentive for the 2020 calendar plan year is \$20 per paycheck or a total of \$520 for the year. The Wellness Medical Rate incentive is established as part of the City's annual budget process.

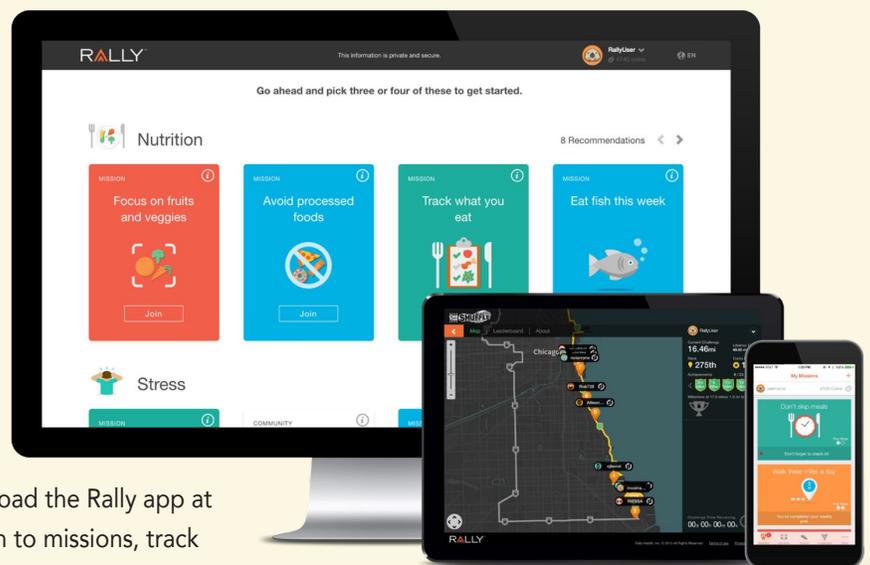


## UnitedHealthcare Rally Health Survey

Completion of the UnitedHealthcare Rally Health Survey is a requirement listed in Part 1. Get started today at [www.myuhc.com](http://www.myuhc.com) to create your Rally profile.

For instructions for logging into the Rally site, click **HERE**.

Take Rally on the go! Once you've registered, download the Rally app at the App Store® or Google Play™, and log in. Check in to missions, track your steps, challenge your friends, use your Rally coins and more — all from the palm of your hand.



# Wellness for Life Program

## Helpful Tools and Information

For more information about the Wellness for Life Program, visit the Health and Wellness Portal. You will have access to download the current Wellness form, view your attendance at City sponsored Wellness events, and access helpful wellness tools and program/event information.

**Wellness Program**

**"Wellness for Life" program**

**ABOUT THE PROGRAM**

The 2018/2019 Wellness for Life program is up and running! Thanks to all who participated 2017/2018 Wellness Program. This City sponsored voluntary program for employees highlights the City's commitment to fostering the overall well-being of employees as well as embracing an environment of health. Although this is a voluntary program, we encourage full-time employees to participate. Furthermore, this Wellness program is founded on providing activities that create health awareness, knowing your health numbers, and taking action.

The 2018/2019 Wellness for Life Program (WFL program) is based on a fiscal year, October 1, 2018 through September 30, 2019. Participation in the program may qualify you for a Wellness Medical Rate in 2020. The paper form (WFL program form) is now available, which can be printed off of the wellness portal at anytime.

City of Arlington employees' commitment in making healthy choices not only gain the Wellness Medical Rate incentive but also reap the following evidence based benefits:

- decrease absenteeism from work
- increase productivity at home and work
- Improved quality of life
- lower healthcare cost as seen in reduction of out-of-pocket expenses for medical and prescription services
- and keep health insurance costs down

**HEALTH AND WELLNESS**

**Benefit-ial News**

**Events and Announcements**

Published On	Title
10/3/2019	2019/2020 COA Wellness for Life Program



[CLICK HERE TO DOWNLOAD THE FORM](#)

**Verification Wellness Rate for 2020**

Full Name	Employee/Krono	Benchmarks Completed?	Minimum of 400 Points
<input type="checkbox"/> Your Name	1234	Yes	475

**My Wellness Information for 2020**

Employee Name	Wellness Events	Wellness Event/Flu Shot Date
<input type="checkbox"/> Your Name	Flu Shot	10/2/2018
<input type="checkbox"/> Your Name	Check.Change.Control	4/17/2019
<input type="checkbox"/> Your Name	UHC-Virtual Visit	5/1/2019

**My Wellness Information for 2021**

Employee ID	Full Name	Health_Fair_Attended
There are no items to show in this view of the "2019 - Health Fair Registration Form" list.		

# Medical and Pharmacy Summary

This comparison of benefits is a basic summary for the medical and pharmacy plans. Refer to the Summary Plan Description for the complete schedule of benefits located on the Human Resources portal – Documents and Forms - Category Medical and Category Pharmacy. **Medical coverage terminates the last day of the month in which the employee is no longer eligible for benefits.**



BENEFITS *In-Network Only	HIGH DEDUCTIBLE PLAN (HDHP)	EXCLUSIVE PROVIDER PLAN (EPO)
Calendar Year Deductible (CYD)	\$2,250 Individual \$4,500 Family (Individual deductible applies to employee-only coverage. For all other levels of coverage, full deductible must be met.)	\$1,750 Individual \$3,500 Family
Calendar Year Total Out-of-Pocket Limit (OOP) (deductible, co-insurance and co-pays combined)	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family
Co-insurance	Member pays 10%	Member pays 20%
Office Primary & Specialist	After deductible met, member pays 10%	After deductible met, member pays 20%
Preventive Care	Covered at 100%; member pays \$0	Covered at 100%; member pays \$0
Lab Services	After deductible met, member pays 10%	After deductible met, member pays 20%
Urgent Care Center	After deductible met, \$50 co-pay	\$50 co-pay
Emergency Room	After deductible met, \$250 co-pay (waived if admitted)	\$250 co-pay (waived if admitted)
Inpatient Hospital	After deductible met, member pays 10%	After deductible met, member pays 20%
Outpatient Services	After deductible met, member pays 10%	After deductible met, member pays 20%
Mental Health	After deductible met, member pays 10%	After deductible met, member pays 20%
Pharmacy (local and mail order) NOTE: Specialty Medications must be filled through Navitus SpecialtyRx - Lumicera	After deductible met, member pays 10%	Tier 1 = 15%, Tier 2 = 25%, Tier 3 = 40% Specialty pharmacy = 50%
Pharmacy (preventive)	Preventive medications are covered 100%; member pays \$0 ( <b>based on Navitus Preventive Drug List</b> ).	
Lifetime Maximum	Unlimited	Unlimited

**\*The City's medical plans do not offer out-of-network coverage. All out-of-network charges are the full responsibility of the member.**

**Members can perform in-network provider or facility SEARCH at [www.myuhc.com](http://www.myuhc.com).**

# Prescription Drug Coverage

## Understanding Pharmacy Options

**Pharmacy Benefits:** Use this benefit to purchase short-term or 30-day prescriptions. Navitus' retail network includes over 68,000 pharmacies around the United States. Choose a participating retail pharmacy close to home or work.

**Mail-Order Benefits:** Use this benefit for maintenance medications that will continue for at least three months at a time. Medications are delivered directly to your home in three-month quantities; so, it may save time and money at the pharmacy. Mail order prescriptions will be available through Navitus' mail-service partner, NoviXus.

**90-Days Retail:** Provides members with an alternative to mail order. Members may fill a three-month supply of maintenance medication(s) at Walgreens pharmacies, physician must write prescription for a 90-day fill.

**Prior Authorizations/Step Therapy/Quantity Limits:** Some prescriptions require prior authorization from Navitus. A drug listed on the formulary with a label of "PA" requires prior authorization before the drug will be covered by the plan. A label of "ST" means the drug falls under the step therapy program. Usually this means the member may need to first try a safe and more cost-effective drug before moving to a costlier treatment. A "QL" label identifies drugs that have quantity limits applied. For more information, contact Navitus Customer Care toll-free at 866-333-2757 or visit [www.navitus.com](http://www.navitus.com).

**Preventive Drug List:** A list of medications chosen to be included in the High Deductible Health Plan Preventive Drug list that help protect against or manage some high risk medical conditions. Taking these medications as directed by your prescriber can help avoid serious health problems. That may mean fewer doctor visits and hospitalizations, reducing the total health care cost.



**Mandatory Specialty Program:** Navitus SpecialtyRx, a specialty pharmacy program offered through a partnership with Lumicera Health Services, helps manage high-cost and injectable drugs with a focus on patient care. To order specialty medications call 1-855-847-3553.

**Generic Equivalents:** Cost-effective generic equivalents are dispensed unless the health plan provider specifies the brand name drug should be used. The provider must also require that no substitutions may be made. If both conditions are met, the brand name drug will be covered at the copay specified in the Formulary.

## Getting the Most From Your Pharmacy Benefit

Members may choose between brand-name medications and saving money with a generic equivalent medication. Generics have the same active ingredients (the chemicals that make the medications work) as their brand equivalents, and both brand-name and generic medications must meet identical strict standards for quality of the United States Food and Drug Administration (FDA). Sometimes generic medication manufacturers use different inactive ingredients, such as fillers and dyes, which provide the medications' shape, color and taste. However, those ingredients do not change the effectiveness of the medication. As long as the doctor does not tell the pharmacy to dispense as written, when there is a generic equivalent prescription available, the pharmacy will fill with the generic medication.

**Required Notice** If you have Medicare or will become eligible for Medicare in 2020, federal law gives you choices about prescription drug coverage. Please see page 24 for more details or the HR portal – Documents and Forms – Required Notices.

# Individual Health Savings Account (HSA)

## Understanding Health Savings Account (HSA)

Current regulations allow individuals enrolled in a high deductible health plan and that meet IRS eligibility criteria to contribute to an individual HSA. The City provides the option for employees to make pre-tax contributions through payroll deductions.



The City of Arlington has partnered with Optum Bank to provide this option for payroll direct deposits to an employee's individual bank account. **A bank account must be opened prior to beginning any payroll deductions.** Optum will provide employees with the necessary tax forms to include with personal tax return. **All medical expense receipts need to be retained by employees to document eligible distributions per IRS regulations.** See the Optum Bank enrollment link on the HR portal under [Documents and Forms - HSA](#).

HSA direct deposits become effective the first pay period after an employee has established an individual bank account **and** provide a Payroll Direct Deposit enrollment form to Human Resources.

## What are the benefits of an HSA?

- Claim a tax deduction for contributions you, or someone other than the City, make to your HSA bank account even if you do not itemize deductions on Form 1040.
- The contributions remain in your bank account from year to year until you use them.
- The interest or other earnings on the assets in your bank account are tax free.
- Distributions are tax free when utilized to pay for qualified health expenses (IRS Publication 969).

## How much may I contribute to the HSA?

Contributions to the HSA are limited by the amount established by IRS guidelines and typically change each calendar year. Individuals age 55 and over or who will become age 55 any time in 2020 have the option to contribute an additional \$1,000 under the catch-up provision established by the IRS. The amount of contributions to the HSA bank account may be changed at any time throughout the year by providing a completed Health Savings Account Payroll Direct Deposit form to Human Resources.

Optum Bank HSA Maximum Annual Contributions 2020	
HDHP - Employee Only Coverage	\$3,550
HDHP - Employee Plus 1 or More	\$7,100
Age 55 Catch-Up (Age 55 by 12/31/19)	\$1,000

## May I Contribute to an HSA and Health FSA in the same Year?

**No, however, the limited purpose FSA is available when making contributions to an HSA bank account.** The limited purpose FSA account may be used to pay or reimburse specific items as outlined in Publication 969 to include **dental and/or vision care expenses ONLY!**

**Medical expenses cannot be paid from a limited purpose FSA account.**

Employees are responsible for monitoring annual contribution limits and determining eligibility for a HSA. A HSA Payroll Direct Deposit form is required to stop or change a payroll deduction mid-year.

### Important HSA Enrollment Information:

Employees do not qualify to contribute to a Health Savings Account in 2020 if eligible to make a claim from any FSA health reimbursement account balance. The City of Arlington has the 2½ month extension provision. When there is a balance remaining as of December 31, 2019 in the Health FSA account, and an employee enrolls in the HDHP in 2020 and wants to open an individual HSA bank account, the first full payroll after April 1, 2020 would be the first time a payroll direct deposit could begin.

For additional information, see the [Optum Bank enrollment link on the HR portal under Documents and Forms](#)  
**Category: HSA.**

**Medicare/Social Security:** If you enroll in Medicare, you may not be eligible to make HSA contributions and may be penalized if you do. Consult your personal tax advisor for more information.



# Flexible Spending Accounts (FSA)



## Flexible Spending Accounts – Lower Taxes

Flexible Spending Accounts (FSA) allow the option to spend pre-tax dollars for out-of-pocket healthcare or dependent care expenses. Employees decide how much money will be taken out of each paycheck before paying taxes. Each dollar deposited into an FSA account is worth more than the taxed paycheck dollars. After paying for an eligible expense, submit a claim and be reimbursed with the pre-tax dollars from an FSA. Employees cannot change or stop payroll deductions during the year unless experiencing a qualified family status change. Annual enrollment is required to continue contributing to any FSA accounts.

**The Health Expense FSA** is used to pay for eligible out-of-pocket expenses, such as:

- Deductible, co-insurance and co-pays for **medical, dental or vision coverage**
- Retail and mail-order prescription co-insurance
- Any IRS deductible expense not covered by a health plan.  
Example: Lasik eye surgery

**The Limited Purpose FSA** pairs with the HDHP when employees also make contributions to an individual Optum Bank Health Savings Account (HSA). This FSA is used to pay for eligible out-of-pocket expenses for deductibles and co-pays for **dental and vision claims ONLY**.

**The Dependent Day Care FSA** is used for reimbursement of eligible day care expenses for a dependent who lives with you and is under age 13 (or disabled at any age). For a dependent's care to be eligible, you must claim the person as a dependent on your income tax return. You may be reimbursed only for care that enables you to work, go to school full-time, or look for work on a full-time basis. You cannot be reimbursed for care provided by your spouse, your child under age 19, or someone you claim as a dependent.

**FSA Plan Termination:** FSA plans end the last day of the month that your service with the City ends. Terminated or retired employee claims must be filed with UHC FSA division **no later than 30 days after coverage ends**. You may be eligible to elect continued after-tax payments for your FSA through election and payment of COBRA coverage for the balance of the current plan year.

**FSA Claim Filing Extension:** Active employees have a 2½ month extension to utilize FSA contributions remaining as of December 31 each plan year. Eligible claims incurred by March 15 may be submitted for reimbursement from the prior year's plan balance. Active employee claims must be filed with UHC FSA division no later than May 31.

**Example:** You have an FSA account balance of \$200 on December 31, 2019. On January 15, 2020, you must pay out-of-pocket for eligible dental expenses totaling \$150. You would be eligible to file an FSA reimbursement claim for the \$150 from your 2019 balance.

**What expenses may I spend my FSA account funds on?**

- Healthcare = [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502)
- Dependent Day Care = [www.irs.gov/publications/p503](http://www.irs.gov/publications/p503)

### IMPORTANT

Each FSA account is maintained as a separate account. IRS regulations do not allow transfers from one account to another.

### How Much May I Contribute in 2020 to My FSA?

Health Expense	Limited Scope	Dependent Day Care
Minimum Contribution = \$260	Minimum Contribution = \$260	Minimum Contribution = \$260
Maximum Contribution = \$2,750	Maximum Contribution = \$2,750	Maximum Contribution = \$5,000

# Dental Plan Summary

This comparison of benefits is a basic summary only. Refer to the Human Resources portal for the plan document. **Dental coverage terminates the last day of the month in which you are no longer eligible for benefits.**



Benefit Description	DeltaCare® USA TX15BDHMO*	Delta Dental PPO <sup>SM</sup> Low Option PPO <sup>**</sup>	Delta Dental PPO <sup>SM</sup> High Option PPO <sup>**</sup>
	Co-payment	Delta Dental Pays <sup>***</sup>	Delta Dental Pays <sup>***</sup>
Office Visit Co-pay	\$5	N/A	N/A
DIAGNOSTIC - oral examinations, x-rays	\$0	80%	100%
PREVENTIVE - routine cleanings, fluoride treatment, space maintainers, sealants	Fixed co-pay according to fee schedule	80%	100%
Fillings	Fixed co-pay according to fee schedule	60%	80%
Endodontics (root canals)	Fixed co-pay according to fee schedule	50%	80%
Periodontics (gum treatment & periodontal cleanings)	Fixed co-pay according to fee schedule	50%	80%
Simple Oral Surgery (simple extractions)	Fixed co-pay according to fee schedule	50%	80%
Complex Oral Surgery (complex extractions and other oral surgery)	Fixed co-pay according to fee schedule	50%	50%
MAJOR BENEFITS - crowns, inlays, onlays, cast restorations, bridges, dentures	Fixed co-pay according to fee schedule	50%	50%
IMPLANTS	Not a covered benefit	50%	50%
ORTHODONTIC BENEFITS	Fixed co-pay according to fee schedule (adults & eligible dependent children)	Not Covered	50% (eligible dependent children)
DEDUCTIBLE - waived on Diagnostic & Preventive Services	N/A	\$50 per person \$150 per family	\$50 per person \$150 per family
PLAN YEAR MAXIMUM	N/A	\$750 per person	\$1,750 per person
LIFETIME MAXIMUM FOR ORTHODONTIC	N/A	Not Covered	\$1,000 per person

\*If you choose a DeltaCare USA plan, you must use a DeltaCare USA dentist for treatment. Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you. **DeltaCare USA DHMO providers are located exclusively in Texas.**



\*\*Delta Dental PPO products offer freedom of choice of any dentist and you can maximize savings by utilizing PPO (in-network) dentists.

\*\*\* Low Plan – Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists; High Plan – Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

# Vision Plan Summary



Employees may elect vision coverage through Superior Vision. The plans pay benefits for annual exams and corrective lenses. There are co-pays for exams and materials, and the plan pays for frames and lenses up to certain limits. Under this plan, members may use in-network or out-of-network vision care providers. Some benefits are only available from in-network providers. The Superior Vision National Network offers the flexibility of choice to keep out-of-pocket costs low—members may opt to get the exam and materials at one location or get the exam at one location and the materials at another location.

Superior Vision Plan National Network	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam with an Ophthalmologist</b> (every 12 months)	<u>Co-Pays:</u> Exam \$10 then covered in full	<u>Co-Pays:</u> Exam \$10 Up to \$42	<u>Co-Pays:</u> Exam \$10 then covered in full	<u>Co-Pays:</u> Exam \$10 Up to \$42
<b>Exam with an Optometrist</b> (every 12 months)	<u>Co-Pays:</u> Exam \$10 then covered in full	Up to \$37 retail	<u>Co-Pays:</u> Exam \$10 then covered in full	Up to \$37 retail
<b>Standard Lenses</b> (every 12 months)	<u>Co-Pays:</u> \$10 materials. Single, Bifocal, Trifocal and (Polycarbonate for dependents under age 18) covered in full.	Single up to \$32. Bifocal up to \$46. Trifocal up to \$61 Polycarbonate - not covered.	<u>Co-Pays:</u> \$10 materials. Single, Bifocal, Trifocal and (Polycarbonate for dependents under age 18) covered in full.	Single up to \$32. Bifocal up to \$46. Trifocal up to \$61 Polycarbonate - not covered.
<b>Standard Frames</b>	Every 24-Months. \$130 retail allowance	Every 24-Months. Up to \$68 retail	Every 12-Months. \$140 retail allowance	Every 12-Months. Up to \$68 retail
<b>Contact Lens Fitting (CLF)</b> (once every 12 months)	Co-Pay \$5, then covered in full. Specialty CLF up to \$50 allowance.	Not covered	Co-Pay \$0 Covered in full. Specialty CLF up to \$50 allowance.	Not covered
<b>Contact Lenses</b> (in lieu of eyeglasses once every 12 mos)	\$120 retail allowance.	Up to \$100	\$130 retail allowance.	Up to \$100
<b>Refractive Eye Surgery for Lasik</b> <a href="http://SuperiorVision.com">SuperiorVision.com</a>	Discount at participating providers.	N/A	Discount at participating providers.	N/A

\*This comparison is a basic summary only. Refer to the Superior Vision schedule of benefits on the HR Portal, Portal under Documents and Forms, Category: Vision.

**Vision coverage terminates the last day of the month in which you are no longer eligible for benefits.**



Choose [Video 1](#) for the Low Plan, or [Video 2](#) for the High Plan.

# Life Insurance

## **NEW FULL-TIME EMPLOYEES**

### **Basic Term Life Insurance**

As an eligible employee, the City of Arlington provides Basic Term Life insurance in the amount of twice an employee's annual salary up to \$300,000. There is no cost to the employee for the Basic Term Life coverage.

### **Optional Term Life with Accidental Death & Dismemberment**

The City of Arlington understands the importance of protecting your family's future. New full-time employees, through the first 30 days of employment, may elect coverage in \$10,000 increments, up to 8 times an employee's base annual salary (minimum enrollment of \$20,000) but not more than \$200,000. Employees may elect up to a maximum of \$500,000, but the coverage is subject to medical questions (referred to as Evidence of Insurability – EOI). Prudential must approve coverage above the new hire guaranteed issue amount (refer to chart below) before payroll deductions begin.

**Note: Employee must first be enrolled in Optional Term Life Insurance with Accidental Death & Dismemberment to enroll in the spouse and/or child life insurance plan.**

Guaranteed Issue for New Hires - Full-Time Employees	
Employee Basic Life	\$300,000 Maximum Coverage
Employee Optional Life/Accidental Death & Dismemberment	\$200,000 (EOI required for a greater amount of coverage)
Spouse Optional Life	\$50,000 (EOI required for a greater amount of coverage)
Child Optional Life	\$10,000 Maximum Coverage

## **Annual Enrollment Process**

### **Adding or Increasing Life Insurance**

Life insurance additions or coverage increases for employee optional life or spouse life during annual enrollment requires completion of a the Evidence of Insurability form (EOI - also known as proof of good health). Requests typically require you have lab work completed which will be scheduled by the carrier. Prudential will notify you if any additional information is needed to consider your coverage request. Coverage is not effective unless approval is received from Prudential underwriters.

### **Age and Rate Updates (HR Portal Life Plan Summary and Rates)**

Optional Employee and Spouse Life insurance rates are based on employee age bands. The employee's age is updated annually as of January 1<sup>st</sup>. To lower or stop optional life insurance coverage, complete a Life Insurance Change Form and submit to Human Resources.



### **Optional Dependent Term Life Insurance**

Dependent coverage is contingent upon the dependent not being home/hospital confined for medical care or treatment. This plan pays life insurance proceeds to the employee in the event your spouse/child dies.

- **Spouse Coverage:** As a full-time employee, you may elect coverage for a spouse in \$5,000 increments (minimum \$10,000) up to 50% of your employee election to a maximum of \$50,000. Amounts up to \$150,000 may be elected, but coverage is subject to medical questions and approval by Prudential (EOI).
- **Child Coverage:** Employees may elect coverage of \$10,000 for each child under the age of 26.

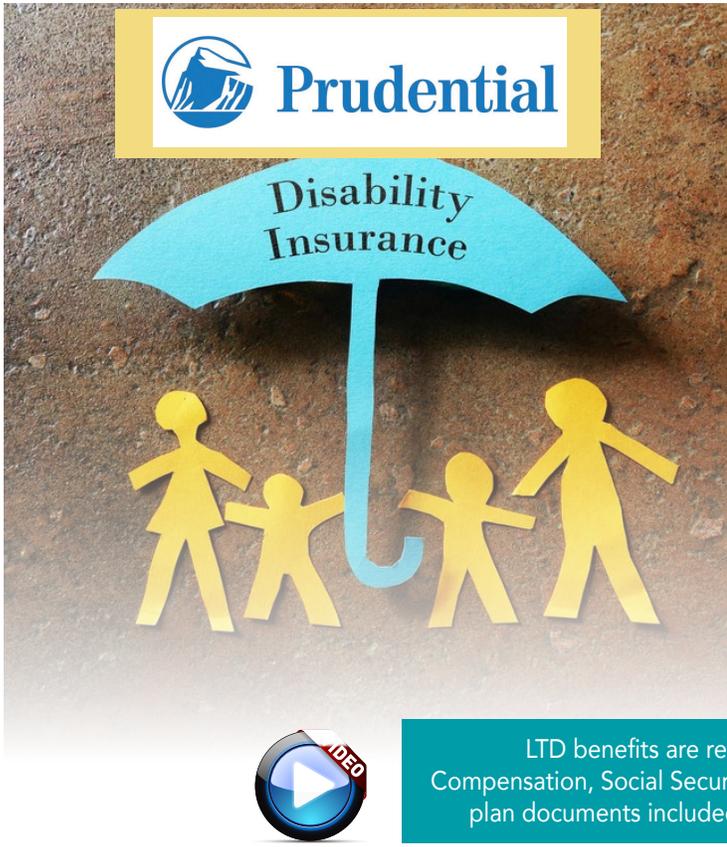


Life Insurance Rates and additional Life Insurance information including the group policy, are located on the Human Resources portal.

**Documents and Forms**  
Category: Life Insurance



# Disability Coverage



## Long-Term Disability (LTD)

The City of Arlington provides a Long-Term Disability (LTD) benefit equal to 60% of your base monthly pay at no cost to you. The following summarizes this coverage, which is administered by Prudential:

- Benefits begin after a 120 day elimination period for a qualifying disability.
- LTD benefits replace 60% of your base pay to a maximum monthly benefit of \$6,000. The benefit is payable for 24 months in which you are unable to perform the essential duties of your own occupation. After 24 months, you must be unable to perform the essential duties of any occupation for which you are reasonably qualified by education, training or experience.
- LTD covers occupational and non-occupational injuries or illness.
- The LTD minimum monthly benefit is \$50 per month, with a maximum of \$6,000 per month.

LTD benefits are reduced by other sources of income during disability such as Workers' Compensation, Social Security, Texas Municipal Retirement System and other benefits. Refer to plan documents included on the Human Resources portal, Documents and Forms, Disability.

## Short Term Disability (STD)

In addition to LTD, employees have the option to elect Short Term Disability (STD) coverage for the period of time prior to LTD going into effect. The STD insurance plan, also administered by Prudential, is designed to replace a portion of lost income when a sickness or injury limits your ability to work and earn a full paycheck. When you are disabled for 14 days from a non-work-related accident or sickness, benefits begin on the 15th day of the qualifying disability and may be paid up to 16 weeks or until you no longer qualify, whichever occurs first.

Employees may elect from one of three options available:

- OPTION 1: 40%** – This plan pays a benefit of up to 40% of your weekly covered earnings\*
- OPTION 2: 50%** – This plan pays a benefit of up to 50% of your weekly covered earnings\*
- OPTION 3: 60%** – This plan pays a benefit of up to 60% of your weekly covered earnings\*

STD rates and additional information on this plan including the group policy which details the Exclusions and Effects of other Income Benefits is located on the Human Resources portal under Documents and Forms – Disability.

\* Covered earnings include your base wages or salary and does not include bonuses or any other extra compensation. Short Term Disability benefits are reduced by other sources of income during disability including Workers' Compensation. All options include a minimum benefit of \$25 and a maximum benefit of \$1,250 per week.

If you elect coverage within 30 days of your date of hire, your coverage will not contain a pre-existing condition limitation. If you do not elect coverage as a new hire, you will be given the opportunity to enroll during the Annual Enrollment period as a late entrant. Late entrants are subject to the pre-existing condition limitation clause excluding coverage for medical conditions treated or diagnosed in the three months prior to the effective date of your STD coverage. Coverage increase amounts are also subject to this pre-existing condition limitation.

# Other Benefit Plans (ALLSTATE)

## Accident Insurance

Accident insurance from Allstate Benefits provides cash benefits for out-of-pocket expenses associated with an accidental injury. Coverage is guaranteed issue at initial enrollment and the policy is portable. A Benefit Enhancement Rider has been added to expand your coverage, providing benefits if you have medical procedures often associated with accidents.



This includes benefits for hospital admission, CT scan and MRI, general anesthesia, medical supplies, physical therapy and more.

You may elect coverage for your eligible dependents. Covered spouses receive 50% of the benefit amount and children receive 25%.

## Critical Illness Insurance

Critical illness coverage can help protect your finances in case you are faced with a life changing illness.

This plan provides financial reassurance to help cover the out-of-pocket expenses associated with a heart attack, stroke, coronary bypass surgery, major organ transplant and end stage renal failure. A Wellness Benefit is included to help keep you healthy, and the Cancer Coverage and Cancer Recurrence Benefit are also included, giving you even greater protection. Employees may elect from two guaranteed issue coverage amounts: \$10,000 or \$20,000.

You may elect to cover your eligible dependents. Covered dependents receive 50% of employee's basic-benefit amount. This coverage supplements any existing medical benefits and premiums are affordable.

## Annual Enrollment Information

Allstate has agreed to a true open enrollment for the 2020 plan year, so employee enrollments will not require any Evidence of Insurability forms be completed.



**Allstate**  
You're in good hands.®

\$50 Outpatient Physician Visit Benefit (2 per Individual, 4 per Family) when enrolled in **Accident Plan**.

\$50 Wellness Benefit per year per insured when enrolled in **Critical Illness Plan**.

Rates and additional information on the plans available from Allstate including the policy are located on the Human Resources portal under Documents and Forms – Allstate.



# Retirement Benefits

## Texas Municipal Retirement System

The City of Arlington does not pay into Social Security. In lieu of those benefits, the City provides retirement benefits for employees working in positions budgeted for at least 1,000 hours and above through TMRS. The City matches the employee's 7% contribution (required pre-tax automatic deduction) at a two-to-one match.

The City of Arlington has also chosen to provide Supplemental Death Benefits for members and retirees. Survivors of active employees receive an additional benefit approximately equal to the employee's annual salary. The Supplemental Death Benefits paid to a retiree's beneficiary is \$7,500



Additional retirement plan information is included on the HR Portal under Documents and Forms, Category: Retirement-401(k) and 457



be withdrawn tax-free if requirements for a qualified distribution are met. You are always 100% vested in your contributions.

For both the 401(k) and 457 plans, enrollment kits are available from Human Resources and ICMA-RC representatives are available to assist you with enrollment and investment fund details. You may sign up to contribute to these accounts at any time AND make changes to your contribution amount at any time during the year. Enrollment and contributions changes may be completed at [www.icmarc.org/arlington-tx](http://www.icmarc.org/arlington-tx).

## 401(k) Thrift Savings Plan

The City of Arlington is one of few cities in the state that offers a 401(k) plan as part of retirement plan options. This is a voluntary retirement program and you may contribute up to \$19,500, for the 2020 plan year, if you are younger than 50. If you are 50 and up, you may contribute up to \$25,000 in 2020. The City matches 50% of your contributions up to 6% or your base salary, which is equivalent to a maximum match of 3%. The City will not go over a 3% match. You are 100% vested in our contributions and the City's vesting schedule is as follows:

401(k) Vesting Schedule		
Year 1.....0%	Year 3.....40%	Year 5.....80%
Year 2.....20%	Year 4.....60%	Year 6.....100%

## 457 Deferred Compensation Plan

The City of Arlington offers a voluntary 457 deferred compensation that can provide additional savings for retirement. This plan allows employees who retire before age 55 to avoid the 10% penalty, and the pre-tax option within this plan lowers taxable income at the end of the year. The post-tax Roth option allows contributions on an after-tax basis. Contributions and earnings can

## Age 50 Catch-Up Contributions

Beginning in the year you reach age 50, you may make additional "catch-up" contributions to eligible employer retirement plans and IRA's.

- \$6,500 over the regular \$19,500 contribution limit for 2020, to both a 401(k) plan and a 457 deferred compensation plan, for a total of \$25,000 to each plan
- \$1,000 over the regular \$6,500 limit to an IRA, for a total of \$7,500 for plan year 2020

To begin "catch-up" contributions, please fill out the ICMA-RC 401(k) or 457 Plan "Age 50" Catch-up Form located on the HR Portal - Documents and Forms - Retirement 401k 457 Plans and return the completed form to Human Resources. Please note that this form is not for regular biweekly contributions to 401(k) or 457 plans. Changes to your regular biweekly payroll deductions must be completed online at [www.icmarc.org/arlington-tx](http://www.icmarc.org/arlington-tx) or by calling ICMA-RC Investor Services at 800-669-7400. **It is the responsibility of the employee to monitor contributions to ensure that they do not exceed the annual limits established by the Internal Revenue Service.** For more information, visit ICMA-RC's dedicated City of Arlington website

# General Notices



## Continuation Coverage Rights under the Consolidated Omnibus Budget Reconciliation Action (COBRA)

The City offers continuation of coverage (COBRA) to employees or dependents that experience a COBRA qualifying event resulting in a loss of City-provided benefits. These may include medical, dental, vision, EAP and health flexible spending accounts (FSA). COBRA benefits are the same as your active employee benefits, but the cost is much higher because you pay the full cost for the coverage, plus a 2% administration fee.

Upon experiencing a COBRA event, you and/or your affected dependents will receive a notification letter to advise you of your options, guidelines and costs at that time. You have 60 days from the date of notification to make plan selections and 45 days from the election date to pay. Coverage will not be effective until the first payment is made but will be retroactive once the coverage is in effect. Costs for coverage will vary annually and are provided at the time of the event.

There may be other options for you and your family, if the need for coverage arises. Eligibility for COBRA coverage does not limit your eligibility to purchase coverage through the Health Insurance Marketplace. Additionally, a loss of coverage with the City of Arlington would be a qualifying event, if your spouse has access to medical coverage notify their employer within 30 days of your loss of coverage to request the enrollment process and requirements. For additional questions about your rights to COBRA continuation coverage, please contact Human Resources at 817-459-6869.

\*An initial notice is provided to you upon hire or rehire that notifies you of your COBRA rights. The complete notice is located on the Human Resources portal - Documents and Forms – Category: COBRA.

## 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 Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. For more information, visit [www.HealthCare.gov](http://www.HealthCare.gov).

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 call 1-866-444-EBSA (3272) or [www.askebsa.dol.gov](http://www.askebsa.dol.gov).

\*The complete CHIP notice that includes contact phone numbers and websites is included on the Human Resources portal under Documents and Forms – Required Notices.

# Required Notices

## Medicare Part D

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. The City of Arlington has determined that the prescription drug coverage offered by the Navitus Pharmacy Plan is, 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 this coverage is Creditable Coverage, you can keep the City's prescription drug coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you are an active employee or a dependent of an active employee eligible to join a Medicare drug plan and you enroll in a Medicare drug plan, your Navitus Pharmacy Plan coverage will end.

## Required Notices

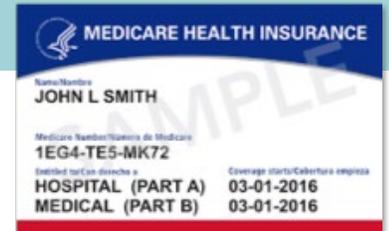
The City is required to provide the following annual notices to all employees:

- Children's Health Insurance Program (CHIP) Notice
- COBRA General Notice
- Glossary of Health Coverage and Medical Terms
- HIPAA Privacy Notice
- Marketplace Full-time and Variable Hours Notices
- Medicare Part D Creditable Coverage Notice
- Newborns' Act Disclosure Notice
- No Annual Dollar Limits on Essential Health Benefits
- Provider Choice Notice – The Patient Protection and Affordable Care Act
- Special Enrollment Rights
- UnitedHealthcare Annual Rights and Resource Disclosure Notice
- Women's Health and Cancer Rights Act of 1998 (WHCRA) Notices

The above notices are posted on the City of Arlington's Human Resources portal by selecting Department, Human Resources, Documents and Forms, Category: **Required Notices**. Also located on the City website at [www.arlingtontx.gov](http://www.arlingtontx.gov) by scrolling down to the bottom of the page and selecting Employee Center, Retirees, City Benefits on left-hand side of page, Required Notices. You may also request a copy by contacting Human Resources 817-459-6869.

# APPENDIX A - Educational Information

## Active Employees Eligible for Medicare



As an active full-time employee eligible to enroll in one of the City's medical plans, you may have the option to enroll in Medicare at the time you become age 65. Approximately three (3) months prior to your or your spouse's 65<sup>th</sup> birth date, Human Resources will email you basic information about Medicare.

### Did you know ...

- The Center for Medicare and Medicaid Services (CMS) regulations require the City to verify your enrollment in Medicare. When you do enroll in Medicare, **you may remain enrolled in a City employee medical plan.** However, Medicare has established rules about how the City of Arlington medical plan must coordinate with its coverage. **Note: If you choose not to enroll in Medicare, notify Human Resources.** Eligibility to enroll in Medicare qualifies as a life event/change in family status. If you choose to enroll in Medicare and would like to discontinue your City medical coverage, you will need to complete an Enrollment Change Form and provide a copy of your Medicare card **within 30 days** of your enrollment to drop your City employee medical plan.
- The Social Security Administration website is [www.socialsecurity.gov](http://www.socialsecurity.gov). To apply for Medicare, you may complete an application on-line or you may apply in person at one of the Social Security Administration offices. You should call and make an appointment as the wait can be long.
- The effective date for Medicare is typically the 1<sup>st</sup> day of the month in which you become age 65. However, Medicare coverage becomes effective the first day of the month **prior to the month of your birth date** when your birth date falls on the 1<sup>st</sup> day of the month.
- You can find publications about coordination of benefits at [www.mymedicare.gov](http://www.mymedicare.gov) which will include the most current documents. You are encouraged to review Medicare publications to become familiar with enrollment options.

**IMPORTANT:** Current tax regulations do not allow individuals enrolled in Medicare to make payroll direct deposits into an individual Health Savings Bank Account. If you are currently making payroll direct deposits into your HSA, complete a new HSA Payroll Direct Deposit form with the amount indicated as \$0.00 and provide to Human Resources prior to the month of your Medicare enrollment. Review the impact of enrollment in Medicare and HSA's at [www.irs.gov](http://www.irs.gov) Publication 969.

*NOTE: Human Resources staff **may not** provide advice or interpret Social Security or Medicare regulations as they apply to individual circumstances. The City has provided the above resources and links to assist you in your research/review of Medicare information with the Medicare and Social Security eligibility/enrollment experts.*

# APPENDIX A - Educational Information

## How do I know if I am allowed to contribute to an HSA?

An employee covered by an HDHP and a health FSA that pays or reimburses qualified medical expenses generally cannot make contributions to an HSA. Follow the guide below to learn more.

**(Employees enrolled in Medicare are not eligible.)**

### IF YOU HAVE:



#### A Limited Purpose Medical Flexible Spending Account or a Post-Deductible Flexible Spending Account

**WITH:**

A balance or zero balance on the last day of the prior year...

**THEN:**

...you are eligible to open and contribute to your HSA immediately in the new plan year.



#### B A Full Purpose Medical Flexible Spending Account

**WITH:**

A balance at the end of the prior year *and* without a grace period at the end of the prior year, OR, A zero balance on the last day of the prior year (with or without grace period)...

**THEN:**

...you are eligible to open and contribute to your HSA immediately in the new plan year.

**WITH:**

A balance at the end of the prior year *and* a grace period...

**THEN:**

...you are eligible to open and contribute to your HSA the first of the month following the last day of your grace period.

**WITH:**

A balance *and* a carryover to a limited purpose FSA...

**THEN:**

...you are eligible to open and contribute to your HSA immediately in the new plan year.

**WITH:**

A balance *and* a carryover to a full purpose FSA...

**THEN:**

...you are covered by a full purpose FSA in the new plan year. *NOTE:* You are **not** eligible to open and contribute to a HSA until your FSA coverage ends.

# APPENDIX A - Educational Information

## HSA / FSA Comparison Chart

Plan Feature	Health Savings Bank Acct with HDHP Medical	Limited Scope FSA with HDHP Medical	Health Care FSA with EPO Medical
What is it?	It's a personal bank account to help you save and pay for covered health care services and qualified medical expenses.	It's an account to help you pay for covered dental and vision services and eligible dental and vision expenses.	It's an account to help you pay for covered health care services and eligible medical expenses.
How do I get it?	You must sign up for a high-deductible health plan that meets a deductible amount set by the IRS. You also must meet other IRS guidelines to be eligible to have it. Learn about these at <a href="https://www.irs.gov">irs.gov</a> .	You can sign up for a health care Limited Scope FSA if it is offered by your employer and you are also enrolled in the City's High Deductible Health Plan.	You can sign up for a health care FSA if it is offered by your employer. You do not need to sign up for a City health plan.
Who owns it?	You do.	Your employer, but it's your money.	Your employer, but it's your money.
Who puts the money in it?	You. Your employer, family, and others can put money into it if they choose.	You.	You.
How is money put in it?	You can make deposits like you do with other personal bank accounts. Your employer and family can also put money into the account. Your employer may allow you to deposit money straight from your paycheck, before the money is taxed.	Your employer will take money out of each paycheck, before taxes, and put it into the account.	Your employer will take money out of each paycheck, before taxes, and put it into the account.
Is there a limit on how much I can put in it?	Yes. The IRS sets a limit on how much you can put into it each year. You can usually find the limits in your health plan documents and at <a href="https://www.irs.gov">irs.gov</a> . While there are no annual limits, there is no limit to how much you can save over time.	Yes. The IRS sets a limit on how much you can put into it each year. You can usually find the limits in your health plan documents and at <a href="https://www.irs.gov">irs.gov</a> . Your employer can decide what the annual limit will be, but it can't be more than the IRS limit.	Yes. The IRS sets a limit on how much you can put into it each year. You can usually find the limits in your health plan documents and at <a href="https://www.irs.gov">irs.gov</a> . Your employer can decide what the annual limit will be, but it can't be more than the IRS limit.
Can I cash it out at any point?	Yes. But if you cash it out and do not use the money for qualified medical expenses, you will have to pay taxes on it. And you may also have to pay a 20% tax penalty.	No.	No.
Can I keep it if I leave my employer? What happens to the money?	Yes. You own the account.	No. Your employer keeps the money.	No. Your employer keeps the money.
Do I have to pay taxes on it?	No. You don't have to pay federal or, in most instances, state income taxes on: <ul style="list-style-type: none"> <li>• Deposits you or others make to an HSA</li> <li>• Money you spend from an HSA on qualified medical expenses</li> <li>• Interest earned from an HSA</li> </ul> If you put money into an HSA using pre-tax payroll deposits through your employer, you don't have to pay Social Security taxes on it either.	No. You don't have to pay federal, state and Social Security taxes on this money. You also don't have to pay federal income taxes on any money that is reimbursed to you.	No. You don't have to pay federal, state and Social Security taxes on this money. You also don't have to pay federal income taxes on any money that is reimbursed to you.

# APPENDIX A - Educational Information

## HSA / FSA Comparison Chart

Plan Feature	Health Savings Bank Acct with HDHP Medical	Limited Scope FSA with HDHP Medical	Health Care FSA with EPO Medical
If I don't spend it, will it earn interest for me?	Yes, an HSA can earn interest. But the amount you can earn depends on the bank you use and how much you have in the account.	No.	No.
What can I pay for with it?	You can pay for hundreds of qualified medical expenses, which are determined by the IRS. This can include services covered by a health plan. You can also use it to pay for dental, vision and many other health care services and supplies that are listed under Section 213(d) of the Internal Revenue Code. Refer to IRS Publication 502.	You can pay for hundreds of eligible dental and/or vision expenses, which are determined by the IRS and your employer. Refer to Publication 502 for additional information regarding covered services.	You can pay for hundreds of eligible medical expenses, which are determined by the IRS and your employer. This can include services covered by a health plan. It can also be used for dental, vision and many other health care services and supplies that are listed under Section 213(d) of the Internal Revenue Code. Refer to IRS Publication 502.
Can I use it for things other than health care?	No, if you are under the age of 65. And if you use it for services that aren't qualified medical expenses, you could pay a 20% penalty tax. If you are over the age of 65, you can use it for pretty much anything.	No.	No.
Can I have any other accounts with it?	Yes. You can have a limited-purpose FSA or limited-purpose HRA, which can only be used for eligible dental and vision services.	Yes. You can have a dependent care FSA. You can use a dependent care FSA to pay for eligible day care and elder care services. Refer to IRS Publication 503.	Yes. You can have a dependent care FSA. You can use a dependent care FSA to pay for eligible day care and elder care services. Refer to IRS Publication 503.
If I receive COBRA benefits, do COBRA rights apply to it?	COBRA does not apply to the account. But COBRA rights apply to the high-deductible health plan offered by your employer. Check with your employer for details.	Yes, COBRA rights apply. Check with your employer for details.	Yes, COBRA rights apply. Check with your employer for details..
Can I use it to pay for COBRA plan premiums or other plan premiums?	Yes.	No.	No.

What's the difference between a qualified medical expense and an eligible medical expense?

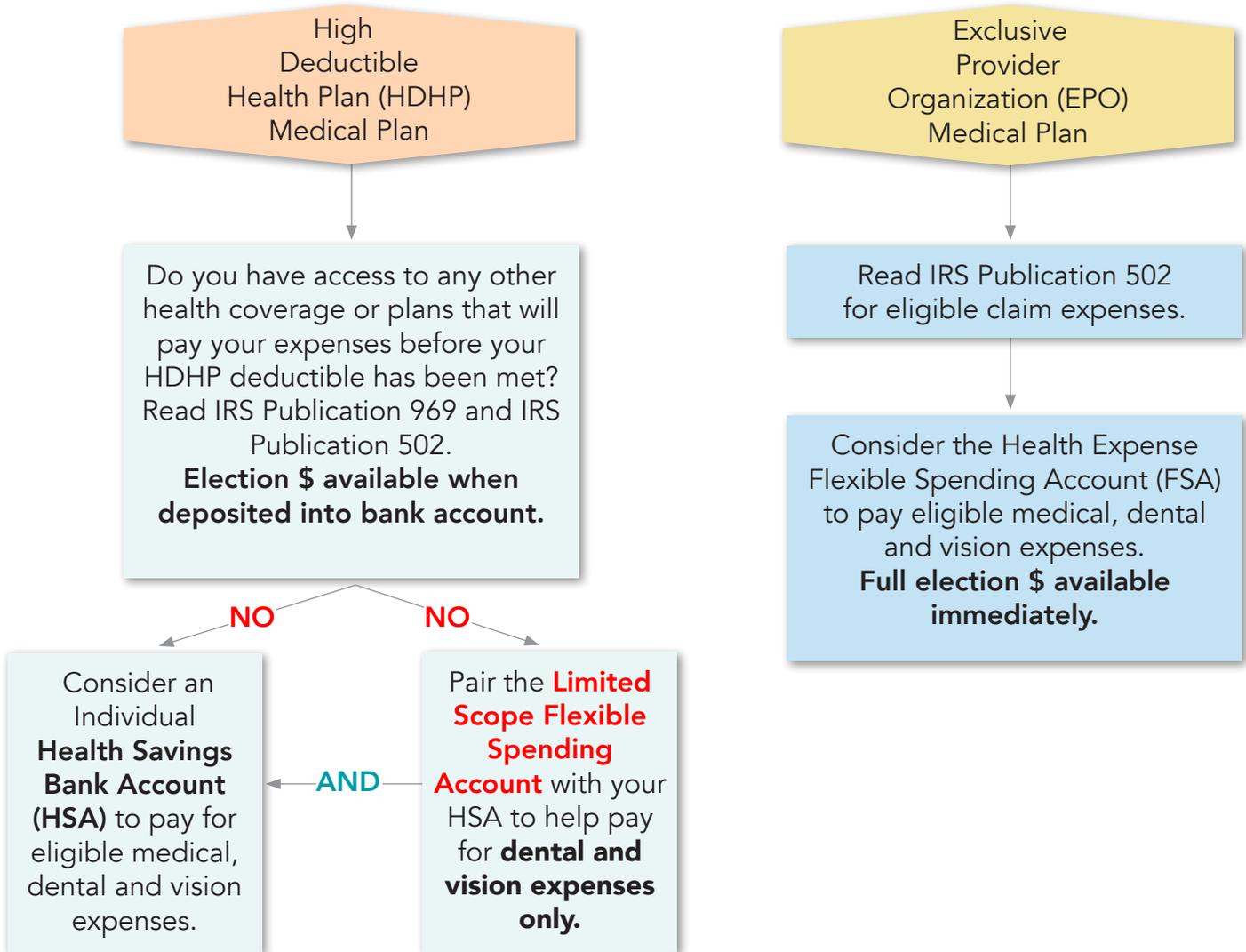
A **qualified medical expense** is a health care service, treatment or item that the IRS says can be purchased without having to pay taxes.

An **eligible medical expense** is a health care service, treatment or item that the IRS says can be covered or reimbursed (paid back) by a benefit plan.

# APPENDIX A - Educational Information

## HSA / FSA Decision Chart

### Healthcare Pretax Account Options Utilize Account Balances to Pay for Eligible Expenses



#### Important Information:

- Employees with Flexible Spending Account (FSA) funds remaining on 12/31 may not make contributions to an HSA Bank Account until the first full pay period after April 1.
- NOTE: You must be enrolled in the City's HDHP Medical Plan to set-up Payroll Direct Deposits to an Optum HSA Bank Account.
- HSA bank account belongs to the employee and fund balance rolls over from year to year.
- FSA accounts are Use it or Lose It accounts. If you don't spend current plan year balance by March 15<sup>th</sup> in the next plan year, you lose those funds based on current IRS regulations.

# APPENDIX B - 2020 Rates

## Medical/Pharmacy, Dental, Vision

MEDICAL/PHARMACY COVERAGE LEVEL	WELLNESS Employee Rate		NON WELLNESS Employee Rate		CITY Rate	
	Biweekly	Annual	Biweekly	Annual	Biweekly	Annual
<b>HDHP (High Deductible Plan) Medical Plan - MED4</b>						
EE Only	\$13.68	\$355.68	\$33.68	\$875.68	\$279.33	\$7,262.71
EE + Spouse	\$57.87	\$1,504.62	\$77.87	\$2,024.62	\$550.13	\$14,303.26
EE + Child(ren)	\$22.80	\$592.80	\$42.80	\$1,112.80	\$456.41	\$11,866.71
EE + Family	\$81.28	\$2,113.28	\$101.28	\$2,633.28	\$772.48	\$19,312.00
<b>EPO (Exclusive Provider Plan) Medical Plan - MED1</b>						
EE Only	\$30.44	\$791.44	\$50.44	\$1,311.44	\$293.90	\$7,641.49
EE + Spouse	\$128.78	\$3,348.28	\$148.78	\$3,868.28	\$547.63	\$14,238.28
EE + Child(ren)	\$76.13	\$1,979.38	\$96.13	\$2,499.38	\$457.01	\$11,882.26
EE + Family	\$180.84	\$4,701.84	\$200.84	\$5,221.84	\$769.01	\$19,994.18



**NOTE:**  
Payroll deductions may differ slightly due to rounding.

DENTAL	Dental Health Maintenance Organization (DHMO) Plan		Low Participating Provider Organization (PPO) Plan		High Participating Provider Organization (PPO) Plan	
	Biweekly	Annual	Biweekly	Annual	Biweekly	Annual
Coverage Level						
EE Only	\$5.19	\$134.97	\$6.71	\$174.46	\$16.20	\$421.20
EE + 1	\$10.47	\$272.22	\$13.30	\$345.80	\$32.07	\$833.82
EE + Family	\$15.72	\$408.72	\$23.41	\$608.66	\$56.43	\$1,467.18



VISION	LOW PLAN		HIGH PLAN	
	Biweekly	Annual	Biweekly	Annual
Coverage Level				
EE Only	\$1.97	\$51.24	\$2.24	\$58.32
EE + 1	\$4.09	\$106.44	\$4.67	\$121.32
EE + Family	\$6.24	\$162.36	\$7.12	\$185.16



# APPENDIX B - 2020 Rates

## Optional Term Life - Employee

### Employee - Optional Term Life Bi-Weekly Cost per Coverage Amount with Matching OAD&D

Coverage is available in increments of \$10,000 (minimum \$20,000) to a maximum of \$500,000, not to exceed 8.0 times employee's base annual salary. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule each January 1.

	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000
<b>Age</b>													
<b>&lt; 25</b>	\$0.78	\$1.18	\$1.57	\$1.96	\$2.35	\$2.75	\$3.14	\$3.53	\$3.92	\$4.32	\$4.71	\$5.10	\$5.49
<b>25-29</b>	\$0.86	\$1.29	\$1.72	\$2.15	\$2.58	\$3.00	\$3.43	\$3.86	\$4.29	\$4.72	\$5.15	\$5.58	\$6.01
<b>30-34</b>	\$0.94	\$1.41	\$1.88	\$2.35	\$2.82	\$3.30	\$3.77	\$4.24	\$4.71	\$5.18	\$5.65	\$6.12	\$6.59
<b>35-39</b>	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.84	\$4.39	\$4.94	\$5.49	\$6.04	\$6.59	\$7.14	\$7.69
<b>40-44</b>	\$1.50	\$2.24	\$2.99	\$3.74	\$4.49	\$5.23	\$5.98	\$6.73	\$7.48	\$8.22	\$8.97	\$9.72	\$10.47
<b>45-49</b>	\$2.28	\$3.42	\$4.56	\$5.70	\$6.84	\$7.98	\$9.12	\$10.26	\$11.40	\$12.54	\$13.68	\$14.82	\$15.96
<b>50-54</b>	\$3.62	\$5.43	\$7.24	\$9.05	\$10.86	\$12.66	\$14.47	\$16.28	\$18.09	\$19.90	\$21.71	\$23.52	\$25.33
<b>55-59</b>	\$5.27	\$7.91	\$10.54	\$13.18	\$15.81	\$18.45	\$21.08	\$23.72	\$26.35	\$28.99	\$31.62	\$34.26	\$36.90
<b>60-64</b>	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00	\$42.90	\$46.80	\$50.70	\$54.60
<b>65-69</b>	\$11.37	\$17.06	\$22.74	\$28.43	\$34.12	\$39.80	\$45.49	\$51.18	\$56.86	\$62.55	\$68.23	\$73.92	\$79.61
<b>70-74</b>	\$44.54	\$66.81	\$89.08	\$111.35	\$133.62	\$155.88	\$178.15	\$200.42	\$222.69	\$244.96	\$267.23	\$289.50	\$311.77
<b>75+</b>	\$149.83	\$224.75	\$299.67	\$374.58	\$449.50	\$524.42	\$599.34	\$674.25	\$749.17	\$824.09	\$899.00	\$973.92	\$1,048.84

	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
<b>Age</b>												
<b>&lt; 25</b>	\$5.88	\$6.28	\$6.67	\$7.06	\$7.45	\$7.85	\$8.24	\$8.63	\$9.02	\$9.42	\$9.81	\$10.20
<b>25-29</b>	\$6.44	\$6.87	\$7.30	\$7.73	\$8.16	\$8.58	\$9.01	\$9.44	\$9.87	\$10.30	\$10.73	\$11.16
<b>30-34</b>	\$7.06	\$7.53	\$8.00	\$8.47	\$8.94	\$9.42	\$9.89	\$10.36	\$10.83	\$11.30	\$11.77	\$12.24
<b>35-39</b>	\$8.24	\$8.79	\$9.34	\$9.89	\$10.44	\$10.98	\$11.53	\$12.08	\$12.63	\$13.18	\$13.73	\$14.28
<b>40-44</b>	\$11.22	\$11.96	\$12.71	\$13.46	\$14.21	\$14.95	\$15.70	\$16.45	\$17.20	\$17.94	\$18.69	\$19.44
<b>45-49</b>	\$17.10	\$18.24	\$19.38	\$20.52	\$21.66	\$22.80	\$23.94	\$25.08	\$26.22	\$27.36	\$28.50	\$29.64
<b>50-54</b>	\$27.14	\$28.95	\$30.76	\$32.57	\$34.38	\$36.18	\$37.99	\$39.80	\$41.61	\$43.42	\$45.23	\$47.04
<b>55-59</b>	\$39.53	\$42.17	\$44.80	\$47.44	\$50.07	\$52.71	\$55.34	\$57.98	\$60.61	\$63.25	\$65.88	\$68.52
<b>60-64</b>	\$58.50	\$62.40	\$66.30	\$70.20	\$74.10	\$78.00	\$81.90	\$85.80	\$89.70	\$93.60	\$97.50	\$101.40
<b>65-69</b>	\$85.29	\$90.98	\$96.66	\$102.35	\$108.04	\$113.72	\$119.41	\$125.10	\$130.78	\$136.47	\$142.15	\$147.84
<b>70-74</b>	\$334.04	\$356.31	\$378.58	\$400.85	\$423.12	\$445.38	\$467.65	\$489.92	\$512.19	\$534.46	\$556.73	\$579.00
<b>75+</b>	\$1,123.75	\$1,198.67	\$1,273.59	\$1,348.50	\$1,423.42	\$1,498.34	\$1,573.26	\$1,648.17	\$1,723.09	\$1,798.01	\$1,872.92	\$1,947.84

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.  
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# APPENDIX B - 2020 Rates

## Optional Term Life - Employee

### Employee - Optional Term Life Bi-Weekly Cost per Coverage Amount with Matching OAD&D

Coverage is available in increments of \$10,000 (minimum \$20,000) to a maximum of \$500,000, not to exceed 8.0 times employee's base annual salary. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule each January 1.

	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000
<b>Age</b>												
< 25	\$10.59	\$10.98	\$11.38	\$11.77	\$12.16	\$12.55	\$12.95	\$13.34	\$13.73	\$14.12	\$14.52	\$14.91
25-29	\$11.59	\$12.02	\$12.45	\$12.88	\$13.31	\$13.74	\$14.16	\$14.59	\$15.02	\$15.45	\$15.88	\$16.31
30-34	\$12.71	\$13.18	\$13.65	\$14.12	\$14.59	\$15.06	\$15.54	\$16.01	\$16.48	\$16.95	\$17.42	\$17.89
35-39	\$14.83	\$15.38	\$15.93	\$16.48	\$17.03	\$17.58	\$18.12	\$18.67	\$19.22	\$19.77	\$20.32	\$20.87
40-44	\$20.19	\$20.94	\$21.68	\$22.43	\$23.18	\$23.93	\$24.67	\$25.42	\$26.17	\$26.92	\$27.66	\$28.41
45-49	\$30.78	\$31.92	\$33.06	\$34.20	\$35.34	\$36.48	\$37.62	\$38.76	\$39.90	\$41.04	\$42.18	\$43.32
50-54	\$48.85	\$50.66	\$52.47	\$54.28	\$56.09	\$57.90	\$59.70	\$61.51	\$63.32	\$65.13	\$66.94	\$68.75
55-59	\$71.16	\$73.79	\$76.43	\$79.06	\$81.70	\$84.33	\$86.97	\$89.60	\$92.24	\$94.87	\$97.51	\$100.14
60-64	\$105.30	\$109.20	\$113.10	\$117.00	\$120.90	\$124.80	\$128.70	\$132.60	\$136.50	\$140.40	\$144.30	\$148.20
65-69	\$153.53	\$159.21	\$164.90	\$170.58	\$176.27	\$181.96	\$187.64	\$193.33	\$199.02	\$204.70	\$210.39	\$216.07
70-74	\$601.27	\$623.54	\$645.81	\$668.08	\$690.35	\$712.62	\$734.88	\$757.15	\$779.42	\$801.69	\$823.96	\$846.23
75+	\$2,022.76	\$2,097.67	\$2,172.59	\$2,247.51	\$2,322.42	\$2,397.34	\$2,472.26	\$2,547.18	\$2,622.09	\$2,697.01	\$2,771.93	\$2,846.84

	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
<b>Age</b>												
< 25	\$15.30	\$15.69	\$16.08	\$16.48	\$16.87	\$17.26	\$17.65	\$18.05	\$18.44	\$18.83	\$19.22	\$19.62
25-29	\$16.74	\$17.17	\$17.60	\$18.03	\$18.46	\$18.89	\$19.32	\$19.74	\$20.17	\$20.60	\$21.03	\$21.46
30-34	\$18.36	\$18.83	\$19.30	\$19.77	\$20.24	\$20.71	\$21.18	\$21.66	\$22.13	\$22.60	\$23.07	\$23.54
35-39	\$21.42	\$21.97	\$22.52	\$23.07	\$23.62	\$24.17	\$24.72	\$25.26	\$25.81	\$26.36	\$26.91	\$27.46
40-44	\$29.16	\$29.91	\$30.66	\$31.40	\$32.15	\$32.90	\$33.65	\$34.39	\$35.14	\$35.89	\$36.64	\$37.38
45-49	\$44.46	\$45.60	\$46.74	\$47.88	\$49.02	\$50.16	\$51.30	\$52.44	\$53.58	\$54.72	\$55.86	\$57.00
50-54	\$70.56	\$72.37	\$74.18	\$75.99	\$77.80	\$79.61	\$81.42	\$83.22	\$85.03	\$86.84	\$88.65	\$90.46
55-59	\$102.78	\$105.42	\$108.05	\$110.69	\$113.32	\$115.96	\$118.59	\$121.23	\$123.86	\$126.50	\$129.13	\$131.77
60-64	\$152.10	\$156.00	\$159.90	\$163.80	\$167.70	\$171.60	\$175.50	\$179.40	\$183.30	\$187.20	\$191.10	\$195.00
65-69	\$221.76	\$227.45	\$233.13	\$238.82	\$244.50	\$250.19	\$255.88	\$261.56	\$267.25	\$272.94	\$278.62	\$284.31
70-74	\$868.50	\$890.77	\$913.04	\$935.31	\$957.58	\$979.85	\$1,002.12	\$1,024.38	\$1,046.65	\$1,068.92	\$1,091.19	\$1,113.46
75+	\$2,921.76	\$2,996.68	\$3,071.59	\$3,146.51	\$3,221.43	\$3,296.34	\$3,371.26	\$3,446.18	\$3,521.10	\$3,596.01	\$3,670.93	\$3,745.85

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

## Optional Term Life - Child

### Children - Optional Dependent Term Life Bi-Weekly Cost per Coverage Amount

One premium rate covers all eligible children

\$10,000

\$0.83

# APPENDIX B - 2020 Rates

## Optional Term Life - Spouse

### Spouse - Optional Dependent Term Life Bi-Weekly Cost per Coverage Amount

Coverage is available in increments of \$5,000 (minimum \$10,000) to a maximum of \$150,000, not to exceed 50% of the employee's Optional Term Life coverage amount. Initial rates based on the employee's age as of effective date of your coverage. Rates will change based on the following age schedule each January 1.

	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<b>Age</b>									
< 25	\$0.28	\$0.42	\$0.55	\$0.69	\$0.83	\$0.97	\$1.11	\$1.25	\$1.38
25-29	\$0.31	\$0.47	\$0.63	\$0.78	\$0.94	\$1.10	\$1.26	\$1.41	\$1.57
30-34	\$0.36	\$0.53	\$0.71	\$0.89	\$1.07	\$1.24	\$1.42	\$1.60	\$1.78
35-39	\$0.43	\$0.65	\$0.87	\$1.08	\$1.30	\$1.52	\$1.74	\$1.95	\$2.17
40-44	\$0.63	\$0.95	\$1.26	\$1.58	\$1.90	\$2.21	\$2.53	\$2.85	\$3.16
45-49	\$1.02	\$1.54	\$2.05	\$2.56	\$3.07	\$3.59	\$4.10	\$4.61	\$5.12
50-54	\$1.69	\$2.54	\$3.39	\$4.23	\$5.08	\$5.93	\$6.78	\$7.62	\$8.47
55-59	\$2.52	\$3.78	\$5.04	\$6.30	\$7.56	\$8.82	\$10.08	\$11.34	\$12.60
60-64	\$3.78	\$5.68	\$7.57	\$9.46	\$11.35	\$13.25	\$15.14	\$17.03	\$18.92
65-69	\$5.57	\$8.36	\$11.14	\$13.93	\$16.71	\$19.50	\$22.28	\$25.07	\$27.85
70-74	\$22.15	\$33.23	\$44.31	\$55.38	\$66.46	\$77.54	\$88.62	\$99.69	\$110.77
75+	\$74.80	\$112.20	\$149.60	\$187.00	\$224.40	\$261.81	\$299.21	\$336.61	\$374.01

	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
<b>Age</b>										
< 25	\$1.52	\$1.66	\$1.80	\$1.94	\$2.08	\$2.22	\$2.35	\$2.49	\$2.63	\$2.77
25-29	\$1.73	\$1.88	\$2.04	\$2.20	\$2.35	\$2.51	\$2.67	\$2.82	\$2.98	\$3.14
30-34	\$1.95	\$2.13	\$2.31	\$2.49	\$2.67	\$2.84	\$3.02	\$3.20	\$3.38	\$3.55
35-39	\$2.39	\$2.60	\$2.82	\$3.04	\$3.25	\$3.47	\$3.69	\$3.90	\$4.12	\$4.34
40-44	\$3.48	\$3.79	\$4.11	\$4.43	\$4.74	\$5.06	\$5.37	\$5.69	\$6.01	\$6.32
45-49	\$5.64	\$6.15	\$6.66	\$7.17	\$7.68	\$8.20	\$8.71	\$9.22	\$9.73	\$10.25
50-54	\$9.32	\$10.16	\$11.01	\$11.86	\$12.70	\$13.55	\$14.40	\$15.24	\$16.09	\$16.94
55-59	\$13.86	\$15.12	\$16.38	\$17.64	\$18.90	\$20.16	\$21.42	\$22.68	\$23.94	\$25.20
60-64	\$20.82	\$22.71	\$24.60	\$26.49	\$28.38	\$30.28	\$32.17	\$34.06	\$35.95	\$37.85
65-69	\$30.64	\$33.42	\$36.21	\$39.00	\$41.78	\$44.57	\$47.35	\$50.14	\$52.92	\$55.71
70-74	\$121.85	\$132.92	\$144.00	\$155.08	\$166.15	\$177.23	\$188.31	\$199.38	\$210.46	\$221.54
75+	\$411.41	\$448.81	\$486.21	\$523.61	\$561.01	\$598.41	\$635.81	\$673.21	\$710.61	\$748.02

	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000
<b>Age</b>										
< 25	\$2.91	\$3.05	\$3.18	\$3.32	\$3.46	\$3.60	\$3.74	\$3.88	\$4.02	\$4.15
25-29	\$3.30	\$3.45	\$3.61	\$3.77	\$3.92	\$4.08	\$4.24	\$4.39	\$4.55	\$4.71
30-34	\$3.73	\$3.91	\$4.09	\$4.26	\$4.44	\$4.62	\$4.80	\$4.98	\$5.15	\$5.33
35-39	\$4.56	\$4.77	\$4.99	\$5.21	\$5.42	\$5.64	\$5.86	\$6.07	\$6.29	\$6.51
40-44	\$6.64	\$6.96	\$7.27	\$7.59	\$7.90	\$8.22	\$8.54	\$8.85	\$9.17	\$9.48
45-49	\$10.76	\$11.27	\$11.78	\$12.30	\$12.81	\$13.32	\$13.83	\$14.34	\$14.86	\$15.37
50-54	\$17.79	\$18.63	\$19.48	\$20.33	\$21.17	\$22.02	\$22.87	\$23.71	\$24.56	\$25.41
55-59	\$26.46	\$27.72	\$28.98	\$30.24	\$31.50	\$32.76	\$34.02	\$35.28	\$36.54	\$37.80
60-64	\$39.74	\$41.63	\$43.52	\$45.42	\$47.31	\$49.20	\$51.09	\$52.98	\$54.88	\$56.77
65-69	\$58.49	\$61.28	\$64.06	\$66.85	\$69.63	\$72.42	\$75.21	\$77.99	\$80.78	\$83.56
70-74	\$232.62	\$243.69	\$254.77	\$265.85	\$276.92	\$288.00	\$299.08	\$310.15	\$321.23	\$332.31
75+	\$785.42	\$822.82	\$860.22	\$897.62	\$935.02	\$972.42	\$1,009.82	\$1,047.22	\$1,084.62	\$1,122.02

**Rates (payroll deductions) will change as you enter each age category. Rate updates are calculated as of 1/1 annually.**

Spouse rate is based on employee's age.

# APPENDIX B - 2020 Rates

## Short Term Disability



**Prudential**  
Bring Your Challenges®

**Option 1:** Your weekly Short Term Disability benefit will be 40% of your weekly pre-disability earnings, up to a maximum of \$1,250, less deductible sources of income. No medical questions asked - if enrolling when first eligible.\*

### "How much does STD insurance cost?"

Use the chart below to find the cost of STD insurance. If your salary is not noted, follow the steps below. Your maximum weekly benefit amount is up to \$1,250. All salaries of \$162,500 and above have a bi-weekly cost of \$22.50.

Short Term Disability - Employee Bi-Weekly Cost per Coverage Amount					
Annual Income	Weekly Benefit	STD Cost	Annual Income	Weekly Benefit	STD Cost
\$12,000	\$92.31	\$1.66	\$60,000	\$461.54	\$8.31
\$13,000	\$100.00	\$1.80	\$65,000	\$500.00	\$9.00
\$14,000	\$107.69	\$1.94	\$70,000	\$538.46	\$9.69
\$15,000	\$115.38	\$2.08	\$75,000	\$576.92	\$10.38
\$20,000	\$153.85	\$2.77	\$80,000	\$615.38	\$11.08
\$25,000	\$192.31	\$3.46	\$85,000	\$653.85	\$11.77
\$30,000	\$230.77	\$4.15	\$90,000	\$692.31	\$12.46
\$35,000	\$269.23	\$4.85	\$95,000	\$730.77	\$13.15
\$40,000	\$307.69	\$5.54	\$100,000	\$769.23	\$13.85
\$45,000	\$346.15	\$6.23	\$125,000	\$961.54	\$17.31
\$50,000	\$384.62	\$6.92	\$150,000	\$1,153.85	\$20.77
\$55,000	\$423.08	\$7.62	\$162,500	\$1,250.00	\$22.50

Rates may change if plan experience requires a change for all insureds.

### How to Calculate Your Total STD Bi-Weekly Cost

<b>Step 1</b>	Indicate your weekly earnings.	= \$
<b>Step 2</b>	Multiply your weekly earnings by 40%.	= \$
<b>Step 3</b>	If the amount in Step 2 is greater than \$1,250, indicate \$1,250. Otherwise, indicate the amount from Step 2.	= \$
<b>Step 4</b>	Multiply the amount in Step 3 by the rate of \$0.039 to obtain your total STD monthly cost.	= \$
<b>Step 5</b>	Multiply the amount in Step 4 by 12 and divide by 26 to obtain your total STD bi-weekly cost.	= \$

**Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.**

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

Optional Term Life, Dependent Term Life, Long Term Disability, Short Term Disability, Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

# APPENDIX B - 2020 Rates

## Short Term Disability

**Option 2:** Your weekly Short Term Disability benefit will be 50% of your weekly pre-disability earnings, up to a maximum of \$1,250, less deductible sources of income. No medical questions asked - if enrolling when first eligible.\*

### "How much does STD insurance cost?"

Use the chart below to find the cost of STD insurance. If your salary is not noted, follow the steps below. Your maximum weekly benefit amount is up to \$1,250. All salaries of \$130,000 and above have a bi-weekly cost of \$22.50.

Short Term Disability - Employee Bi-Weekly Cost per Coverage Amount					
Annual Income	Weekly Benefit	STD Cost	Annual Income	Weekly Benefit	STD Cost
\$12,000	\$115.38	\$2.08	\$60,000	\$576.92	\$10.38
\$13,000	\$125.00	\$2.25	\$65,000	\$625.00	\$11.25
\$14,000	\$134.62	\$2.42	\$70,000	\$673.08	\$12.12
\$15,000	\$144.23	\$2.60	\$75,000	\$721.15	\$12.98
\$20,000	\$192.31	\$3.46	\$80,000	\$769.23	\$13.85
\$25,000	\$240.38	\$4.33	\$85,000	\$817.31	\$14.71
\$30,000	\$288.46	\$5.19	\$90,000	\$865.38	\$15.58
\$35,000	\$336.54	\$6.06	\$95,000	\$913.46	\$16.44
\$40,000	\$384.62	\$6.92	\$100,000	\$961.54	\$17.31
\$45,000	\$432.69	\$7.79	\$125,000	\$1,201.92	\$21.63
\$50,000	\$480.77	\$8.65	\$130,000	\$1,250.00	\$22.50
\$55,000	\$528.85	\$9.52			

Rates may change if plan experience requires a change for all insureds.

### How to Calculate Your Total STD Bi-Weekly Cost

<b>Step 1</b>	Indicate your weekly earnings.	= \$
<b>Step 2</b>	Multiply your weekly earnings by 50%.	= \$
<b>Step 3</b>	If the amount in Step 2 is greater than \$1,250, indicate \$1,250. Otherwise, indicate the amount from Step 2.	= \$
<b>Step 4</b>	Multiply the amount in Step 3 by the rate of \$0.039 to obtain your total STD monthly cost.	= \$
<b>Step 5</b>	Multiply the amount in Step 4 by 12 and divide by 26 to obtain your total STD bi-weekly cost.	= \$

# APPENDIX B - 2020 Rates

## Short Term Disability

**Option 3:** Your weekly Short Term Disability benefit will be 60% of your weekly pre-disability earnings, up to a maximum of \$1,250, less deductible sources of income. No medical questions asked - if enrolling when first eligible.\*

### "How much does STD insurance cost?"

Use the chart below to find the cost of STD insurance. If your salary is not noted, follow the steps below. Your maximum weekly benefit amount is up to \$1,250. All salaries of \$108,333 and above have a bi-weekly cost of \$22.50.

Short Term Disability - Employee Bi-Weekly Cost per Coverage Amount					
Annual Income	Weekly Benefit	STD Cost	Annual Income	Weekly Benefit	STD Cost
\$12,000	\$138.46	\$2.49	\$55,000	\$634.62	\$11.42
\$13,000	\$150.00	\$2.70	\$60,000	\$692.31	\$12.46
\$14,000	\$161.54	\$2.91	\$65,000	\$750.00	\$13.50
\$15,000	\$173.08	\$3.12	\$70,000	\$807.69	\$14.54
\$20,000	\$230.77	\$4.15	\$75,000	\$865.38	\$15.58
\$25,000	\$288.46	\$5.19	\$80,000	\$923.08	\$16.62
\$30,000	\$346.15	\$6.23	\$85,000	\$980.77	\$17.65
\$35,000	\$403.85	\$7.27	\$90,000	\$1,038.46	\$18.69
\$40,000	\$461.54	\$8.31	\$95,000	\$1,096.15	\$19.73
\$45,000	\$519.23	\$9.35	\$100,000	\$1,153.85	\$20.77
\$50,000	\$576.92	\$10.38	\$108,333	\$1,250.00	\$22.50

Rates may change if plan experience requires a change for all insureds.

### How to Calculate Your Total STD Bi-Weekly Cost

<b>Step 1</b>	Indicate your weekly earnings.	= \$
<b>Step 2</b>	Multiply your weekly earnings by 60%.	= \$
<b>Step 3</b>	If the amount in Step 2 is greater than \$1,250, indicate \$1,250. Otherwise, indicate the amount from Step 2.	= \$
<b>Step 4</b>	Multiply the amount in Step 3 by the rate of \$0.039 to obtain your total STD monthly cost.	= \$
<b>Step 5</b>	Multiply the amount in Step 4 by 12 and divide by 26 to obtain your total STD bi-weekly cost.	= \$

## Injury / Accident



MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$5.50	\$10.04	\$10.88	\$13.18
Monthly	\$11.92	\$21.72	\$23.55	\$28.52

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

Issue Ages: 18 and over if Actively at Work

# APPENDIX B - 2020 Rates

## Critical Illness

### bi-weekly premiums

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

Issue Ages: 18 and over if Actively at Work

#### LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

##### non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$1.76	\$2.86	\$1.76	\$2.86
30-39	\$3.00	\$4.72	\$3.00	\$4.72
40-49	\$5.54	\$8.52	\$5.54	\$8.52
50-59	\$9.62	\$14.66	\$9.62	\$14.66
60-63	\$15.58	\$23.60	\$15.58	\$23.60
64+	\$20.26	\$30.62	\$20.26	\$30.62

##### tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$2.60	\$4.12	\$2.60	\$4.12
30-39	\$4.78	\$7.38	\$4.78	\$7.38
40-49	\$10.02	\$15.24	\$10.02	\$15.24
50-59	\$16.72	\$25.30	\$16.72	\$25.30
60-63	\$27.54	\$41.52	\$27.54	\$41.52
64+	\$36.32	\$54.70	\$36.32	\$54.70

#### HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

##### non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$3.06	\$4.82	\$3.06	\$4.82
30-39	\$5.56	\$8.56	\$5.56	\$8.56
40-49	\$10.62	\$16.14	\$10.62	\$16.14
50-59	\$18.80	\$28.42	\$18.80	\$28.42
60-63	\$30.70	\$46.28	\$30.70	\$46.28
64+	\$40.08	\$60.34	\$40.08	\$60.34

##### tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$4.74	\$7.34	\$4.74	\$7.34
30-39	\$9.08	\$13.84	\$9.08	\$13.84
40-49	\$19.58	\$29.58	\$19.58	\$29.58
50-59	\$32.98	\$49.68	\$32.98	\$49.68
60-63	\$54.62	\$82.14	\$54.62	\$82.14
64+	\$72.18	\$108.50	\$72.18	\$108.50

### monthly premiums

#### LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

##### non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$3.80	\$6.18	\$3.80	\$6.18
30-39	\$6.50	\$10.23	\$6.50	\$10.23
40-49	\$11.98	\$18.46	\$11.98	\$18.46
50-59	\$20.84	\$31.75	\$20.84	\$31.75
60-63	\$33.75	\$51.11	\$33.75	\$51.11
64+	\$43.90	\$66.34	\$43.90	\$66.34

##### tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$5.62	\$8.92	\$5.62	\$8.92
30-39	\$10.32	\$15.97	\$10.32	\$15.97
40-49	\$21.68	\$33.01	\$21.68	\$33.01
50-59	\$36.20	\$54.80	\$36.20	\$54.80
60-63	\$59.64	\$89.96	\$59.64	\$89.96
64+	\$78.68	\$118.51	\$78.68	\$118.51

#### HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

##### non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$6.61	\$10.41	\$6.61	\$10.41
30-39	\$12.03	\$18.53	\$12.03	\$18.53
40-49	\$22.99	\$34.97	\$22.99	\$34.97
50-59	\$40.70	\$61.54	\$40.70	\$61.54
60-63	\$66.52	\$100.27	\$66.52	\$100.27
64+	\$86.84	\$130.74	\$86.84	\$130.74

##### tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$10.26	\$15.88	\$10.26	\$15.88
30-39	\$19.66	\$29.98	\$19.66	\$29.98
40-49	\$42.39	\$64.07	\$42.39	\$64.07
50-59	\$71.43	\$107.63	\$71.43	\$107.63
60-63	\$118.32	\$177.96	\$118.32	\$177.96
64+	\$156.38	\$235.06	\$156.38	\$235.06



## Benefit Plan Contact Information

UnitedHealthcare Medical Plans Group #702632	High Deductible Health Plan (HDHP) Exclusive Provider Organization (EPO)	HDHP: 1.866.314.0335 EPO: 1.866.633.2446	www.myuhc.com Advocate4Me@uhc.com
Navitus Pharmacy	Customer Care Specialty Rx - Lumicera Mail Order - NoviXus	1.866.333.2757 1.855.847.3553 1.888.240.2211	www.navitus.com www.lumicera.com www.novixus.com
UnitedHealthcare Flexible Spending Accounts #707191	Health Expense Limited Scope Dependent Day Care	1.800.331.0480 Claims Fax: 1.886.262.6354	www.myuhc.com
Prudential EAP	Employee Assistance Plan	1.800.311.4327	www.Guidanceresources.com Web ID: MGR311, Company Name: ARLIN
Delta Dental	DHMO – TX15B DeltaCareUSA PPO High & Low Plans – TX16442	1.800.422.4234 1.800.521.2651	www.deltadentalins.com
Superior Vision	Vision - Superior Vision Network	1.844.549.2603	www.superiorvision.com
Optum Bank	Individual HSA Account	1.800.791.9361	www.myuhc.com
Allstate Group V4687	Critical Illness Policy Accident Policy	1.800.521.3535 Claims: 1.800.348.4489 Fax: 1.866.424.8482	www.allstateatwork.com/mybenefits
Prudential	Short Term Disability Long Term Disability	1.877.367.7781	www.prudential.com/mybenefits

## Employee Health Centers

CareATC	Must be enrolled in City's HDHP or EPO Medical Plan	1.800.993.8244	www.careatc.com/patients
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## Retirement Plans

TMRS – City #00052	Texas Municipal Retirement System	1.800.924.8677	www.tmrs.com
ICMA – RC Plan# 106061 Plan# 301966	401(k) Thrift Plan 457 Savings Plan	1.800.669.7400	www.icmarc.org/arlington-tx
Mike Mendenhall ICMA-RC Consultant	Enrollment Assistance Retirement Planning	1.800.290.7160	mmendenhall@icmarc.org
Nicholl Aldridge ICMA-RC Consultant	Enrollment Assistance	1.866.886.8023	naldridge@icmarc.org
Paul Phillips ICMA - RC	Certified Financial Planner	1.866.265.5504	pphillips@icmarc.org

## Family Medical Leave

Prudential	FML Administrator	1.877.367.7781	www.prudential.com/mybenefits
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The information contained in this guide should in no way be construed as a promise or guarantee of employment or benefits. The City reserves the right to modify, suspend or terminate any plan at any time for any reason. If there is a conflict between the information in this guide and the actual plan document or policies, the documents or policies will always govern. Complete details about the benefits offered can be obtained by reviewing current plan descriptions, contracts, certificates, policies, and plan documents available from Human Resources.