

CITY OF ARLINGTON, TEXAS

EMPLOYEE

2021

BENEFITS

Benefits... *Simplified*



PLAN CHANGES FOR 2021



PRIMARY CARE PHYSICIAN SELECTION

When electing a United Healthcare medical plan for 2021, you will now be required to select a primary care physician for yourself and your dependents, or one will be auto-assigned based on your zip code. Additional information for this change can be found on [page 11](#).



NO RATE INCREASES FOR 2021

The amount you pay for medical, dental, vision, group accident and critical illness coverage will remain the same as in 2020 and the rates for short-term disability and optional term life insurance will go down based on plan selection and age. View each plan's page for more information.



THE STANDARD REPLACES PRUDENTIAL

The Standard Insurance Company is replacing Prudential for optional life insurance products and short-term disability coverage. The amount you pay for these optional plans will be dropping as well, based on plan selection and age. View the plan information on [page 22](#).



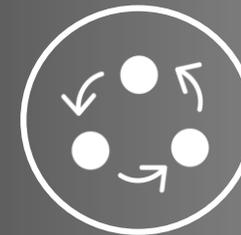
EMPLOYEE ASSISTANCE PROGRAM

The program is switching from Prudential EAP to Optum Health Services. Employees will now receive six free confidential provider sessions, per occurrence, per family member and have access to no-cost apps, such as TalkSpace mobile therapy and Sanvello mental health. Learn more about these resources on [page 30](#).



WELLNESS FOR LIFE CHANGES

To provide employees with more options to obtain wellness points and encourage healthy lifestyles, expanded health screening options will now be available, as well as a renewed focus on whole body health, including physical, mental and financial wellness resources. Learn more on [page 31](#).



CHANGES TO THIS GUIDE

To assist employees with finding the information they need in a faster and more simplistic way, changes to this benefit guide have been streamlined and simplified for ease of use. More in-depth information can always be found in the summary plan documents on the [Human Resources Portal](#).

TABLE OF CONTENTS

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.

Benefits Overview

- 4 Your Benefits Team
- 5 Eligibility and Enrollment Deadlines
- 6 Family Status Changes and Life Events
- 7 Dependent Eligibility
- 8 Declining Coverage & Required Notices

Online Enrollment

- 10 Online Enrollment – New Hires
- 10 Online Enrollment – Annual Enrollment
- 11 Primary Care Provider (PCP) Selection

Medical, Dental and Vision Plans

- 15 UHC Medical Plans and Rates
- 17 Prescription Drug Coverage
- 18 Health Savings Account Information
- 19 Flexible Spending Account Information
- 20 Dental Plans and Rates
- 21 Vision Plans and Rates

Optional Added Value Plans

- 22 Optional Term Life Insurance
- 23 Short-Term/Long-Term Disability
- 25 Group Accident
- 26 Critical Illness

Flexible, Focused Care Options

- 27 United Healthcare Virtual Visits and Tools
- 28 Employee Health and Wellness Clinics
- 29 Tobacco User Cessation and Surcharge
- 30 Employee Assistance Program (EAP)
- 31 Wellness for Life Program

Additional Information

- 32 Retirement Options
- 33 Life Insurance Rates

Find what you need, *FAST!*

INSURANCE PLANS AND COSTS



MEDICAL
PAGE 15



DENTAL
PAGE 20



VISION
PAGE 21

EMPLOYEE RESOURCES



FLEXIBLE
CARE OPTIONS
PAGE 27



EAP
PAGE 30



PRIMARY
CARE
PAGE 11

HSA/FSA INFORMATION



PAGE 18



PAGE 19

ADDED VALUE COVERAGE



LIFE
INSURANCE
PAGE 22



GROUP
ACCIDENT
PAGE 25



CRITICAL
ILLNESS
PAGE 26

YOUR BENEFITS TEAM



Robert Warren | Risk and Benefits Manager

817-575-8992 / robert.warren@arlingtontx.gov

General Benefit Inquiries | Medical, Dental and Vision and Other Plans
Retirement Options



Krestin White | Benefits Specialist

817-459-6847 / krestin.white@arlingtontx.gov

General Benefit Inquiries | Medical, Dental and Vision and Other Plans | HSA/FSA
Primary Care Physician Questions | Retirement Options



Laura Duran | Benefits Specialist

817-459-6848 / laura.duran@arlingtontx.gov

General Benefit Inquiries | Medical, Dental and Vision and Other Plans | HSA/FSA
Primary Care Physician Questions | Retirement Options



Alison Villa | Health and Wellness Advocate

817-459-6857 / alison.villa@arlingtontx.gov

Wellness for Life Program | Wellness Events | Employee Assistance Program
United Healthcare Plan Questions | HSA/FSA



Rhonda Bousquet | Benefits Assistant

817-575-8991 / Rhonda.bousquet@arlingtontx.gov

Family Status/Life Event Changes | Dependent Eligibility and Changes
Documentation Submissions



Shan Miles | Benefits Assistant

817-459-6844 / shan.miles@arlingtontx.gov

401(k), 457 and other retirement plan options | ICMA-RC Inquiries

E-mail employeebenefits@arlingtontx.gov for assistance with any of your needs

BENEFITS OVERVIEW



AM I ELIGIBLE FOR BENEFITS?

Benefit enrollment is open to all **full-time employees** who:

- ✓ Are a new hire or re-hire
- ✓ Transferring from a part-time status to a full-time status
- ✓ Electing or changing benefits during the annual enrollment period (OCT 20 to NOV 5, 2020)
- ✓ Electing or changing benefits due to a qualifying family status change *(See page 6 and visit the HR portal to [download the Family Status/Life Event Change form.](#)*

WHEN CAN I ENROLL?

Event	Deadline to Enroll	How To Enroll	Effective Date of Change
New Hire, Re-hire or Part-Time to Full-Time Status Change	30 days from hire	Lawson Employee Self-Service	Date of hire, re-hire or FT status change
Family Status Change (See Page 6)	30 days from event	Contact HR	First of the month ²
Birth or Adoption Dependent Add	30 days from event	Contact HR	Date of birth/adoption
Loss of Dependent Eligibility	30 days to cancel	Contact HR	First of the month ²
Annual Enrollment ¹	OCT 20 th to NOV 5 th , 2020	Lawson Employee Self-Service	January 1, Annually

¹ Employees are required to make plan choices annually even when the enrollment choice is "No Change"

² 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 6.

WHEN DOES MY COVERAGE BEGIN?

For new hires, you must elect benefits within your first 30 days of employment, and your coverage will be effective your first date of hire. For employees that select coverage during the annual enrollment period, your coverage will become effective January 1 of the following year.

New Hire, Re-Hire or Transfer to Full-Time

DATE OF HIRE

JANUARY 1

Annual Enrollment Selections or Changes

BENEFITS OVERVIEW



WHAT IS A FAMILY STATUS CHANGE?

A family status change is a life event that may allow employees to add or drop coverage for themselves or their dependents within a specified time frame, typically within 30 to 60 days of the event (see chart below). You must contact Human Resources to make these types of changes by submitting a Family Status/Life Event Change Form.



These types of changes may include:

- ✓ Marriage or Divorce
- ✓ Birth or Adoption
- ✓ Court-Ordered Guardianship
- ✓ Child or Spouse loss of other coverage
- ✓ Dependent child reaching age 26



All payroll deductions/refunds due to plan changes will be taken on the next paycheck based on the effective date of change. Plan changes may impact year-to-date deductible, co-insurance or co-pays. For example, if you change from employee + spouse coverage to employee-only, any claims incurred would follow the new employee-only coverage level.

Use the chart below or **Contact Human Resources at 817-459-6869** or employeebenefits@arlingtontx.gov for assistance.

Adding Coverage Due To:	Timelines and Document Requirements
Marriage – A1 Birth – A1 Adoption/Placement for Adoption – A1/2 Layoff – A3 Loss of Coverage – A3 Court-Ordered Guardianship or Custody – A2 Dependent Daycare Added – A4 Medicaid or CHIP eligibility loss – B3	A: Add/Drop required within 30 days of event B: Add/Drop required within 60 days of event 1: Provide marriage/birth/death certificate as applicable 2: Provide Court document signed by judge
Dropping Coverage Due To:	3: Provide proof of loss of coverage
Divorce – B2/5 Other Coverage – A4 Dependent Child Maximum Age – B5 Death – A1 Dependent Daycare discontinued – A3 Medicaid or CHIP eligibility – B4	4: Provide proof of coverage or enrollment 5: Provide address when dropping former spouse or dependent child reaching maximum age of 26

BENEFITS OVERVIEW



DEPENDENT ELIGIBILITY

Eligible Dependents	Required Documentation	Due dates
Spouse <i>*Note that spouses offered coverage through their own employer (other than the City) are not eligible for coverage on the City's medical plan.</i>	<ul style="list-style-type: none"> – Marriage License, or – Most recent joint tax return, or – Informal Marriage Form (recognized by a court) 	30 Days
Child/Stepchild (Under 26)	– Birth Certificate	30 Days
Other dependent child under 26 years old	– Court order for guardianship or conservatorship signed by a Judge	30 Days
Adopted child	– Adoption documents and Birth Certificate	30 Days
Child placed for adoption	– Placement documents and Birth Certificate	30 Days
Qualified Medical Support Order	– Notification from State Attorney General	As directed by AG order
Other Medical Support Order directed to the City of Arlington	– Copy of Court Order to City of Arlington	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	– Attending Physician Statement	30 Days

ANNUAL AUDITS OF 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.

WHAT ABOUT FUTURE LIFE EVENTS?

Enrollment for “future life events” is not allowed. Examples would include marriages that are planned but have not yet taken place or children that have not yet been born or adopted. In order to become eligible, these events must actually occur and will be subject to the enrollment deadlines above and eligibility requirements above.

CHILDREN TURNING AGE 26

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.

IMPORTANT NOTICES

DECLINING MEDICAL COVERAGE

If you have medical coverage under another plan, you may choose to decline (waive) the City's medical coverage. To do so, you must submit a [Declination of Medical Coverage Affidavit](#) form to employeebenefits@arlingtontx.gov and you must also decline in Lawson during the new hire/annual enrollment period.

Some examples of other coverage may include:

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

IF YOU DO NOT **ELECT OR DECLINE** BENEFITS WITHIN YOUR FIRST 30 DAYS OF EMPLOYMENT OR DURING ANNUAL ENROLLMENT YOU WILL BE **AUTOMATICALLY ENROLLED** IN THE EMPLOYEE-ONLY VALUE HEALTH PLAN

HOME ADDRESS UPDATES

For New Hires, when electing benefits it's very important that your home address information is up to date so that you can receive required notices, insurance cards, tax information and more. Review in Lawson Employee Self-Service [before](#) electing benefits to be sure your address information is up to date and be sure to let [Human Resources](#) know anytime it changes.

For current full-time employees, you will have the ability to update or confirm your home address information during the online annual enrollment process.

IMPORTANT NOTICES

1095-C INFORMATION

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.

REQUIRED NOTICES

The following required notices are available on the [Human Resources Portal](#) → [Documents and Forms](#) → [Required Notices](#), or through your Benefits Specialist. If you are viewing electronically, you can click each link below to access the notice directly.

[Health Insurance Marketplace Notice for FT Employees](#)

[Children's Health Insurance Program \(CHIP\) Notice](#)

[Glossary of Health Coverage and Medical Terms](#)

[HIPAA Privacy Notice](#)

[Medicare Part D Creditable Coverage Notice](#)

[Newborn's Act Disclosure Notice](#)

[No Annual Dollar Limits on Essential Health Benefits](#)

[Provider Choice Notice – The Patient Protection and Affordable Care Act](#)

[Special Enrollment Notice](#)

[Women's Health and Cancer Rights Act of 1998 Notices](#)

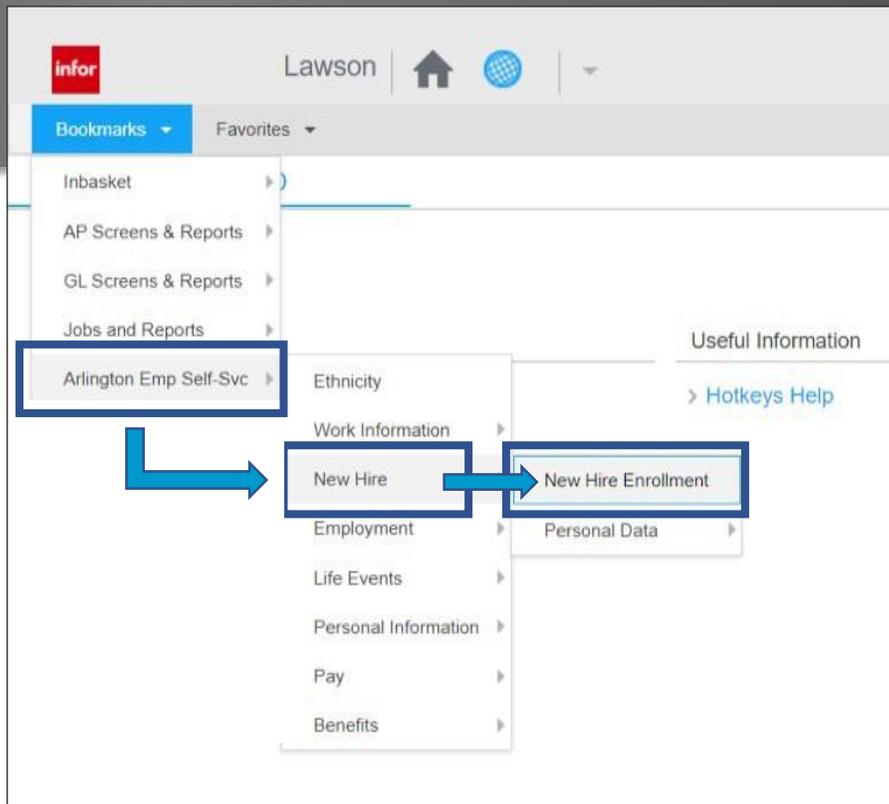
ONLINE ENROLLMENT

NEW HIRE ENROLLMENT

As a new employee, you have 30 days from your date of hire to elect or decline benefits in Lawson. Follow the instructions below to select your plans and coverages. For any questions you have during enrollment, please reach out to Human Resources at 817-459-6869 or e-mail employeebenefits@arlingtontx.gov

1. Using Google Chrome only, log into Lawson from either a City computer or from home.
2. Under the Bookmarks tab, select **Arlington Emp Self-Svc** → **New Hire** → **New Hire Enrollment** (See screenshot below)
3. Follow the on-screen instructions and be sure to print a copy of your enrollment records when you have finished. **Note that if you add any dependents you will need to submit required documentation from page 7 before coverage will begin.**

If you experience any technical or Lawson access issues, visit the IT Customer Support Portal to submit a RemedyForce Self-Service Request.



ANNUAL ENROLLMENT

1. Using Google Chrome only, log into Lawson from either a City computer or from home. Under the Bookmarks tab, select **Arlington Emp Self-Svc** → **Annual Enrollment**
2. Follow the on-screen instructions and be sure to print a copy of your enrollment records when you have finished.

PRIMARY CARE PHYSICIAN



PRIMARY CARE PHYSICIAN (PCP)

United Healthcare focuses on primary care as the key to helping people maintain healthier lives. Your Primary Care Physician (PCP) will be your best partner for your continued health and wellness.

Beginning in the Annual Enrollment period for 2021 (OCT 20, 2020 to NOV 5, 2020) you will be required to select a PCP for yourself and your dependents during the enrollment process if enrolling in a United Healthcare medical plan. If you do not select a PCP during the annual enrollment process, one will be assigned to you and each of your dependents based on your home zip code.

3 THINGS TO KNOW ABOUT YOUR PCP

1 PCP selection will be required when you enroll in one of the City's health plans. You must select a PCP within the United Healthcare Navigate Network as part of either new hire or annual enrollment. They must be 1) accepting new patients (if not already established), 2) near where you live (D/FW Metroplex) and 3) must be an individual in general practice, family practice, a pediatrician or internal medicine physician (May not be an OB/GYN)

2 You can always change your PCP. Changes can be made to your PCP at anytime and will become effective the first of the following month. Changes can be made by calling the number on the back of your health insurance card or through myuhc.com

3 You must get an electronic referral from your PCP before going to a different physician or specialist.

Referrals are good for up to six months or six visits, whichever comes first, however referrals are not needed for the following, as long as they are within the UHC Navigate network: Note that these providers **can not** provide referrals to other specialists or physicians.

- Convenience Care Clinics, to include the CareATC Health and Wellness Center
- Obstetricians/Gynecologists (OB/GYN's)
- Behavioral Health or substance abuse disorder clinicians
- Urgent Care Clinics
- Designated network virtual visit providers (See page 27 for information on virtual visits)

WHAT ABOUT DEPENDENT PCP'S?

You must select an individual PCP for each of your eligible dependents the same way you would select one for yourself. You may choose the same PCP or a different one based on your physician preferences.

PRIMARY CARE PHYSICIAN



SELECTING YOUR PCP

Selecting your Primary Care Physician is simple using UHC's built-in provider search. Follow the instructions below and view additional information related to PCP selection on the Human Resources Portal.

STEP 1

In your web browser, go to welcometouhc.com/navigate

STEP 2

Select the "Search for a PCP in the Network" link, then select the "Search the Network: The UnitedHealthcare Navigate Plan" link and enter your home zip code.

...nt to...
...would you like to do? -

Your doctor. Your partner in health.

You will have to select a primary care provider (PCP). Your PCP will be your health care partner who can help you stay healthy and help lower your health care costs.

Search for a PCP in the network.

See if your doctor or hospital is in our network.

The doctors and facilities in our network have agreed to provide you services at a discount, which helps lower your health care costs. Select a plan to see if your doctor, facility or clinic is in our network.

Search the network: The UnitedHealthcare Navigate® Plan

What location do you want to find a provider in?

Enter a street address, city & state or 5 digit zip code.

Arlington, TX 76015

CONTINUE

STEP 3

Select the "People" option, then select the "Primary Care" option.

FIND HEALTH CARE

People
Doctors, medical groups, and other professionals by specialty

Places
Hospitals, clinics, labs, imaging centers, medical suppliers

Services Treatment
Providers for tests, treatment

Primary Care
Family doctors, internists, OB-GYNs, pediatricians

Specialty Care
Dermatologists, cardiologists, oncologists, more

PRIMARY CARE PHYSICIAN



STEP 4

Select “All Primary Care Providers” or choose the links for a **Family, General, Internist, or Pediatrician**. ****IMPORTANT**** Although the option is available, you may not select an **OB/GYN** as your PCP.

All Primary Care Providers
The first person you call when you have a medical concern. Primary care providers can be doctors in family practice, internal medicine, pediatrics or other specialties.

Primary Care Medical Group
Primary care medical groups have multiple doctors who can provide primary care. These groups range from small practices to large organizations of doctors.

Primary Care Clinic
Primary care clinics are facilities staffed with doctors who can provide primary care for outpatients. Clinics are usually associated with a hospital or medical school.

Family Doctor
Family physicians provide preventive care and treatment for people of all ages. Practices may include obstetrics and gynecology, internal medicine, pediatrics, geriatrics, and psychiatry.

Generalist
Generalists (also general practitioners or GPs) prefer not to focus on a narrow specialty. Most provide primary care and usually are family doctors, internists, or pediatricians.

Internist
An internal medicine doctor (internist) provides care for adults. Internists care for people with a wide variety of diseases or conditions; some have a specialty such as endocrinology, gastroenterology, or pulmonology.

STEP 5

Select a physician and review their information. Your PCP must be **A) In-Network** and **B) Accepting New Patients** (See Below)



Family Practice

★★★★★ 26 Reviews



IN-NETWORK

SAVE

(817) 921-6166

- OVERVIEW
- SERVICES & COSTS
- LOCATIONS
- PATIENT REVIEWS
- ENROLLMENT INFORMATION

900 W Magnolia Ave Ste 201
Fort Worth, TX 76104
12.3 Miles Away
[View Hours OPEN NOW](#)

Phone
(817) 921-6166 PHONE
Website
[HTTP://WWW.FORTWORTHFAMIL..](http://www.fortworthfamil...)

Accessibility
Exterior Building
Bathrooms
Parking



Premium Care Physician
 Accepting All Patients

Provider ID
00001920660 006

PRIMARY CARE PHYSICIAN



STEP 6

Once you have selected a PCP, write down their **Name and Provider ID** and include it on the form provided during the New Hire/Annual Enrollment process in Lawson.

The screenshot shows a provider profile for Craig C. Kneten, MD, a Family Practice physician. The name and provider ID are highlighted with red boxes. The provider is marked as 'IN-NETWORK' and 'Accepting All Patients'. The page includes a 'SAVE' button and a phone number: (817) 921-6166. The provider ID is 00001920660 006. The page also displays the provider's address, phone, website, and accessibility information.

Craig C. Kneten, MD
Family Practice
★★★★★ 26 Reviews

Name of Provider

IN-NETWORK

SAVE (817) 921-6166

Provider ID
00001920660 006
Provider ID

OVERVIEW SERVICES & COSTS LOCATIONS PATIENT REVIEWS ENROLLMENT INFORMATION

900 W Magnolia Ave Ste 201
Fort Worth, TX 76104
12.3 Miles Away
[View Hours OPEN NOW](#)

Phone
(817) 921-6166 PHONE

Website
[HTTP://WWW.FORTWORTHFAMIL...](http://www.fortworthfamily...)

Accessibility
Exterior Building
Bathrooms
Parking

♥♥ Premium Care Physician
✔ Accepting All Patients

STEP 7

Repeat this process as necessary for all of your dependents covered under your UHC plan.

PCP AUTO-ASSIGN

If you do not select a PCP for yourself or your dependents during the new hire/annual enrollment process, you will be automatically assigned a PCP based on your home zip code. You may change your PCP at any time, however the change will not become effective until the beginning of the next month.



Don't have access to a computer? Call 1-855-828-7715 for help choosing a PCP or to request a paper directory.



You can also select your PCP through the MyUHC App

MEDICAL AND PHARMACY PLAN - RATES

The table below shows your bi-weekly contribution (what you pay) for the two different health plans offered by the City. Completing the requirements of the Wellness for Life program (page 30) the year prior will earn lower premium amounts, as indicated below by the Wellness Rate. Note that payroll deductions may differ slightly due to rounding.



Plan Option	Wellness Rate		Non-Wellness Rate		City Rate	
	Bi-Weekly	Annual	Bi-Weekly	Annual	Bi-Weekly	Annual
Value Plan (Previously HDHP Plan)						
Employee-Only	\$13.68	\$355.68	\$33.68	\$875.68	\$279.33	\$7,262.71
Employee + Spouse	\$57.87	\$1,504.62	\$77.87	\$2,024.62	\$550.13	\$14,303.26
Employee + Children	\$22.80	\$592.80	\$42.80	\$1,112.80	\$456.41	\$11,866.71
Employee + Family	\$81.28	\$2,113.28	\$101.28	\$2,633.28	\$772.48	\$19,312.00
Core Plan (Previously EPO Plan)						
Employee-Only	\$30.44	\$791.44	\$50.44	\$1,311.44	\$293.90	\$7,641.49
Employee + Spouse	\$128.78	\$3,348.28	\$148.78	\$3,868.28	\$547.63	\$14,238.28
Employee + Children	\$76.13	\$1,979.38	\$96.13	\$2,499.38	\$457.01	\$11,882.26
Employee + Family	\$180.84	\$4,701.84	\$200.84	\$5,221.84	\$769.01	\$19,994.18

MEDICAL AND PHARMACY PLAN SUMMARY

This comparison of benefits is a basic summary only. Refer to the Human Resources portal for the plan document. Changes have been made to the names of the plans, however coverages and benefits remain the same.



Benefits (In-Network Only) ¹	Value Plan (Previously HDHP)	Core Plan (Previously EPO)
Calendar Year Deductible (CYD)	\$2,250 Individual ² \$4,500 Family	\$1,750 Individual \$3,500 Family
Calendar Year Total Out-of-Pocket Limit (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
Care ATC Health and Wellness Center	\$40 for office visit After deductible/out-of-pocket max is met, \$0	\$0 for office visit (no deductible requirement)
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		
Mental Health		
Pharmacy (local and mail order) NOTE: Specialty Medications must be filled through Navitus SpecialtyRx - Lumicera		Tier 1 = 15% Tier 2 = 25% Tier 3 = 40% Specialty Pharmacy = 50%
Pharmacy (preventive)	Members pay \$0 for preventive medications (See Navitus Preventive Drug List)	
Lifetime Maximum	Unlimited	

¹The City plans do not offer out-of-network coverage. You will be responsible for any expenses that you incur outside of the UHC network.

²Individual deductible applies to employee-only level of coverage. For all other levels of coverage, you must meet the full deductible amount.

PRESCRIPTION DRUG COVERAGE

Understanding Your Pharmacy Options

Short
Term

Use for 30-day or one-time prescriptions, filled by Navitus at over 68,000 pharmacies nation-wide.



Mail
Order

Use for maintenance medications that will continue for at least 90 days, delivered to your door through Navitus partner, NoviXus.

90-Day
Retail

As an alternative to the mail order option, your doctor may write a prescription for a 90-day period and can be filled at your local pharmacy.

Specialty Rx and Injectables

Lumicera Health Services helps manage high-cost, specialty medications and injectable drugs with a focus on patient care. Call 1-855-847-3553 to order your specialty medications.

Prior Authorizations (PA), Step Therapy (ST), and Quantity Limits (QL)

Some medications require prior authorization, have quantity limits or may be part of a step therapy program. This means you may need to try a safer or more cost-efficient drug prior to a prescription being written. Call Navitus at 1-866-333-2757 for assistance with these types of medications.

Getting The Most From Your Pharmacy Benefit

Generic Drug Equivalents

Generic drug equivalents are medications that have the same active ingredients as their name brand equivalents, but at a fraction of the cost. Generic equivalents are the default option for your plan, so long as your doctor does not 1) specify brand name-only and 2) specify that no substitutions may be made. Be sure to talk with your doctor about generic equivalents when writing or refilling your prescription.



HEALTH SAVINGS ACCOUNT (HSA)

Understanding your Health Savings Account

Exclusive to members on the City's Value Plan (previously HDHP), an HSA is a separate bank account that you deposit money into, via a pre-tax payroll deduction, specifically for health care-related expenses. It comes with some great benefits, which include:

- ✓ Tax deductions on contributions that you or anyone else makes to your HSA account
- ✓ Contributions roll-over from year-to-year
- ✓ Any interest or other earnings in your HSA are tax-free
- ✓ You can pull your money out tax free, if it is for qualified health expenses (see IRS publication 969)

How Much Can I Contribute?

This is determined by the IRS each calendar year. For 2021, the limits are below, based on plan selection, and you are responsible for assuring you do not exceed the annual limit.

\$3,600

Value Plan
Employee-Only

\$7,200

Value Plan
Employee +1 or more

\$1,000

Age 55 Catch-Up
Additional Amount



 OPTUM Bank®

Opening and contributing to your HSA

1

Open an account with Optum Bank, the City's official HSA partner. [Visit the Optum enrollment page](#) to review eligibility requirements.

2

After opening your Optum account, **elect the Value Plan** as your medical option, then **elect the HSA option** in Lawson along with your contribution amount during enrollment.

3

Complete the [HSA Payroll Direct Deposit Form](#) using your Optum account information and submit to [Human Resources](#).

4

That's it! Your contributions will begin the next pay period after completing steps 1 - 3. (See FSA Exclusion on right)

Important Notes about HSA's

Medicare Exclusion: If you enroll in Medicare, you may not be eligible to make HSA contributions and may be penalized if you do. Consult with a tax professional for more information.

FSA Exclusion: If you are eligible to make a claim from any 2020 FSA health reimbursement account you may not contribute to an HSA until March 15, 2021.

FSA Limited Scope Provision: You may contribute to an HSA and FSA Limited Scope account in the same calendar year, however the FSA funds may only be used for Dental/Vision care expenses only.

Age 55 Catch-up Provision: Individuals age 55 and over or who will become age 55 any time in 2021 have the option to contribute an additional \$1,000 under the catch-up provision established by the IRS.



Understanding your Flexible Spending Account

Available to members on either UHC medical plan, an FSA offers more flexibility for use than an HSA, however your contributions don't carry over from year-to-year (use it or lose it!). Some benefits of the plan include:

- ✓ Your annual contribution amount is pre-loaded for immediate use (up to the IRS limit)*
- ✓ Funds can be used for qualifying Medical, Dental or Vision expenses
- ✓ Funds can also be used for child/adult day care expenses through the Dependent Day Care FSA
- ✓ Every dollar spent from your FSA is tax-free, and you have until March 15th of each year to spend previous year funds



How Much Can I Contribute?

This is determined by the IRS each calendar year. For 2021, the minimum/maximum limits are below:

Health Expense	Limited Scope	Dependent Day Care
\$260 / \$2,700	\$260 / \$2,700	\$260 / \$5,000



**Dependent Day Care not pre-loaded*

Opening and spending your FSA funds

1 During the New Hire/Annual Enrollment period, elect the FSA option along with your contribution amount in Lawson.

2 You will receive an FSA Debit Mastercard through the mail with your funds pre-loaded, and you can manage your FSA online through myuhc.com.

3 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.

IMPORTANT: Your FSA is managed by United Healthcare, and unless you specify otherwise all claims that you are liable for will first be deducted from your FSA funds. To change this default option, login to your account at myuhc.com.

Important Notes about FSA's

Separate accounts: IRS regulations treat each FSA category as a separate account, and does not allow for transfers from other FSA accounts (for example, Health Expense to Dependent Day Care)

Dependent Day Care: Can only be used for child or adult care expenses that allow you to work, go to school full-time or look for full-time work. Must be a claimed dependent on your income tax return to qualify. You cannot be reimbursed for care provided by your spouse or child under the age of 19 or anyone you claim as a dependent.

FSA Limited Scope Provision: If you are on the Value plan, you may elect the Limited Scope FSA option along with your HSA, however the FSA funds may only be used for Dental/Vision care expenses.

Plan Termination: FSA plans end the last day of the month that your employment ends, and you have 30 days from this point to file FSA claims.

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.



Employee Rate Information 2021	DeltaCare USA ¹		Delta Dental Low Option PPO ²		Delta Dental High Option PPO ²	
	Bi-weekly	Annual	Bi-weekly	Annual	Bi-weekly	Annual
Coverage Level						
Employee Only	\$5.19	\$134.97	\$6.71	\$174.46	\$16.20	\$421.20
Employee + 1	\$10.47	\$272.22	\$13.30	\$345.80	\$32.07	\$833.82
Employee + Family	\$15.72	\$408.72	\$23.41	\$608.66	\$56.43	\$1,467.18

¹If 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.**

²Delta Dental PPO products offer freedom of choice of any dentist and you can maximize savings by utilizing PPO (in-network) dentists.

Benefit Description	DeltaCare [®] USA TX15BDHMO ¹	Delta Dental Low Option PPO ²	Delta Dental High Option PPO ²
	Co-Payment (What You Pay)	Delta Dental Pays	
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 and Children)	Not Covered	50% (eligible children only)
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

VISION PLAN SUMMARY



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, with in-network or out of network providers. Some benefits are only available from in-network providers. This comparison of benefits is a basic summary only. Refer to the Human Resources portal for the plan document.



Employee Rate Information 2021	Low Plan		High Plan	
	Bi-weekly	Annual	Bi-weekly	Annual
Coverage Level				
Employee Only	\$1.97	\$51.24	\$2.24	\$58.32
Employee + 1	\$4.09	\$106.44	\$4.67	\$121.32
Employee + Family	\$6.24	\$162.36	\$7.12	\$185.16

You have the option of choosing any provider, whether in or out of the Superior Vision network, however you will maximize your cost-savings by using an in-network provider. Call Superior Vision at 1-800-847-3553 or visit superiorvision.com

Benefit Description	Superior Vision Low Plan		Superior Vision High Plan	
	In-Network Copay	Out-of-Network Copay	In-Network Copay	Out-of-Network Copay
Exam with an Ophthalmologist (Every 12 months)	\$10, then covered in full	\$10, then up to \$42	\$10, then covered in full	\$10, then up to \$42
Exam with an Optometrist (Every 12 months)	\$10, then covered in full	Up to \$37 Retail	\$10, then covered in full	Up to \$37 Retail
Standard Lenses (Every 12 months)	\$10 Materials; Single, Bifocal, Trifocal covered in full. Polycarbonate for dependents under 18 covered in full	Single up to \$32 Bifocal up to \$46 Trifocal up to \$61 Polycarbonate not covered	\$10 Materials; Single, Bifocal, Trifocal covered in full. Polycarbonate for dependents under 18 covered in full	Single up to \$32 Bifocal up to \$46 Trifocal up to \$61 Polycarbonate not covered
Standard Frames	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
Contact Lens Fitting (CLF) (Once every 12 months)	\$5, then covered in full. Specialty CLF up to \$50 allowance	Not Covered	\$0, then covered in full. Specialty CLF up to \$50 allowance	Not Covered
Contact Lenses (In lieu of eyeglasses once every 12 months)	\$120 Retail Allowance	Up to \$100	\$130 Retail Allowance	Up to \$100
Refractive Eye Surgery for Lasik	Discount at participating providers	N/A	Discount at participating providers	N/A

LIFE INSURANCE OPTIONS



GUARANTEED ISSUANCE FOR NEW HIRES



Basic Term Life Insurance

Cost: Paid for and provided by the City of Arlington

Benefit: All full-time, newly hired employees are provided with basic term life insurance in the amount of 2x their annual salary, up to \$300,000.



Optional Term Life with Accidental Death and Dismemberment

Cost: Paid by employee, see rate table on [page 33](#)

Benefit: Within their first 30 days of employment, new full-time employees may elect additional coverage, in \$10,000 increments, up to 8x their annual base salary, not to exceed \$200,000. Coverage in excess of \$200,000 will require completion of an [Evidence of Insurability \(EOI\)](#) by [The Standard](#).



Optional Dependent Term Life Insurance

Cost: Paid by employee, see rate table on [page 33](#)

Benefit: Within their first 30 days **and** after electing employee optional term life coverage, new full-time employees may elect additional coverage for their spouse beginning at \$10,000, up to to a maximum benefit of \$50,000, or amounts up to \$150,000 after completion of an EOI. Employees may also elect a maximum of \$10,000 for each child under the age of 26 (no EOI required), contingent upon the dependent not being home/hospital confined for medical care or treatment.

Coverage	Maximum Amounts	Provided by
Employee Basic Term Life	2x Annual Salary, max \$300,000	City-Sponsored
Optional Term Life with AD&D	Up to 8x Annual Salary, max \$200,000 (\$500,000 with EOI)	Employee-elected
Spouse Optional Life	Up to \$50,000 (\$150,000 with EOI)	Employee-elected
Child Optional Life	\$10,000	Employee-elected



ANNUAL ENROLLMENT PROCESS

Adding or Increasing Life Insurance Selections

Additions or increases to new or existing coverage will require the completion of an [Evidence of Insurability \(EOI\)](#), also known as a proof of good health, which may include physical examinations or lab work scheduled and provided by [The Standard](#). After electing the benefit during the annual enrollment period, coverage will not become effective until completion of the EOI and approval by [Standard](#) underwriters.

Age and Rate Updates

Optional employee and spouse life insurance rates are based on employee age bands. The employee's age is updated annually as of January 1.

Decreasing or Stopping Coverage

To lower or stop optional life insurance coverage, submit a [Family Status Change/Life Event form](#) to [Human Resources](#).

DISABILITY COVERAGE

SHORT-TERM DISABILITY (STD)

The Standard *

If you experience an illness or injury that prevents you from working, Short-Term Disability Insurance (STD) through The Standard can help replace a portion of your lost income.

- ✓ Replaces a portion of your lost income when a qualifying illness or injury prevents you from working for the time period leading up to the start of long-term disability benefits.
- ✓ You may select income coverage amounts at **40%, 50% or 60%** of your covered earnings, which includes base salary but not additional pays, for a maximum weekly benefit not to exceed \$1,250.
- ✓ Benefit **begins the 15th day of a continuous 14-day absence** for a qualifying disability, illness or injury and may be paid up to 16 weeks or until you no longer qualify.
- ✓ No pre-existing condition limitation if elected within 30 days of hire; election during annual enrollment will exclude coverage from any conditions you received treatment for in the previous three-month period prior to the start of your STD coverage.
- ✗ As with LTD benefits, your STD benefit may be reduced by other sources of income including Workers' Compensation. Contact Human Resources for more information.

LEARN ABOUT RATES AND LIMITATIONS FOR STD COVERAGE ON PAGE 23

LONG-TERM DISABILITY (LTD)

The City of Arlington provides, **at not cost to you**, a Long-Term Disability (LTD) benefit equal to 60% of your base monthly pay. Details on the plan are illustrated below:

120
Days

LTD benefits begin **after a 120-day** elimination period for a qualifying disability, occupational or non-occupational illness or injury.

60%
of pay

Your benefit **replaces 60% of your base pay** with a maximum monthly benefit of \$6,000 and is payable for up to 24 months in which you are unable to perform the essential functions of your position.

Other
Income

LTD benefits **are reduced by other sources of income** during your disability such as Workers' Compensation, Social Security, TMRS and other benefits.

Contact Human Resources or visit the Human Resources portal for summary plan information about your Long-Term or Short-Term Disability coverage.

DISABILITY COVERAGE - RATES



SHORT-TERM DISABILITY - RATES



Use the chart below to find the cost of STD insurance, based on your annual income and 40% coverage amount. If your income is not indicated, use the worksheet below to calculate your total bi-weekly cost for STD.

Employee Bi-Weekly Cost Per Coverage Amount (40% coverage amount, max benefit of \$1250.00)					
Annual Income	Weekly Benefit	STD Cost	Annual Income	Weekly Benefit	STD Cost
\$12,000	\$92.31	\$1.53	\$60,000	\$461.54	\$7.67
\$13,000	\$100.00	\$1.66	\$65,000	\$500.00	\$8.31
\$14,000	\$107.69	\$1.79	\$70,000	\$538.46	\$8.95
\$15,000	\$115.38	\$1.92	\$75,000	\$576.92	\$9.59
\$20,000	\$153.85	\$2.56	\$80,000	\$615.38	\$10.22
\$25,000	\$192.31	\$3.20	\$85,000	\$653.85	\$10.86
\$30,000	\$230.77	\$3.83	\$90,000	\$692.31	\$11.50
\$35,000	\$269.23	\$4.47	\$95,000	\$730.77	\$12.14
\$40,000	\$307.69	\$5.11	\$100,000	\$769.23	\$12.78
\$45,000	\$346.15	\$5.75	\$125,000	\$961.54	\$15.98
\$50,000	\$384.62	\$6.39	\$150,000	\$1,153.85	\$19.17
\$55,000	\$423.08	\$7.03	\$162,500	\$1,250.00	\$20.77

HOW TO CALCULATE YOUR TOTAL STD BI-WEEKLY COST

Step 1	Indicate your weekly earnings by dividing your Annual Income by 52.	= \$
Step 2	Multiply your earnings by .4, .5, or .6 (based on level of coverage you select).	= \$
Step 3	Indicate the amount from step 2 here. If greater than \$1250, indicate \$1,250.	= \$
Step 4	Multiply the amount in step 3 by the rate of \$0.036 to obtain your total monthly cost.	= \$
Step 5	Multiply the amount in step 4 by 12 and divide by 26 to obtain your total STD bi-weekly cost.	= \$

OTHER BENEFIT PLANS



ACCIDENT INSURANCE

When an accident occurs, work-related or not, your medical plan will only cover a portion of the expenses. Accident Insurance through Allstate can help pick up where your medical plan leaves off, by paying cash benefits to you based on the circumstance of the accident.

How it works:



You are injured in an accident and require medical care



You are transported by ambulance to a local hospital



While in the hospital, you have surgery and incur other expenses

In addition to what your medical plan paid, your Accident Insurance also paid:

Ambulance Service	\$200
Hospital Admission	\$500
Open abdominal or thoracic surgery	\$1,000
Surgery expenses	\$500
Initial Hospital Confinement	\$1,000
3-Day Hospital Stay	\$600
Outpatient Doctor Visit	\$50
Total Costs Covered	\$3,850

*For illustrative purposes only. Payouts may vary based upon your situation and treatment.

BASE ACCIDENT BENEFITS

		PLAN
Accidental Death	Employee	\$40,000
	Spouse	\$20,000
	Child	\$10,000
Common Carrier Accidental Death	Employee	\$200,000
	Spouse	\$100,000
	Child	\$50,000
Dismemberment	Employee	up to \$40,000 ¹
	Spouse	up to \$20,000 ¹
	Child	up to \$10,000 ¹
Dislocation or Fracture	Employee	up to \$4,000 ¹
	Spouse	up to \$2,000 ¹
	Child	up to \$1,000 ¹
Initial Hospital Confinement ²		\$1,000
Hospital Confinement ³		\$200
Intensive Care ³		\$400
Ambulance	Regular Ambulance	\$200
	Air Ambulance	\$600
Medical Expenses		up to \$500
Outpatient Physician's Treatment ⁴		\$50
BENEFIT ENHANCEMENT RIDER BENEFITS		
Hospital Admission ⁵		PLAN
		\$500
Lacerations ⁶		\$50
Burns ⁷	< 15% of body surface	\$100
	> 15% or more	\$500
Skin Graft (% of Burns) ⁸		50%
Brain Injury Diagnosis ⁹		\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) ¹⁰		\$50
Paralysis ¹¹	Paraplegia	\$7,500
	Quadriplegia	\$15,000
Coma with Respiratory Assistance ¹²		\$10,000
Open Abdominal or Thoracic Surgery ¹³		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery ¹⁴	Surgery	\$500
	Exploratory	\$150
Ruptured Disc Surgery ¹⁵		\$500
Eye Surgery ¹⁶		\$100
General Anesthesia		\$100
Blood and Plasma ¹⁷		\$300
Appliance ¹⁸		\$125
Medical Supplies ¹⁹		\$5
Medicine ²⁰		\$5
Prosthesis ²¹	One Device	\$500
	Two or More	\$1,000
Physical Therapy ²²		\$30
Rehabilitation Unit ²³		\$100
Non-Local Transportation ²⁴		\$400
Family Member Lodging ²⁵		\$100
Post-Accident Transportation ²⁶		\$200
Accident Follow-Up Treatment ²⁷		\$50



* Benefits are payable once/covered accident/covered person
¹ based on amounts shown in the Injury Benefit Schedule on reverse
² payable once/covered person
³ per day, max. 90 days/injury
⁴ per visit, max. 2 visits/year, 4 if dependents are covered
⁵ payable once/covered person/continement/year
⁶ payable once/covered person/year
⁷ payable once/covered person/accident/year
⁸ 2 or more procedures through same entry point are considered 1 operation
⁹ per day, max. 6 treatments/accident/covered person
¹⁰ per day, max. 30 days/covered person/continement, max. 60 days/year
¹¹ per trip, max. 3 times/accident
¹² per day, max. 30 days
¹³ per day, max. 2 treatments/accident/covered person

injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below. Covered spouse gets 50% of the amounts shown and children 25%.

	PLAN
LOSS OF LIFE OR LIMB	
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand, arm, foot, or leg	\$20,000
One or more entire toes or fingers	\$4,000
COMPLETE DISLOCATION	PLAN
Hip joint	\$4,000
Knee or ankle joint ¹ , bone or bones of the foot ²	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand ³ , collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis ⁴	\$4,000
Skull ⁵ **	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot ⁶ , hand or wrist ⁷ **	\$1,400
Lower jaw ⁸ **	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280

¹Knee joint (except patella) Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

RATE INFORMATION

Category	Employee	Employee + Spouse	Employee + Children	Employee + Family
Bi-Weekly Cost	\$5.50	\$10.04	\$10.88	\$13.18
Monthly Cost	\$11.92	\$21.72	\$23.55	\$28.52

*Note that Spousal benefits are reduced to 50% and children are reduced to 25% of stated coverage amounts

Visit the Human Resources Portal to view the plan summary documents or contact Human Resources at 817-459-6869 for more information and limitations on Group Accident plans.

OTHER BENEFIT PLANS

CRITICAL ILLNESS INSURANCE



The signs pointing to critical illness, such as heart attacks, strokes or cancer, are not always evident or preventable, and your medical plan will only cover so much of these expenses. Critical illness insurance provides an additional layer of financial coverage in the event of a covered critical illness.

Initial Critical Illness Benefits ¹	Low Plan	High Plan
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (100%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (Employee Only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS ¹		
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
Second Event Benefits ²		
Second Event Initial Critical Illness Benefit	Yes	Yes
Additional Benefit		
Wellness Benefit (Per Year)	\$50	\$50

Three months after his wellness exam, Bill suffers a heart attack and is hospitalized for three days. One year later, Bill is unexpectedly diagnosed with cancer, receives treatment and makes a full recovery. Three months later, Bill suffers another heart attack and undergoes a coronary artery bypass surgery. Fortunately, Bill had coverage through Allstate's Critical Illness Insurance to help cover the substantial financial expenses.



First Heart Attack	\$10,000
Invasive Cancer Treatment	\$10,000
Second Heart Attack	\$10,000
Bypass Surgery	\$2,500
Wellness Benefit	\$100
Total Costs Covered	\$32,600

¹All covered dependent benefits are equal to 50% of stated amount.
²Pays same amount as Initial Critical Illness Benefit

*For illustrative purposes only. Payouts may vary based upon your situation and treatment.

bi-weekly premiums

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

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
 Issue Ages: 18 and over if Actively at Work

The Allstate Critical Illness Plan is a guaranteed issuance plan, meaning that an Evidence of Insurability (EOI) will not be required prior to the start of coverage. The plan also works alongside your United Healthcare medical plan to further reduce your out of pocket expenses.

Visit the [Human Resources Portal](#) to view the plan summary documents or contact [Human Resources](#) at 817-459-6869 for more information and limitations on Critical Illness plans.

CARE THAT FOCUSES ON YOU

UNITED HEALTHCARE VIRTUAL VISITS



VIRTUAL OFFICE VISITS

See a doctor online from the comfort of your home (or office). Most visits take about 10 minutes and doctors can write a prescription to pickup at your local pharmacy. Doctors can treat a wide range of non-emergency conditions from headaches, cold and flu, rashes, various infections and much more. Low co-pay of \$49 through the providers below. Visit myuhc.com for more information.



BEHAVIORAL HEALTH

A virtual alternative to traditional office visits focused on behavioral health issues such as depression, anxiety, ADHD, addiction and many other mental health disorders. Costs may range from \$160 to \$190 per visit, subject to change during the plan year. Visit myuhc.com for more information.



TELE-MENTAL HEALTH

A great alternative for traditional counseling, speak with a mental health professional from the comfort of your home (or office). Costs may range from \$160 to \$190 per visit, subject to change during the plan year. Visit myuhc.com for more information.

amwell dr. on demand TELADOC



SAVE TIME



CHECK. CHOOSE. GO.

Know your care options...before you go! From virtual visits to urgent care and emergency rooms, use the Check.Choose.Go tool on myuhc.com to determine what type of care you should find based on your situation. It's quick, easy and included with your health benefits. Visit myuhc.com for more information.

SAVE MONEY



MYHEALTHCARE 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? The myHealthcare Cost Estimator uses your benefit plan information to show you the estimated cost for a treatment or procedure and provides an estimate for your out-of-pocket cost, allowing you to be more prepared to plan your care and budget for medical expenses. Visit myuhc.com for more information.

CARE THAT FOCUSES ON YOU



EMPLOYEE HEALTH AND WELLNESS CLINICS

The City of Arlington has partnered with CareATC to provide medical services to employees, pre-65 retirees, eligible spouses and enrolled dependents (over age 2) covered under the City’s medical plans. CareATC offers **reduced or no cost** medical services to City of Arlington medical plan members at six convenient locations with minimal to no-wait times and focused, quality care. It’s important to note that CareATC physicians can no longer issue referrals for other medical care options.

\$40

CO-PAY

FOR THOSE ON THE VALUE PLAN¹ (PREVIOUSLY HDHP)

\$0

CO-PAY

FOR THOSE ON THE CORE PLAN (PREVIOUSLY EPO)

\$0

NO COST

PREVENTIVE CARE SERVICES²

¹After deductible/out-of-pocket max is met, you pay \$0
²Contact a clinic representative for covered services



QUALITY SERVICES

ACUTE CARE

Common illnesses and minor injuries such as cold, flu, sprains, etc...

CHRONIC DISEASE MONITORING AND CARE

Hypertension, diabetes, thyroid issues, asthma, etc...

MINOR PROCEDURES AND WOUND CARE

Simple biopsies, skin tag/mole removal

PREVENTIVE CARE AND PHYSICAL EXAMS

PHA’s, age-appropriate physicals, routine gynecological, prostates, Cologuard, sport physicals, etc...

DIAGNOSTIC TESTING AND SCREENINGS

Including on site lab work and EKG’s

CONVENIENT LOCATIONS

ARLINGTON

3050 S Center St, Suite 130

MANSFIELD

1770 E Broad St

FORT WORTH

6618 Fossil Bluff Dr, Suite 132

IRVING

2021 N. MacArthur Blvd, Suite 500

CARROLLTON

1735 Keller Springs Road

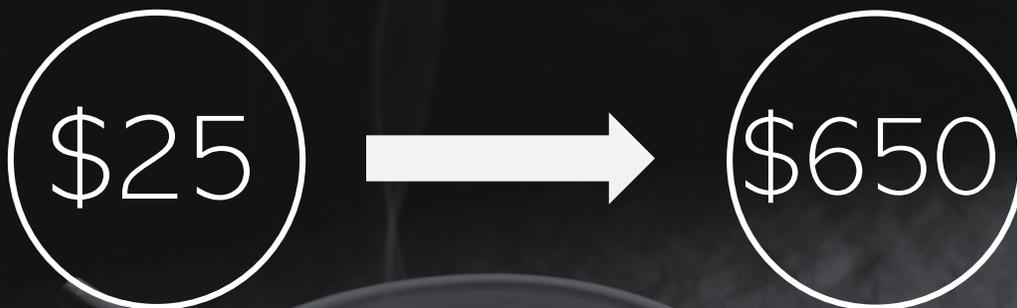
RICHARDSON

1060 W. Campbell Road, Suite 300

For clinic hours or to schedule an appointment, call 800-993-8244 or visit careatc.com/city-of-arlington

CARE THAT FOCUSES ON YOU

TOBACCO USER SURCHARGE



PER PAYCHECK

PER YEAR

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, 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). Religious and ceremonial uses of tobacco are excluded from this provision.

If an employee does not 1) complete the Tobacco Use Affidavit form (new hires) or 2) 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.

Any information that is false and/or inaccurate or failing to self-report tobacco use is a material misrepresentation. This conduct may result in disciplinary action up to and including termination of employment, personal liability for benefits received and/or criminal prosecution.

THE TIME TO QUIT IS NOW

Whether you're doing it for yourself or someone else, the City of Arlington is here to support you in your decision to stop smoking.

A large graphic of the word "STOP" is formed by several cigarette butts. The letters are white with yellow and red accents. Two white circles are overlaid on the 'O's, each containing the text "\$0".

\$0

CO-PAY ON TOBACCO
CESSATION MEDICATIONS

Employees on the City's medical plans have access to \$0 copay tobacco cessation medications. [Visit the Human Resources portal](#) for a complete list and for additional resources to help you quit smoking, once and for all.

\$0

TOBACCO
CESSATION PROGRAMS

Upon completion of a Tobacco Cessation Program, available at no-cost through many public health entities, submit a new Tobacco Use Affidavit along with the program completion documentation to [Human Resources](#) to stop the \$25 surcharge for the balance of the plan year.

EMPLOYEE ASSISTANCE PROGRAM

Stress happens everywhere, not just at work. The mental health of the City's workforce has been a major focus in 2020, which led to new resources and avenues for assistance in 2021. And as always, these resources are available to you and your household, whether you are on a City health plan or not.

LIVE WELL, WORK WELL

Resources to prepare you for whatever comes next

At liveandworkwell.com, whether you need to find a therapist, day care provider or a divorce lawyer, you'll find all the tools you need to prepare for or respond to the big events that happen in your life. Available to all City employees and their household at no cost.

- Six free confidential provider visits, per family member, per occurrence
- Get answers to questions about stress, depression, anxiety and other conditions
- Resources for financial or legal services, such as adoption or divorce
- Online match-making clinician search makes finding care simple

Call 866-374-6061

Or visit

liveandworkwell.com

Access Code: Arlington



SAY HELLO TO SANVELLO

On-demand help with stress, anxiety and depression

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression, on-demand wherever you are. Sanvello is available to all employees, at no cost.

- Daily mood tracking to identify patterns and behaviors
- Effective coping tools when you need them most
- Guided journeys for developing long-term life skills
- Personalized progress that creates a roadmap for improvement
- Connect with one of the largest peer-support communities in the field and share advice, stories or insight



Visit liveandworkwell.com and enter Access Code: Arlington to get started



SUPPORT WHEN YOU NEED IT

24/7 access to a licensed, in-network therapist

Understanding that you need some extra support is the first step to improvement. Talkspace connects you with a licensed professional anytime, with no appointment needed.

- Access anytime, anywhere from your mobile phone or desktop
- An online matching tool connects you directly with a therapist
- 1 virtual session or 1 week of text dialogue equals 1 EAP visit
- Choose to communicate via text or visit face-to-face through real time video

Visit liveandworkwell.com and enter Access Code: Arlington to get started



WELLNESS FOR LIFE PROGRAM



The City of Arlington is committed to promoting the whole-body health of its employees, and the Wellness for Life Program was founded to provide activities that promote and reward healthy lifestyles while raising awareness of your own essential physical, mental and financial health measures.



LOWER RATES FOR YOUR MEDICAL PLAN

By completing specific health benchmarks and participating in wellness activities, you could save \$20 per paycheck on your United Healthcare medical plan deductions.



EXPANDED ACTIVITY POINT OPTIONS

The program is expanding to include even more options for earning points, including additional health screenings and virtual options.



A RENEWED FOCUS ON WHOLE-BODY HEALTH

New resources and virtual opportunities for points through a focus on non-physical areas, such as mental health and financial wellness resources.



YOUR POINTS, YOUR WAY

Earn wellness points for things like selecting your Primary Care Physician (PCP), visiting the CareATC Health and Wellness Clinic, getting a flu shot, attending City wellness events, taking an online wellness training through Cornerstone On Demand, and so much more!

VISIT THE HUMAN RESOURCES PORTAL TO DOWNLOAD
THE 2021 WELLNESS FOR LIFE FORM

COMPLETING THE PROGRAM IS EASY!

1

Download the Wellness for Life Form from the HR Portal, and between October 1st 2020 and September 30th 2021 complete the Health Benchmarks and United Healthcare Rally Survey.

2

Earn 400 points from any of the screening or wellness activity sections. Check your wellness form or contact alison.villa@arlingtontx.gov for more information.

3

Submit your completed forms to alison.villa@arlingtontx.gov, and be sure to keep track of all your documentation in the event you are selected for a random verification audit.

RETIREMENT BENEFITS



In lieu of paying into Social Security, the City provides retirement benefits for full-time and part-time employees who work more than 1,000 annual hours through the Texas Municipal Retirement System. Through this program, the City provides a 2:1 match on the employee's bi-weekly contribution of 7%. Participation in TMRS is required for all full-time employees.



You Contribute

City Contributes

Retirement Age	Required Years of Service
Prior to Age 60	20
Age 60+	5

Years of Service	Vesting Schedule
1	20%
2	40%
3	60%
4	80%
5	100%

Vesting

After 5 years of continuous service, you become fully “vested” with TMRS. This means that all of the contributions that you and the City have made are yours to keep until retirement age or even transfer to another qualifying TMRS employer to grow even further.

Contact Human Resources at 817-459-6869 to discuss your retirement eligibility status and visit tmrs.org for more information.



Additional retirement options are available through ICMA-RC, via a 401(k), which the city matches 50% of your contributions up to 6% of your base salary, for a total maximum match of 3%. A pre-tax or post-tax 457 plan option is also available (no City matching), and ICMA-RC financial consultants are available to help you with investment options, financial planning and retirement preparation.

Option	City Match	Pre-Tax Contribution?	2020 Annual Limit ¹	2020 Age 50+ Catch-up ²
401(k)	50% (max 3%)	Yes	\$19,500	\$6,500
457	No Matching	Yes	\$19,500	\$1,000
457 (Roth)	No Matching	No	\$19,500	\$1,000

¹At time of publishing, 2021 annual/catch-up limits have not been released by the IRS.

²In the year you turn age 50 and every year after, you may make additional contributions, known as a “Catch-up” amount in addition to the annual contribution limit.

Contact ICMA-RC at 1-800-669-7400 for questions about your retirement options, or visit icmarc.org/arlington-tx.

LIFE INSURANCE OPTIONS- RATES



EMPLOYEE - OPTIONAL TERM LIFE RATES

Coverage Amount	Employee Life with AD&D Bi-Weekly Premiums												
	Employee's Age as of January 1												
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*	80+*
\$20,000	0.72	0.79	0.87	1.02	1.38	2.10	3.34	4.86	7.20	10.50	26.72	76.07	41.49
\$30,000	1.08	1.19	1.30	1.52	2.08	3.16	5.01	7.30	10.80	15.74	40.09	114.10	62.24
\$40,000	1.44	1.59	1.74	2.03	2.77	4.21	6.68	9.73	14.40	20.99	53.45	152.14	82.98
\$50,000	1.80	1.98	2.17	2.54	3.46	5.26	8.35	12.16	18.00	26.24	66.81	190.17	103.73
\$60,000	2.16	2.38	2.60	3.05	4.15	6.31	10.02	14.59	21.60	31.49	80.17	228.20	124.47
\$70,000	2.52	2.78	3.04	3.55	4.85	7.37	11.70	17.03	25.20	36.73	93.53	266.24	145.22
\$80,000	2.88	3.18	3.47	4.06	5.54	8.42	13.37	19.46	28.80	41.98	106.90	304.27	165.97
\$90,000	3.24	3.57	3.90	4.57	6.23	9.47	15.04	21.89	32.40	47.23	120.26	342.30	186.71
\$100,000	3.60	3.97	4.34	5.08	6.92	10.52	16.71	24.32	36.00	52.48	133.62	380.34	207.46
\$110,000	3.96	4.37	4.77	5.58	7.62	11.58	18.38	26.76	39.60	57.72	146.98	418.37	228.20
\$120,000	4.32	4.76	5.21	6.09	8.31	12.63	20.05	29.19	43.20	62.97	160.34	456.41	248.95
\$130,000	4.68	5.16	5.64	6.60	9.00	13.68	21.72	31.62	46.80	68.22	173.71	494.44	269.69
\$140,000	5.04	5.56	6.07	7.11	9.69	14.73	23.39	34.05	50.40	73.47	187.07	532.47	290.44
\$150,000	5.40	5.95	6.51	7.62	10.38	15.78	25.06	36.48	54.00	78.72	200.43	570.51	311.19
\$160,000	5.76	6.35	6.94	8.12	11.08	16.84	26.73	38.92	57.60	83.96	213.79	608.54	331.93
\$170,000	6.12	6.75	7.38	8.63	11.77	17.89	28.40	41.35	61.20	89.21	227.15	646.57	352.68
\$180,000	6.48	7.14	7.81	9.14	12.46	18.94	30.07	43.78	64.80	94.46	240.52	684.61	373.42
\$190,000	6.84	7.54	8.24	9.65	13.15	19.99	31.74	46.21	68.40	99.71	253.88	722.64	394.17
\$200,000	7.20	7.94	8.68	10.15	13.85	21.05	33.42	48.65	72.00	104.95	267.24	760.68	414.91
\$210,000	7.56	8.34	9.11	10.66	14.54	22.10	35.09	51.08	75.60	110.20	280.60	798.71	435.66
\$220,000	7.92	8.73	9.54	11.17	15.23	23.15	36.76	53.51	79.20	115.45	293.96	836.74	456.41
\$230,000	8.28	9.13	9.98	11.68	15.92	24.20	38.43	55.94	82.80	120.70	307.33	874.78	477.15
\$240,000	8.64	9.53	10.41	12.18	16.62	25.26	40.10	58.38	86.40	125.94	320.69	912.81	497.90
\$250,000	9.00	9.92	10.85	12.69	17.31	26.31	41.77	60.81	90.00	131.19	334.05	950.84	518.64
\$260,000	9.36	10.32	11.28	13.20	18.00	27.36	43.44	63.24	93.60	136.44	347.41	988.88	539.39
\$270,000	9.72	10.72	11.71	13.71	18.69	28.41	45.11	65.67	97.20	141.69	360.77	1,026.91	560.13
\$280,000	10.08	11.11	12.15	14.22	19.38	29.46	46.78	68.10	100.80	146.94	374.14	1,064.95	580.88
\$290,000	10.44	11.51	12.58	14.72	20.08	30.52	48.45	70.54	104.40	152.18	387.50	1,102.98	601.63
\$300,000	10.80	11.91	13.02	15.23	20.77	31.57	50.12	72.97	108.00	157.43	400.86	1,141.01	622.37
\$310,000	11.16	12.30	13.45	15.74	21.46	32.62	51.79	75.40	111.60	162.68	414.22	1,179.05	643.12
\$320,000	11.52	12.70	13.88	16.25	22.15	33.67	53.46	77.83	115.20	167.93	427.58	1,217.08	663.86
\$330,000	11.88	13.10	14.32	16.75	22.85	34.73	55.14	80.27	118.80	173.17	440.95	1,255.11	684.61
\$340,000	12.24	13.50	14.75	17.26	23.54	35.78	56.81	82.70	122.40	178.42	454.31	1,293.15	705.35
\$350,000	12.60	13.89	15.18	17.77	24.23	36.83	58.48	85.13	126.00	183.67	467.67	1,331.18	726.10
\$360,000	12.96	14.29	15.62	18.28	24.92	37.88	60.15	87.56	129.60	188.92	481.03	1,369.22	746.84
\$370,000	13.32	14.69	16.05	18.78	25.62	38.94	61.82	90.00	133.20	194.16	494.39	1,407.25	767.59
\$380,000	13.68	15.08	16.49	19.29	26.31	39.99	63.49	92.43	136.80	199.41	507.76	1,445.28	788.34
\$390,000	14.04	15.48	16.92	19.80	27.00	41.04	65.16	94.86	140.40	204.66	521.12	1,483.32	809.08
\$400,000	14.40	15.88	17.35	20.31	27.69	42.09	66.83	97.29	144.00	209.91	534.48	1,521.35	829.83
\$410,000	14.76	16.27	17.79	20.82	28.38	43.14	68.50	99.72	147.60	215.16	547.84	1,559.38	850.57
\$420,000	15.12	16.67	18.22	21.32	29.08	44.20	70.17	102.16	151.20	220.40	561.20	1,597.42	871.32
\$430,000	15.48	17.07	18.66	21.83	29.77	45.25	71.84	104.59	154.80	225.65	574.57	1,635.45	892.06
\$440,000	15.84	17.46	19.09	22.34	30.46	46.30	73.51	107.02	158.40	230.90	587.93	1,673.49	912.81
\$450,000	16.20	17.86	19.52	22.85	31.15	47.35	75.18	109.45	162.00	236.15	601.29	1,711.52	933.56
\$460,000	16.56	18.26	19.96	23.35	31.85	48.41	76.86	111.89	165.60	241.39	614.65	1,749.55	954.30
\$470,000	16.92	18.66	20.39	23.86	32.54	49.46	78.53	114.32	169.20	246.64	628.01	1,787.59	975.05
\$480,000	17.28	19.05	20.82	24.37	33.23	50.51	80.20	116.75	172.80	251.89	641.38	1,825.62	995.79
\$490,000	17.64	19.45	21.26	24.88	33.92	51.56	81.87	119.18	176.40	257.14	654.74	1,863.65	1,016.54
\$500,000	18.00	19.85	21.69	25.38	34.62	52.62	83.54	121.62	180.00	262.38	668.10	1,901.69	1,037.28

*Coverage amounts for ages 70 and over reduce due to age reduction (see Life and AD&D Age Reductions section).



SPOUSE - OPTIONAL TERM LIFE RATES

Coverage Amount	Spouse Life Bi-Weekly Premiums												
	Employee's Age as of January 1												
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*	80+*
\$5,000	0.12	0.14	0.16	0.20	0.29	0.47	0.78	1.16	1.74	2.57	6.65	18.99	10.36
\$10,000	0.25	0.29	0.32	0.40	0.58	0.94	1.56	2.32	3.49	5.14	13.29	37.97	20.71
\$15,000	0.37	0.43	0.48	0.60	0.87	1.41	2.34	3.48	5.23	7.71	19.94	56.96	31.07
\$20,000	0.50	0.57	0.65	0.79	1.16	1.88	3.12	4.64	6.98	10.27	26.58	75.95	41.42
\$25,000	0.62	0.72	0.81	0.99	1.45	2.35	3.90	5.80	8.72	12.84	33.23	94.93	51.78
\$30,000	0.75	0.86	0.97	1.19	1.74	2.82	4.68	6.96	10.47	15.41	39.87	113.92	62.14
\$35,000	0.87	1.00	1.13	1.39	2.04	3.30	5.46	8.13	12.21	17.98	46.52	132.90	72.49
\$40,000	1.00	1.14	1.29	1.59	2.33	3.77	6.24	9.29	13.96	20.55	53.16	151.89	82.85
\$45,000	1.12	1.29	1.45	1.79	2.62	4.24	7.02	10.45	15.70	23.12	59.81	170.88	93.21
\$50,000	1.25	1.43	1.62	1.98	2.91	4.71	7.80	11.61	17.45	25.68	66.45	189.86	103.56
\$55,000	1.37	1.57	1.78	2.18	3.20	5.18	8.58	12.77	19.19	28.25	73.10	208.85	113.92
\$60,000	1.50	1.72	1.94	2.38	3.49	5.65	9.36	13.93	20.94	30.82	79.74	227.84	124.27
\$65,000	1.62	1.86	2.10	2.58	3.78	6.12	10.14	15.09	22.68	33.39	86.39	246.82	134.63
\$70,000	1.74	2.00	2.26	2.78	4.07	6.59	10.92	16.25	24.42	35.96	93.03	265.81	144.99
\$75,000	1.87	2.15	2.42	2.98	4.36	7.06	11.70	17.41	26.17	38.53	99.68	284.80	155.34
\$80,000	1.99	2.29	2.58	3.18	4.65	7.53	12.48	18.57	27.91	41.10	106.32	303.78	165.70
\$85,000	2.12	2.43	2.75	3.37	4.94	8.00	13.26	19.73	29.66	43.66	112.97	322.77	176.06
\$90,000	2.24	2.58	2.91	3.57	5.23	8.47	14.04	20.89	31.40	46.23	119.61	341.76	186.41
\$95,000	2.37	2.72	3.07	3.77	5.52	8.94	14.82	22.05	33.15	48.80	126.26	360.74	196.77
\$100,000	2.49	2.86	3.23	3.97	5.82	9.42	15.60	23.22	34.89	51.37	132.90	379.73	207.12
\$105,000	2.62	3.00	3.39	4.17	6.11	9.89	16.38	24.38	36.64	53.94	139.55	398.71	217.48
\$110,000	2.74	3.15	3.55	4.37	6.40	10.36	17.16	25.54	38.38	56.51	146.19	417.70	227.84
\$115,000	2.87	3.29	3.72	4.56	6.69	10.83	17.94	26.70	40.13	59.07	152.84	436.69	238.19
\$120,000	2.99	3.43	3.88	4.76	6.98	11.30	18.72	27.86	41.87	61.64	159.48	455.67	248.55
\$125,000	3.12	3.58	4.04	4.96	7.27	11.77	19.50	29.02	43.62	64.21	166.13	474.66	258.91
\$130,000	3.24	3.72	4.20	5.16	7.56	12.24	20.28	30.18	45.36	66.78	172.77	493.65	269.26
\$135,000	3.36	3.86	4.36	5.36	7.85	12.71	21.06	31.34	47.10	69.35	179.42	512.63	279.62
\$140,000	3.49	4.01	4.52	5.56	8.14	13.18	21.84	32.50	48.85	71.92	186.06	531.62	289.97
\$145,000	3.61	4.15	4.68	5.76	8.43	13.65	22.62	33.66	50.59	74.49	192.71	550.61	300.33
\$150,000	3.74	4.29	4.85	5.95	8.72	14.12	23.40	34.82	52.34	77.05	199.35	569.59	310.69

*Coverage amounts for ages 70 and over reduce due to age reduction (see Life Age Reductions section).

Child Life Bi-Weekly Premiums*	
Coverage Amount	Premium
\$10,000	0.77

*Regardless of the number of eligible children covered.

PLAN CONTACTS

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 document 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.

UnitedHealthcare Medical Plans #702632	Value Plan (Prev. HDHP) Core Plan (Prev. EPO) PCP Selection	HDHP: 1.866.314.0335 Core : 1.866.633.2446 PCP: 1.855.828.7715	www.myuhc.com Advocate4Me@uhc.com
Navitus Pharmacy	Customer Care Specialty RX- Lumicera Mail Order- Novixus	1.866.333.2757 1.855.847.3553 1.800.240.2211	www.navitus.com www.lumicera.com www.novixus.com
United Healthcare Flexible Spending Accounts #707191	Health Expense Limited Scope Dependent Day Care	1.800.331.0480 Claims Fax: 1.866.262.6354	www.myuhc.com
Optum EAP	Employee Assistance Plan	1.866.374.6061 Access Code: Arlington	www.liveandworkwell.com
Delta Dental	DHM-TX15B DeltaCare USA PPO High & Low Plans- TX16442	1.800.424.4234 1.800.521.2651	www.deltadentalins.com
Superior 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
Standard	Short Term Disability Long Term Disability Optional Life	1.888.937.4783	www.standard.com

EMPLOYEE HEALTH & WELLNESS CENTER

CareAtc Health & Wellness Center	Must be enrolled in City's Medical Plan	1.800.993.8677	www.careatc.com/city-of-arlington
----------------------------------	---	----------------	--

RETIREMENT PLANS

TMRS-City #00052	Texas Municipal Retirement System	1.800.924.8677	www.tmr.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 Retirement Planning	1.866.886.8023	naldridge@icmarc.org
Paul Phillips ICMA-RC	Certified Financial Planner	1.866.265.5504	pPhillips@icmarc.org

FAMILY MEDICAL LEAVE

Standard	FMLA Administrator	1.888.937.4783	www.standard.com
----------	--------------------	----------------	--