

2020

City of Marietta



Benefits Enrollment Guide



Welcome to your Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees and retirees of the City of Marietta. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuum of protection that complements the City of Marietta's leave policies and retirement plans. The plan year is in effect from January 1, 2020, to December 31, 2020.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the plan documents available from the respective carriers for complete details. Your plan documents will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The plan documents will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 42 for more details.

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This guide describes the benefit plans available to you as an eligible employee of the City of Marietta. The details of these plans are contained in the official plan documents, including some insurance contracts and benefits booklets. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your plan documents.

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Marietta and NFP.

Employee Announcement



EMPLOYEE ANNOUNCEMENT

Our benefits broker, ShawHankins, was recently acquired by NFP. NFP is an insurance industry leader with more than 5,000 employees and 250+ offices across the United States. As one of the largest benefits brokers in the nation, NFP provides their clients with best-in-class products and services.

With this acquisition, the ShawHankins name officially changed to NFP in August 2019. You will see this new name and branding on your benefit materials.

While the company name has changed, exceptional service remains the priority for the NFP team. The service team, enrollment portal, contact numbers and office locations will not change. However, they will now have even greater ability to effectively serve you.

Please contact the NFP Service Center with any questions at 800-994-7429.

Open Enrollment Memo

The City of Marietta's annual Open Enrollment is from **October 21, 2019, through November 8, 2019.**

We make every effort to provide employees with quality benefits that are competitive and affordable

Managing health care costs and analyzing the future impact of health care reform continue to be great challenges for the City of Marietta. While some factors that contribute to our rising health care costs are related the continuously changing landscape of health care reform, other factors are a direct result of the choices or decisions that plan members make. The 2020 Health Fair provides a great opportunity for you to explore lifestyle changes that may enhance your quality of life.

Please remember Open Enrollment is your opportunity to:

- Compare plan designs and plan costs and determine which benefit plans will best suit your needs for the 2020 plan year.
- Make changes such as:
 - Adding or removing coverage;
 - adding or removing dependents; or
 - switch plans (ex: change to the Buy-Up plan from the Base Plan)

The elections you make during Open Enrollment will become effective with the new plan year beginning **January 1, 2020.**

There will be no changes to the Anthem medical plans or the corresponding deductions. The Medicare Advantage plan will move to Anthem BCBS from Humana. Implant coverage will be added to the Buy-Up Dental Plan, and the deductions will increase slightly. There will be no changes to the deductions for vision on either plan, however there will be enhancements to the lens options on the Base Vision plan. The Health Care Flexible Spending Account limit has been raised to \$2,700 for the upcoming plan year.

You are required to make an election for the 2020 plan year to begin or to continue your participation in the Flexible Spending Accounts.

Elections and changes will be processed through bswift, our online enrollment system serviced by NFP. It's as easy as visiting the website **<http://cityofmarietta.bswift.com>**. Employees will be able to review their current benefits and other important plan information.

Please take the time to carefully weigh the plans available and choose the best option for you. If you have questions or need assistance, please contact your Human Resources Department. **Human Resources and NFP will be available at the Educational Meetings October 21 – 24 and on October 28 – November 1 to assist with enrollment and questions.**

If you would like assistance making changes to your benefits or if you simply have questions, please sign-up for an appointment with a NFP Benefit Consultant. You can also make your election changes online on your own or with the support of the NFP service center at 800-994-7429. You can view plan documents, contact information, and additional benefit information by accessing the Benefit Resource Center from the bswift login page at **<http://cityofmarietta.bswift.com>**.

Open Enrollment Schedule

NFP will be conducting several educational meetings, as outlined in the schedule below, during the first week of open enrollment. While these meetings are not mandatory, you are encouraged to attend.

If you would like assistance with making a change to your benefits, help with reviewing your current benefits or you simply have questions, please don't hesitate to sign-up for an appointment with an NFP Benefit Consultant. They will be available as shown in the schedule below. You can also make your election changes online or with the support of the NFP Service Center.

We highly recommend that employees login to bswift to review your benefit/beneficiary information, as well as your demographics. Also, please remember your FSA elections do not roll-over each year, so you must re-enroll to continue your participation.

Educational Meeting Calendar		
Date	Time	Location
October 21, 2019	9:30am – 10:30am	Fire Station Training Room B/C
	11:30am – 12:30pm	Council Chamber
	3:00pm – 4:00pm	BLW Training Room 2nd Floor
October 22, 2019	7:00am – 8:00am	BLW Water Break Room
	9:00am – 10:00am	Council Chamber
	12:00pm – 2:00pm	Council Chamber **MEDICARE RETIREES ONLY**
	3:00pm – 4:00pm	Council Chamber
October 23, 2019	7:00am – 8:00am	BLW Electrical Break Room
	9:00am – 10:00am	Council Chamber
	12:00pm – 2:00pm	Council Chamber **NON-MEDICARE RETIREES ONLY**
	3:00pm – 4:00pm	BLW Training Room 2nd Floor
October 24, 2019	9:00am – 10:00am	Council Chamber
	11:00am – 12:00pm	Fire Station Training Room B/C
	2:30pm – 3:30pm	Public Works

Enrollment Assistance Calendar		
Date	Time	Location
October 28, 2019	8:00am – 5:00pm	BLW Training Room 2nd Floor
October 29, 2019	8:00am – 5:00pm	Fire Station Training Room B/C
October 30, 2019	8:00am – 5:00pm	Custer Park Sports and Fitness Center
October 31, 2019	8:00am – 5:00pm	Public Works
November 1, 2019	8:00am – 5:00pm	Human Resources Training Room

To schedule an appointment with an NFP benefit consultant, please click on the following link ([City of Marietta Enrollment Appointment](#) or go to <https://8tkOddzpor.timetap.com>).

Enrollment Support – How do I schedule an appointment?

To schedule an appointment with an NFP Benefit Consultant click on the following link: **City of Marietta Open Enrollment Appointment Scheduler** or go to <https://8tk0ddzpor.timetap.com>.

Thanks for visiting our web scheduler to make an appointment with us! Click through the screens on the right to reserve a time to meet with one of our NFP benefits counselors. We look forward to servicing you soon!

[Log in](#) [Register](#)

City of Marietta Enrollment

Welcome to the 2020 City of Marietta Enrollment Scheduler. If you would like to schedule a date and time to meet with an on-site Enrollment Counselor to review your benefits and make any changes, please click NEXT to progress to the next screen; select a location, select an enroller, choose a time slot (if multiple dates are available choose a date from the calendar on the left), then enter your contact information.

Once your appointment is set, you will receive an email confirmation. You will also get a reminder email 24 hours before your appointment.
Thank You!

Once you have entered the site click the blue box that says NEXT.

Thanks for visiting our web scheduler to make an appointment with us! Click through the screens on the right to reserve a time to meet with one of our NFP benefits counselors. We look forward to servicing you soon!

Location

- BLW Training 2nd Floor - Monday, October 28th
- Custer Park Sports and Fitness Center - Wednesday, October 30th

Choose a location from the list and click the blue box that says NEXT.

Thanks for visiting our web scheduler to make an appointment with us! Click through the screens on the right to reserve a time to meet with one of our NFP benefits counselors. We look forward to servicing you soon!

Staff

- Enroller 1
- Enroller 2

Choose a Benefit Consultant from the list and click the blue box that says NEXT. Click the blue NEXT box on the following screen as well to confirm that you are selecting a 20-minute appointment window.

Thanks for visiting our web scheduler to make an appointment with us! Click through the screens on the right to reserve a time to meet with one of our NFP benefits counselors. We look forward to servicing you soon!

Time

Booking In-Person Counselor with Enroller 1 at BLW Training 2nd Floor - Monday, October 28th

TimeZone US/Eastern

Select Date

Oct 2019

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	

Select time on Mon, Oct 28, 2019

- 8:00 AM
- 8:20 AM
- 8:40 AM

Choose an appointment time from the list and click the blue box that says NEXT.

Thanks for visiting our web scheduler to make an appointment with us! Click through the screens on the right to reserve a time to meet with one of our NFP benefits counselors. We look forward to servicing you soon!

Your Information

Booking In-Person Counselor on Mon, Oct 28, 2019 at 8:00 AM

First Name *

Last Name *

Cell Phone *

Send me a text reminder

1 Hr in advance

Email *

Enter your personal information and click the green box that says SAVE. You will then be provided with a confirmation stating that your appointment has successfully been scheduled.

Before You Enroll – Things to Know

How to Enroll in Benefits for the 2020 Plan Year

Employees will enroll in or make changes to all benefits through the bswift enrollment portal. Employees will access this online system by going directly to www.cityofmarietta.bswift.com.

Please follow these directions for the benefits enrollment:

- Your username is your first initial, last name, and year of birth. (ex: jdoe1982)
- Your password is your employee ID.
- Once logged in you will be prompted to create a new password.
- At this point you are ready to update your information and enroll in your benefits. Please be sure to have your reference materials on hand for review. It is very important that you have the names, dates of birth, and SSNs for your family members on hand for the enrollment as you will need to enter this information into the system.
- You will need to make sure all your personal information is up to date, including your address, phone number, and email address.
- All plan documents are located on the Benefit Resource Center website or in the document center on the bswift portal.

NFP and the Human Resources staff will be available to assist employees during the Enrollment Assistance Period, **October 28 to November 1**. The Enrollment Assistance Period is part of the larger open enrollment from October 21 through November 8.

If you do not make elections through the online system, your coverage will roll over for the 2020 plan year. You will not be permitted to make changes after the open enrollment period unless you experience a qualifying event.

If you wish to participate in the health care and/or dependent care flexible spending accounts during calendar year 2020, you must make your elections during open enrollment. Even if you participated in these plans during calendar year 2019, your deductions will default to \$0 for 2020 unless you re-enroll. Please contact NFP or the Human Resources Department at 800-994-7429 if you have any questions.

Log In

Username This field is required.

Password This field is required.

[Forgot Password](#)

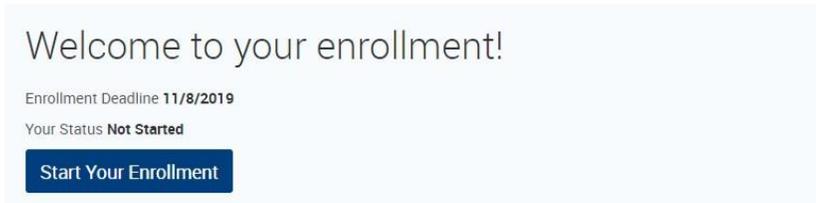
[Log In >](#)



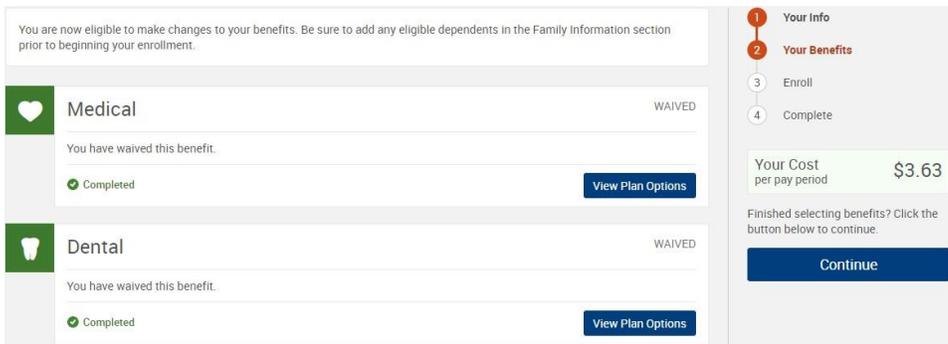
How To Enroll Online

To Begin:

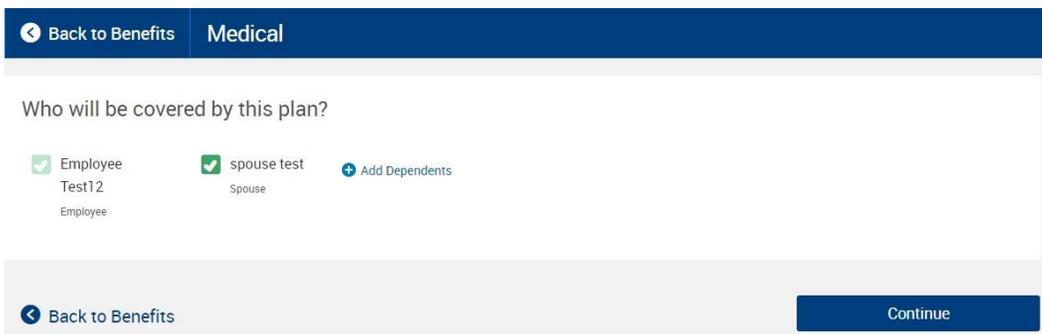
- 1) From the “**Home Page**” click on the “**Start Your Enrollment**” link, to begin the election process. Make sure you go to “**My Profile**” before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents. Check “I agree” once you verify your information is correct after both the demographics screen and the family screen..



- 2) To select or change your current election, select the **View Plans** button for the corresponding benefit.



- 3) Select the dependents you wish to cover under that particular benefit plan. Then click on the **Continue** button.



- 4) Click on **View Plan Details** to see details for the corresponding plan. After making a decision, choose the appropriate tier using the drop-down menu, then click the **Select** button under the chosen plan.



How to Enroll Online

- 5) Repeat this process for all remaining benefits. Please take note that your per pay period deductions will total on the right side as you continue through the enrollment process. Once you have finished selecting benefits, click the **Continue** button on the right side.

	Voluntary Employee Critical Illness	NO PLAN SELECTED	4 Complete
	<input type="button" value="I don't want this benefit (waive)"/>	<input type="button" value="View Plan Options"/>	Your Cost per pay period \$16.41
	Voluntary Spouse Critical Illness	NO PLAN SELECTED	Finished selecting benefits? Click the button below to continue. <input type="button" value="Continue"/>
	<input type="button" value="I don't want this benefit (waive)"/>	<input type="button" value="View Plan Options"/>	

- 6) Make your beneficiary designations or confirm your current designations, and once finished click on the **Continue** button.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
spouse test (Spouse)	<input type="text" value="100.0"/> %

Total: **100.0000%**

3	Enroll
	Beneficiaries
	Review and Confirm
4	Complete
	Your Cost per pay period \$16.41
	<input type="button" value="Continue"/>

- 7) Review all your selections for accuracy. Once you have completed your review, click inside the box next to **"I agree, and I'm finished with my enrollment."** Next click on the **Complete Enrollment** button.

Lincoln Long Term Disability <small>Lincoln Financial</small> Coverage: 1 X Salary \$4,166	Cost Details Per Pay Period								
<input type="button" value="Edit Selection"/>	<table border="1"> <tr> <td>Total Premium</td> <td>\$1.58</td> </tr> <tr> <td>Employer Contribution</td> <td>\$0.00</td> </tr> <tr> <td>Your Cost (pre-tax)</td> <td></td> </tr> <tr> <td>Your Cost (post-tax)</td> <td>\$1.58</td> </tr> </table>	Total Premium	\$1.58	Employer Contribution	\$0.00	Your Cost (pre-tax)		Your Cost (post-tax)	\$1.58
Total Premium	\$1.58								
Employer Contribution	\$0.00								
Your Cost (pre-tax)									
Your Cost (post-tax)	\$1.58								

4	Complete
	<input type="button" value="Complete Enrollment"/>

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment.

- 8) Once you have successfully completed your enrollment, you will see the confirmation above. You will now have the option to view, print, or email your benefit confirmation statement.

Benefit Resource Center

NFP provides the **City of Marietta** Employees a Benefit Resource Center website that gives you access to all of the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains information on the following topics,

- Employee Benefits
 - Medical and Pharmacy
 - CareHere Clinic
 - Dental
 - Vision
 - Life and Disability
 - Voluntary Benefits
 - Employee Assistance Program
 - Flexible Spending Accounts
 - Retirement Plans
- Qualifying Life Events
- Enrollment
 - NFP Enrollment Portal
 - Enrollment Presentation
- Employee Discounts
- Contacts



Welcome to your Benefit Resource Center – the source of information about your benefit options.

For easy access we have included important documents and links to your benefit information along with access to the bswift enrollment system on the enrollment page of the website. The Benefit Resource Center also includes videos that will discuss a high-level overview of the benefit plans that you have available. Please access the Benefit Resource Center site from the bswift login page at <http://cityofmarietta.bswift.com> to view important information pertaining to each of your benefits. Remember, if you still have questions please contact the NFP Service Center at 800-994-7429.



Eligibility:

Active full-time employees of the City of Marietta are eligible for all benefits. Eligible retirees may receive health, dental, vision, and life insurance benefits at the specified premium if one applies.

The spouse and dependent children of the employee are also eligible to participate in our benefit plans. Eligible dependents are classified as:

- Your legal spouse who resides in the United States.
- Your dependent child(ren), including biological children, legally adopted, stepchildren, and children for whom you have been appointed guardian.

Your child can be covered on the medical and ancillary benefits to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Qualifying Events: (refer to your Benefit Booklet - Special Enrollment Notice)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted under Section 125 of the Internal Revenue Code.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period, unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of benefits coverage through your spouse; a change in dependent eligibility.
- **You must notify the HR Department, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.**
- Please contact NFP at **800-994-7429** to speak with a benefit consultant regarding enrollment due to a Qualifying Event.

Additional items for retirees (refer to your Benefit Booklet - Special Enrollment Notice):

- Waiving coverage as a retiree is an irrevocable decision. Once coverage has been waived, you are ineligible to come back onto the plan.
- Retirees who change coverage tiers from dependent coverage to single coverage are also not allowed to later add dependent coverage.

Medical Benefits – Administered by Anthem BCBS

Although we don't plan on getting sick or injured, most of us generally will need some type of medical care or attention. Medical insurance is important to assist in paying for medical expenses, whether they are expected or unexpected.

The City of Marietta offers a national Point of Service (POS) plan through Anthem BCBS. Employees and Retirees currently enrolled in the Anthem BCBS PPO plan may choose to continue enrollment.

Plan Provisions	Anthem BCBS POS Plan
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	\$1,000 / \$3,000
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$7,350 / \$14,700
Coinsurance	80% Plan / 20% Member
Preventive Care:	
Immunizations	100% (no copay)
Pap Smear / Mammography / Prostate Screening	100% (no copay)
Office Visits:	
Primary Care	\$35 copay
Specialist	\$40 copay
Hospital/Inpatient Services	\$500 copay then plan pays 80% after deductible
Hospital/Outpatient Services	Plan pays 80% after deductible
Emergency Room (waived if admitted)	\$200 copay then plan pays 80%
Urgent Care	\$75 copay

Plan members can access the national network of providers. With this national network, plan members will receive the same in-network benefits with any participating provider, regardless of location. The network gives employees access to doctors, hospitals, and other health care providers across the country.

How to locate an Anthem BCBS Doctor nationwide:

- Visit www.anthem.com and register for an account and login.
- Click on “Find a Doctor.”
- Select relevant search options.
- If you have trouble registering or logging in, you can search using “XKT” as the alpha prefix of the member identification number.

**Medical Benefits – Administered
by Anthem BCBS**

Plan Provisions	Anthem BCBS PPO Plan – Grandfathered Employees	
Key Benefit	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Deductible (Individual / Family)	\$1,100 / \$3,300	\$1,500 / \$4,500
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$7,350 / \$14,700	No Maximum
Coinsurance	80% Plan / 20% Member	70% Plan / 30% Member
Preventive Care:		
Immunizations	100% (no copay)	Plan pays 70% after deductible
Pap Smear / Mammography / Prostate Screening	100% (no copay)	Plan pays 70% after deductible
Office Visits:		
Primary Care	Plan pays 80% after deductible	Plan pays 70% after deductible
Specialist	Plan pays 80% after deductible	Plan pays 70% after deductible
Hospital/Inpatient Services	\$500 copay then plan pays 80% after deductible	\$300 copay, then Plan pays 70% after deductible
Hospital/Outpatient Services	Plan pays 80% after deductible	Plan pays 70% after deductible
Emergency Room	Plan pays 80% after the deductible	
Urgent Care	Plan pays 80% after deductible	Plan pays 70% after deductible



Medical Benefits – Administered by Anthem BCBS

The Anthem BCBS Medicare Advantage PPO plan combines Medicare parts A, B, D, and supplemental medical coverage, so you don't have to manage separate plans with multiple member ID cards.

Plan Provisions	Medicare Advantage Plan PPO Network
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	None
Annual Out of Pocket Maximum	\$2,400 Per Person
Preventive Care:	
Immunizations	100% (no copay)
Pap Smear / Mammography / Prostate Screening	100% (no copay)
Office Visits:	
Primary Care	\$5 copay
Specialist	\$10 copay
Hospital/Inpatient Services	\$250 per admit copay
Hospital/Outpatient Services	\$100 copay
Emergency Room (waived if admitted)	\$65 copay
Urgent Care	\$35 copay
Prescription Drugs:	
Tier 1	\$10 copay
Tier 2	\$25 copay
Tier 3	\$40 copay
Home Delivery – 90-day supply	2 x copay

*80% coinsurance only applies to certain services like dialysis. Most others are covered 100% after the applicable copay. Please see plan details.

Medical Benefits – Premiums

Active Employee POS
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$15.28	\$12.22	\$28.01
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$66.21	\$52.95	\$121.38

Active Employee POS
Hired November 1, 2006, or Later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$12.68	\$28.98	\$25.71	\$40.70
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$54.95	\$125.58	\$111.41	\$176.37

Active Employee PPO
Hired Prior to November 14, 1996

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$48.44	\$38.75	\$95.91
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$209.91	\$167.92	\$415.61



Health Benefit Waiver Option:

Employees may choose to waive enrollment in the city's health and dental insurance plans, and instead receive up to a \$500 contribution match from the city into the health care Flexible Spending Account.

To participate in this plan, the employee must complete an affidavit attesting to having health insurance coverage from a provider other than the City. If you do not choose to contribute to the Flexible Spending Account, there will be no match from the City.

Retiree Medical Premiums

(Note: Premiums may differ based on date of hire, years of service, and year of retirement.)

Non-Medicare eligible, hired prior to August 14, 1991

Plan Type	Monthly Premium	Comments
Single POS	\$0	City pays 100% Single POS and Single PPO. Family rate is paid by employee 100%, but frozen at retirement.
Family POS	\$1,000.00	
Single PPO	\$0	
Family PPO	\$2,212.00	

Non-Medicare eligible, hired August 14, 1991, to October 31, 2006

**Employees hired November 14, 1996, to October 31, 2006, are not eligible for PPO*

Plan Type	Monthly Premium	Comments
20 + years of service		City pays 100% Single POS and Single PPO if hired 8/14/91-11/13/96. Family rate is paid by employee 100%, but frozen at retirement.
Single POS	\$0	
Family POS	\$1,000.00	
Single PPO*	\$0	
Family PPO*	\$2,212.00	
15-19 years of service		City pays 80% Single POS and Single PPO if hired 8/14/91-11/13/96. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Single POS	\$121.80	
Family POS	\$1,000.00	
Single PPO*	\$244.57	
Family PPO*	\$2,413.00	
10-14 years of service		City pays 50% Single POS and Single PPO if hired 8/14/91-11/13/96. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Single POS	\$304.48	
Family POS	\$1,000.00	
Single PPO*	\$611.41	
Family PPO*	\$2,715.00	
<10 years of service		Employee pays 100% for single and family rates.
Single POS	\$608.96	
Family POS	\$1,948.07	
Single PPO*	\$1,222.82	
Family PPO*	\$3,911.56	

Retiree Medical Premiums

(Note: Premiums may differ based on date of hire, years of service, and year of retirement.)

Non-Medicare eligible, hired after October 31, 2006

Plan Type	Monthly Premium	Comments
20+ years of service Single POS Family POS	\$91.35 \$1,948.07	City pays 85% Single POS (rate not frozen at retirement). Family rate is paid by employee 100%.
10-19 years of service Single POS Family POS	\$608.96 \$1,948.07	Employee pays 100% for single and family rates.
<10 years of service	N/A	Not eligible to purchase insurance

Medicare eligible, Anthem Medicare Advantage (PPO)

Hired between August 14, 1991, and October 31, 2006

Plan Type	Monthly Premium
20 + years of service* Retiree Spouse	\$0 \$249.24
15-19 years of service Retiree Spouse	\$49.85 \$249.24
10-14 years of service Retiree Spouse	\$124.62 \$249.24
<10 years of service Retiree Spouse	\$249.24 \$249.24

*Also includes those hired before August 14, 1991

Hired after October 31, 2006

Plan Type	Monthly Premium
20 + years of service* Retiree Spouse	\$37.39 \$249.24
10-19 years of service Retiree Spouse	\$249.24 \$249.24
<10 years of service Retiree Spouse	Ineligible Ineligible

RX Coverage – Administered by PharmAvail

PharmAvail- Prescription Drug Benefit	Anthem POS Plan	Anthem PPO Plan
RX Calendar Year Deductible	None	\$220 per person / \$660 max per family
Retail Pharmacy 30-Day Supply		
Tier 1 – Generic Drugs	\$10	20%
Tier 2 – Preferred Drugs	\$45	25%
Tier 3 – Non-Preferred Drugs	\$75	30%
Tier 4- Specialty Drugs	20% to \$450	30%
Tier 5 – Non-Preferred Specialty Drugs	max 10%	10%
Home Delivery Program 90-Day Supply		
Tier 1 – Generic Drugs	\$20	Co-insurance applies
Tier 2 – Preferred Drugs	\$90	
Tier 3 – Non-Preferred Drugs	\$150	
Tier 4 – Specialty Drugs	Not Available	
Tier 5 – Non-Preferred Specialty Drugs	Not Available	

Home Delivery Program- Members have the option to fill your 90-day prescriptions through a Home Delivery program with MedVantx. This program will allow you the convenience of having your maintenance medications shipped to your home or PO box. You will also be able to save in your copay expenses by utilizing the mail order program. On the POS plan you will pay 2 times the 30-day copay for a 90-day supply. *Please note that there is no cost savings for 90-day supplies filled at a retail pharmacy. If you choose to fill a 90-day supply at a retail pharmacy, you will pay 3 times the retail copay.

Registration options:

- Register with MedVantx over the phone at 866-744-0621
- Register online at MedVantxRx.com
- Complete registration form

Obtaining your prescription:

- MedVantx can contact your physician for you
- You can obtain a prescription from your physician and send it to MedVantx by mail
- Your physician can send a prescription to MedVantx by fax or through electronic prescribing.
- Be sure to ask your physician to write the prescription for a 90-day supply with three refills and authorize a one-year supply (when appropriate)

Medical Center

Be Healthy: Wellness and Health Care Support

The City of Marietta cares about the health of you and your family! That's why we offer comprehensive coverage for wellness benefits and health care support when you need it. Take advantage of these programs to keep you and your dependents (children age 9 and older) healthy throughout the year:



Preventive exams – covered under the health care plans at 100%! Take action and proactively manage your health before a serious medical condition occurs.



Schedule an appointment 24 hours a day by calling 877-423-1330 or online at www.carehere.com (access code CMGC3)



Employee Medical Center-

- Primary, urgent and preventive care
- Laboratory testing
- Flu shots
- Treatment for chronic health conditions

CareHere Home Delivery Program

At the Provider's discretion, patients who are supplied with long-term, ongoing medications from the health center, are eligible to receive them through CareHere's home delivery program. Be sure to speak with your CareHere provider to take advantage of this program.

City of Marietta Employee Clinic:

Location

268 Lawrence Street NE, Marietta, GA 30060

Hours of Operation

Mondays: 8am - 5pm
Tuesdays: 7am - 1pm
Wednesdays: 8am - 2pm
Thursdays: 8am - 2pm
Fridays: 8am - 2pm
Saturdays: 8am - 12pm



Lab Only Hours

Mondays: 8am - 9am
Tuesdays: 7am - 8am



What are the benefits to you?

- No more long stays in the waiting room
- No out of pocket expense
- Increased convenience and access
- More one-on-one time with the doctor



Preventive Services

Remember to get preventive care!

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans cover 100% of the services listed in this preventive care section when you get these services from in-network physicians.

Preventive versus diagnostic care

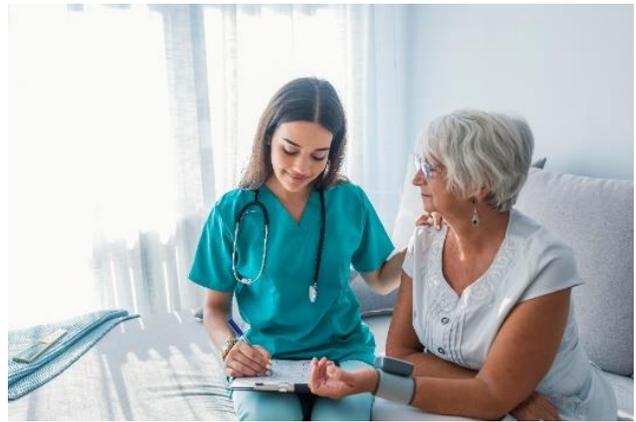
What's the difference?

- Preventive care helps protect you from getting sick.
- Diagnostic care is used to find the cause of existing illnesses.

For example, if your doctor suggests you have a cancer screening because of your age, that's preventive care. On the other hand, if your doctor suggests a screening or testing to see what's causing your symptoms, that's diagnostic care and you may need to pay part of the cost.

Adult preventive care (19 years and older) and Child preventive care (birth through 18 years)

Preventive care physical exams are covered. So are the screenings, tests, and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.



Screening tests (depending on age) may include:	Immunizations:
Behavioral counseling to promote a healthy diet	Diphtheria, tetanus, and pertussis (whooping cough)
Blood Pressure	Haemophilus influenza type B (Hib)
Cholesterol and lipid level	Hepatitis A
Depression	Hepatitis B
Development and behavior	Human papilloma virus (HPV)
Hearing	Influenza (flu) - Vaccines also available from PCPs or Pharmacies
Height, weight, and body mass index (BMI)	Measles, mumps, and rubella (MMR)
Hemoglobin or hematocrit	Meningococcal (meningitis)
Lead Testing	Pneumococcal (pneumonia)
Newborn	Polio
Obesity, including counseling	Rotavirus

Preventive Services – Continued

Preventive physical exams

Screening tests and services

(depending on your age) may include

- Aortic aneurysm screening (men who have smoked)
- Blood pressure
- Bone density test to screen for osteoporosis
- Breast cancer, including exam and mammogram
- Breastfeeding support, supplies, and counseling (female)
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy, and CT colonography (as appropriate)
- Contraceptive (birth control) counseling and FDA-approved birth control methods that need a prescription (female)
- Depression
- Eye chart test for vision
- Hearing
- Height, weight, and BMI
- HIV screening
- HPV (female)

Intervention services (includes counseling and education):

- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease (does not include coverage for aspirin)

- Genetic counseling for women with a family history of breast or ovarian cancer
- Primary care intervention to promote breastfeeding
- Screening and behavioral counseling related to alcohol misuse
- Screening and behavioral counseling related to tobacco use
- Screening and counseling for interpersonal and domestic violence
- Screening and counseling for obesity
- Pelvic exam and Pap test, including screening for cervical cancer
- Prostate cancer, including digital rectal exam, and PSA test
- Screenings during pregnancy (including, but not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia, and HIV)
- Sexually transmitted infections

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A
- Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles)



NOTICE REGARDING CITY OF MARIETTA/BLW EMPLOYEE WELLNESS PROGRAM

The City of Marietta/BLW Employee Wellness Program is a voluntary wellness program available to all active employees, retirees, and dependents who are covered by the City's health insurance plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary Annual Health Assessment or "AHA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a 28-panel blood test for conditions such as electrolyte imbalance, renal disease, liver disease, coronary heart disease, hypertension, hypokalemia, hyperlipidemia, and diabetes. You are not required to complete the AHA or to participate in the blood test or other medical examinations.

However, active employees and spouses who are eligible and choose to participate in the wellness program will receive an incentive of \$100.00 for completing the AHA. An additional \$100.00 is available for those who are either not ordered to take a health coaching plan or complete one that is ordered. If ordered, this plan should be initiated no later than September 30 of the calendar year to allow for enough time for completion before the end of the calendar year. Although you are not required to complete the AHA or participate in the biometric screening, only eligible employees and spouses who do so will receive \$100.00 and be eligible for the second iteration of \$100.00.

Additional monetary wellness incentives of various dollar amounts may be available for employees who participate in certain health-related activities such as fitness or weight loss/maintenance challenges. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Division at 770-794-5562, option 3.

The information from your AHA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Marietta/BLW may use aggregate information it collects to design a program based on identified health risks in the workplace, the City of Marietta/BLW Employee Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are authorized CareHere Medical or Health Professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by CareHere separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Director of Human Resources and Risk Management, at 770-794-5562, option 6.

Wellness Incentive

2020 CITY OF MARIETTA/BLW EMPLOYEE WELLNESS INCENTIVE

The 2020 City of Marietta/BLW Employee Wellness Incentive is only for **eligible employees and spouses** who have not already received their incentive in 2020. An “eligible employee” or “eligible spouse” is defined as an active employee or spouse of an active employee who is covered under the City’s health insurance and completed an Annual Health Assessment (AHA) and health coaching plan (if ordered) since January 1, 2020. Employees who opted out of coverage for 2020 and received the flexible spending incentive are not eligible. A two-tiered incentive is authorized: 1. AHA completion and 2. Completion of a coaching plan related to one of five (5) benchmarks or not requiring a coaching plan at all. The \$100.00 cash incentives for each tier will be taxed on the employee’s paycheck. If ordered, an employee must initiate the coaching plan before September 30 to allow for enough time for completion before the end of the calendar year.

Only one, two-tiered incentive per eligible individual is payable in 2020.

1. Who is eligible for the incentive? Active employees and spouses of active employees covered on the City’s health insurance are eligible to use both CareHere and receive the wellness incentive.
2. How do I schedule the AHA? Schedule appointment with CareHere by calling 877-423-1330 or at www.carehere.com.
3. What is the AHA? The Annual Health Assessment consists of a 28-panel blood draw (12-hour fasting required), vitals, and a health and behavior questionnaire.
4. What are the benchmarks, if exceeded, that can require an employee to complete a coaching plan?

BP is 140/90 or less (May be repeated once 15 minutes past original elevated BP. If BP is still 140/90 or greater, it does not meet benchmark.)
Cholesterol is 220 or less (or Total Cholesterol/HDL ratio is WNL)
BMI is 30 or less (or a waist circumference WNL Male <= 40 inches or Females <= 35 inches)
Patient is Tobacco Free (see Tobacco Use Affidavit)
Fasting Glucose is below 100mg/dl

5. How does an employee or spouse redeem the incentive? Once the AHA is complete, CareHere staff will provide the employee or spouse a completion voucher. Employees or spouses must return the voucher to the Department of Human Resources (HR) on a designated day. HR staff will provide a receipt to the employee or spouse. Employees or spouses must take the receipt to the cashier on the first floor to redeem the taxable cash incentive. The same is true for the completion of the health coaching plan (if ordered).
6. What is tested on the 28-panel blood draw? See flyer located on the Benefit Resource Center by accessing the link from the bswift login page <http://cityofmarietta.bswift.com>.
7. What are the most common tests that are not part of the typical AHA but are done if the doctor orders them? CBC, Hemoglobin A1C, Vitamin D, Thyroid, PSA

2020 AHA INCENTIVE CALENDAR		
Month	Date	Days of Week
January	30 – 31	Th, F
February	26 – 27	W, Th
March	30 – 31	M, Tu
April	29 – 30	W, Th
May	25 – 26	M, Tu
June	25 – 26	Th, F
July	29 – 30	W, Th
August	24 – 25	M, Tu
September	29 – 30	Tu, W
October	29 – 30	Th, F
November	16 – 17	M, Tu
December	17 – 18	Th, F

Dental Benefits – Administered by Anthem BCBS

Maintaining our dental health is a large component in our overall health. While brushing and flossing may help us maintain our dental health, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may help reveal other health issues you may be unaware of.

Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

Plan Provisions	Base Plan
Calendar Year Deductible Single Family Max	\$25 \$75
Annual Benefit Max	\$1,000 per calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% coverage No Deductible
Basic Treatment (Type B) Fillings, periodontics, oral surgery, simple extractions	80% coverage (subject to deductible)
Major Treatment Endodontics, root canal, dentures, bridges, crowns	50% coverage (subject to deductible)
Orthodontia	Not covered

Plan Provisions	Buy-Up Plan
Calendar Year Deductible Single Family Max	\$25 \$75
Annual Benefit Max	\$1,500 per calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% coverage No Deductible
Basic Treatment (Type B) Fillings, periodontics, endodontics, oral surgery, simple extractions	80% coverage (subject to deductible)
Major Treatment Dentures, bridges, crowns, Implants*	50% coverage (subject to deductible)
Orthodontia (Child Only) <i>Child(ren) only up to age 19</i>	50% coverage; \$1,000 lifetime maximum



It is important to note that, while you do have coverage for non-network providers, you could be balance billed for any services provided by a non-network provider. To receive the most from your benefits, use an in-network provider.

Please note that the deductible does not apply to Diagnostic/Preventive Services.

The dental plans utilize the **Prime & Complete** network. To locate participating providers, go to www.anthem.com.

Member/Patient Services:
(855) 397-9269



Dental Benefits – Continued

Anthem BCBS Dental Plan
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$1.77	\$2.12	\$3.01
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$7.67	\$9.19	\$13.04

Anthem BCBS Buy-Up Dental Plan
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.64	\$3.21	\$8.93	\$12.34
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2.77	\$13.91	\$38.70	\$53.47

Anthem BCBS Base Dental Plan
Hired November 1, 2006, or later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.66	\$2.30	\$2.76	\$3.91
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2.86	\$9.97	\$11.96	\$16.94

Anthem BCBS Buy-Up Dental Plan
Hired November 1, 2006, or later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.36	\$3.80	\$9.63	\$13.33
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$5.89	\$16.47	\$41.73	\$57.76



Retiree Dental Premiums

(Note: Premiums may differ based on date of hire, years of service, and year of retirement)

Hired prior to August 14, 1991

Plan Type	Base Plan Monthly Premium	Buy-Up Plan Monthly Premium	Comments
Single Dental	\$0	\$2.75	City pays 100% Single Dental. Family rate is paid by employee 100%, but frozen at retirement.
Family Dental	\$46.02	\$89.74	

Hired August 14, 1991, to October 31, 2006

Plan Type	Base Plan Monthly Premium	Buy-Up Plan Monthly Premium	Comments
20 + years of service			City pays 100% Single Dental. Family rate is paid by employee 100%, but frozen at retirement.
Single Dental	\$0	\$2.75	
Family Dental	\$46.02	\$89.74	
15-19 years of service			City pays 80% Single Dental. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Single Dental	\$3.84	\$6.98	
Family Dental	\$49.86	\$93.97	
10-14 years of service			City pays 50% Single Dental. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Single Dental	\$9.59	\$13.30	
Family Dental	\$55.61	\$100.29	
<10 years of service			Employee pays 100% for single and family rates.
Single Dental	\$19.18	\$23.85	
Family Dental	\$65.20	\$110.84	

Hired after October 31, 2006

Plan Type	Base Plan Monthly Premium	Buy-Up Plan Monthly Premium	Comments
20+ years of service			City pays 85% Single Dental. Family rate is paid by employee 100%.
Single Dental	\$2.88	\$5.92	
Family Dental	\$48.90	\$92.91	
10-19 years of service			Employee pays 100% for single and family rates.
Single Dental	\$19.18	\$23.85	
Family Dental	\$65.20	\$110.84	
<10 years of service	N/A	N/A	Not eligible to purchase insurance

Vision Benefits – Administered by Avesis

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a vision plan available from our employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the voluntary Vision plans available through the City of Marietta will enable you to take advantage of substantial savings on your eye care and eyewear needs.



Benefit	Avesis Base Vision Plan		Avesis Buy Up Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	\$10 copay	Up to \$35 allowance	\$10 copay	Up to a \$45 allowance
Contact Lenses	Allowance	Max Amount	Allowance	Max Amount
Elective Medically Necessary	Up to \$130 allowance Covered in full	Up to \$130 allowance Up to \$250 allowance	Up to \$150 allowance Covered in full	Up to \$150 allowance Up to \$250 allowance
Enhanced Lens Options	Copayment	Max Amount	Copayment	Max Amount
Single Vision Bifocal Trifocal	Covered in full after a \$25 copay	Up to \$25 allowance Up to \$40 allowance Up to \$50 allowance	Covered in full after a \$15 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance
Frames	Up to \$50 wholesale allowance; 20% off additional cost	Up to \$45 allowance	Up to \$65 wholesale allowance; 20% off additional cost	Up to \$75 allowance
Laser Vision Correction	\$150 one time/lifetime allowance		\$300 one time/lifetime allowance	
Frequency Vision Exam Contact Lenses Standard Lenses Frames	Once every 12 months Once every 12 months Once every 12 months Once every 24 months		Once every 12 months Once every 12 months Once every 12 months Once every 12 months	

Please note: This plan covers either contact lenses or lenses for your glasses once every 12 months.

Avesis Base Vision Plan			
Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.44	\$2.52	\$3.02	\$3.74
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$6.24	\$10.91	\$13.10	\$16.22

Avesis Buy Up Vision Plan			
Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.82	\$3.20	\$3.72	\$4.68
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$7.88	\$13.88	\$16.12	\$20.28

To locate a provider, visit www.avesis.com or contact Avesis Customer Service M-F, 7AM to 8PM (EST) at 800-828-9341 to receive a listing of providers in your area.

Basic Life/AD&D & Voluntary Life Insurance – Administered by Lincoln

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. The City of Marietta is pleased to provide Basic Life & AD&D Insurance to all full-time employees **at no cost to you.**

- City Council Employees and Part-Time Appointed Officials receive \$150,000 in coverage.
- Closed Group of Public Safety Employees receive \$40,000 in coverage.
- All other employees receive coverage equal to three times your annual earnings, to a maximum of \$300,000.

Benefits for the closed Group of Public Safety Employees, Part-Time Appointed Officials, and All Other Employees will reduce by 50% at age 75. Benefits for the City Council employees will reduce by 35% of the original amount at age 65. At age 70, benefits will reduce an additional 20% of the original amount. At age 75, benefits will reduce an additional 15% of the original amount. At age 80, benefits will reduce an additional 10% of the original amount.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. The City of Marietta is pleased to offer additional Life Insurance coverage options as a solution.

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 up to a maximum of \$420,000 not to exceed 5 x your annual earnings.</p> <p>New Hires: You will have a guaranteed issue (GI) amount of \$200,000. Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$100,000 not to exceed 100% of the employee benefit.</p> <p>New Hires: You will have a guaranteed issue amount of \$30,000.</p>
Child(ren) Voluntary Life	<p>You can purchase coverage of \$10,000 for children 6 months to 26 years, or \$500 for children 14 days to 6 months.</p> <p>New Hires: You will have a guaranteed issue amount of \$10,000.</p>
Annual Enrollment	<p>Current participants are allowed a \$20,000 (Employee) or \$10,000 (Spouse) increase to their current coverage amount (including amounts over the Guaranteed Issue Amount), without completing an Evidence of Insurability form.</p>

Evidence of Insurability (EOI) is required if your election for you or your election for your dependents exceeds the guaranteed issue amounts. EOI may also be required at annual enrollment if you elect or increase coverage over the allowable amounts.



Voluntary Life Insurance – Continued

Important Terms to Understand

Evidence of Insurability:

Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amounts or if you are enrolling after your initial enrollment.

Guaranteed Issue: Guaranteed Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

Employee Life/AD&D Pay Period Rates per \$1,000		
Age	Employee Rate	Spouse Rate
<30	\$0.10	\$0.06
30-34	\$0.13	\$0.07
35-39	\$0.16	\$0.09
40-44	\$0.19	\$0.12
45-49	\$0.28	\$0.18
50-54	\$0.48	\$0.28
55-59	\$0.89	\$0.43
60-64	\$1.13	\$0.72
65-69	\$1.67	\$1.18
70+	\$2.57	\$2.02

Child Rate Monthly \$2.00 for \$10,000

Voluntary AD&D Monthly Cost per \$1,000 of coverage	
Employee	\$0.045
Spouse	\$0.027
Child	\$0.11 for \$10,000



Basic Life Insurance for Retirees – Administered by Lincoln

Basic Life Insurance provides valuable financial protection for your family. The City of Marietta is pleased to provide Basic Life Insurance to all eligible retirees who retired with city-funded basic life insurance in effect at the time of retirement.

Retiree Description	Coverage
All eligible retirees covered under the 4532 Consolidated Retirement Plan	\$25,000
All eligible retirees covered under a retirement plan in effect prior to March 1, 1987	\$20,000



Disability Benefits – Administered by Lincoln

Disability coverage is offered to you through Lincoln. This coverage supplements your income if you are unable to work due to a qualifying disability. Disability benefit income will be reduced by other income.

SHORT TERM DISABILITY

Short Term Disability insurance provides you with a portion of your weekly income when you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefits	Short Term Disability
Percentage of Income	60%
Maximum Benefits	\$2,500
Benefits Begin After Elimination Period	14 Days – Accident 14 Days – Sickness
Maximum Benefit Duration	24 Weeks

Rate Per \$10	
Age	Employee Rate
<40	\$0.38
40-44	\$0.43
45-49	\$0.51
50-54	\$0.61
55-59	\$0.81
60-64	\$1.01
65-69	\$1.14
70+	\$1.37

LONG TERM DISABILITY

Long Term Disability coverage continues to pay you a benefit for as long as you remain disabled or until you reach your Social Security Normal Retirement Age (SSNRA).

Benefits	Long Term Disability
Percentage of Income	60%
Maximum Benefits	\$5,300
Benefits Begin After Elimination Period	180 Days
Maximum Benefit Duration	SSNRA

Rate Per \$100	
Age	Employee Rate
<25	\$0.128
25-29	\$0.141
30-34	\$0.164
35-39	\$0.234
40-44	\$0.415
45-49	\$0.683
50-54	\$1.01
55-59	\$1.187
60-64	\$1.251
65+	\$1.333

***If you have declined this coverage in the past and wish to add coverage at this time, you must complete an evidence of insurability form and be approved for coverage.**

Flexible Spending Accounts – Administered by TASC

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your total take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses.

Who is Eligible to Participate?

All full-time benefit eligible employees can participate in the flexible spending accounts.

Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

If you change your election because of a change in family status, the change will be effective on the first day of the month following your election.

Health Care Spending Account

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed \$2,700 during the plan year (as of January 1, 2020). Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair

All participants are eligible to roll over up to \$500 of unused Health Care Flexible Spending dollars.

Dependent Care Spending Account

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year or \$2,500 if you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid
- Reimbursements can only be made using the funds contributed at the time the claim is submitted

Once enrolled, you can monitor your Flexible Spending Account balance by registering at www.tasconline.com.

Group Critical Illness – Administered by Aflac

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Covered Conditions	
Heart Attack Major Organ Transplant Invasive Cancer Stroke	Bone Marrow/Stem Cell Transplant End-Stage Renal (Kidney) Failure Coronary Artery Bypass Surgery (25%) Loss of Sight, Speech, or Hearing
Additional Benefits	
Advanced Alzheimer's	25%
Advanced Parkinson's	25%
Benign Brain Tumor	100%
Cancer Conditions	
Non-invasive Cancer	Pays 25% of lump sum benefit

The following benefit is automatically included in your plan:

Wellness Benefit

Your policy includes a Wellness Benefit that will pay \$75 per calendar year per insured individual (employee and spouse) if a covered health screening test is performed, including:

- Blood Tests
- Chest X-rays
- Stress Tests
- Mammograms
- Colonoscopies

Reduction of Benefits

The benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual's 70th birthday. Premiums will not be reduced.

Recurrence Benefit

This policy pays out a recurrence benefit if the recurrence is separated by 6 consecutive months (12 months for Cancer).

Who can have it?	Benefit
Employees who are actively at work	\$5,000 to \$50,000 in \$5,000 increments Guaranteed Issue Amount: \$30,000
Dependent children newborn until their 26th birthday, regardless of marital or student status	All eligible children are automatically covered at 50% of the employee benefit amount at no additional cost
Spouse ages 17 through 64 with purchase of employee coverage	Up to 50% of employee amount Guaranteed Issue Amount: \$15,000

Your premium for this policy is based on your age, tobacco usage, and benefit coverage amount. To view the premium for this policy, please log into bswift at: www.cityofmarietta.bswift.com.

Group Accident – Administered by Aflac

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

City of Marietta offers voluntary Group Accident Insurance through Aflac. Aflac's Accident Insurance is designed to help you through the different stages of care for an accidental injury by providing benefits directly to you for initial care and treatment, in addition to the follow-up care you may need. The accident plan is guaranteed issue, so no health questions are required. Coverage is also available for your spouse and children.

Examples of covered injuries include:

- broken bones
- dislocations
- burns
- ruptured discs
- torn ligaments
- concussion
- lacerations
- paralysis

Examples of covered expenses include:

- emergency room treatment
- diagnostic exam
- outpatient surgery facility
- ambulance
- doctor office visit
- follow up doctor visits
- hospitalization
- surgery

Sample of the Schedule of Benefits (the full schedule is available online):

Covered Injuries	Benefit Amount
Fractures Broken Arm, closed Broken Leg, closed	Up to \$8,000 \$2,000 \$2,400
Burns 2nd Degree 3rd Degree	Up to \$1,000 Up to \$20,000
Laceration	Up to \$400
Paralysis	Up to \$10,000
Dislocations	Up to \$6,000

Emergency and Hospitalization Benefits	Benefit Amount
Ambulance (group, once per incident) Air Ambulance	\$200 \$1,000
Emergency Room Treatment	\$200
Hospital Admission	\$1,000
Hospital Confinement	\$200 per day
Medical Imaging Test	\$200

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2.70	\$4.53	\$6.17	\$8.00
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$11.72	\$19.62	\$26.75	\$34.65

Legal Services – Administered by ARAG

Legal Insurance from ARAG

UltimateAdvisor legal insurance from ARAG offers you affordable, reliable counsel when something in life turns into a legal issue, like a dispute with a contractor, a traffic ticket, or the need for estate planning.

For as little at \$23.00 per month, you can enroll in the plan and have a place to turn to for help with access to a nationwide network of attorneys who will:

- Work with you in person, over the phone, or online to consult with you on legal issues
- Review or prepare documents.
- Make follow up calls or write letters on your behalf.
- Represent you, if needed.

Save Time and Money

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney, which means you'll avoid paying high-cost attorney fees.

It's like having an attorney or retainer whenever you have a question or need guidance regarding a legal matter.

Face Life's Legal Issues with More Confidence

When you encounter situations in life that could result in legal or financial issues – like the examples show above – count on a wide variety of benefits and services to protect you and resolve these matters:

Consumer and Fraud Protection Issues	Government Benefits
Wills and Estate Planning	General Office time (up to 4 hours)
Real Estate Matters	Small Claims Court
Family Law	Tax Issues
Civil Damage Claims (Defense)	Traffic Matters
Criminal Matters	Identity Theft
Debt-Related Matters	Caregiving Services
Dispute with a Landlord	Financial Education and
Counseling	

To see a full list of coverages available under your plan, visit **ARAGLegalCenter.com** and go to “Plan Details.” For any legal matters not covered and not excluded under the plan (including Immigration Assistance), you are eligible to receive at least 25% off the network attorney's normal rate.

Be sure to enroll during the open enrollment period to take advantage of these valuable legal benefits. If you have any questions, call 800-247-4184 to speak with an ARAG Customer Care Specialist, or for complete details on the coverage provided by your plan, visit **ARAGLegalCenter.com**.

Employee Assistance Program

What is the Employee Assistance Program?

The Employee Assistance Program (EAP) provides resources to help resolve personal concerns that may be affecting your health, well-being, family life or job performance. It provides confidential assistance to you and your family members 24/7.

In-person sessions are available with an EAP Consultant in your area. The Consultant will help you evaluate your concerns and suggest the next best steps. You may contact the EAP for any number of reasons, including:

- Stress related to work, family and personal life
- Balancing work and family
- Coping with change and transition
- Anxiety or depression
- Grief and bereavement
- Marital, family and parent-child issues
- Problems with alcohol and drugs
- Financial and legal concerns

What does the EAP include?

- Up to 3 counseling sessions per eligible person per year at no cost to you
- 24/7 phone access to live Consultants, 365 days a year for assessment and referral
- Website access at www.feieap.com (username: marietta)

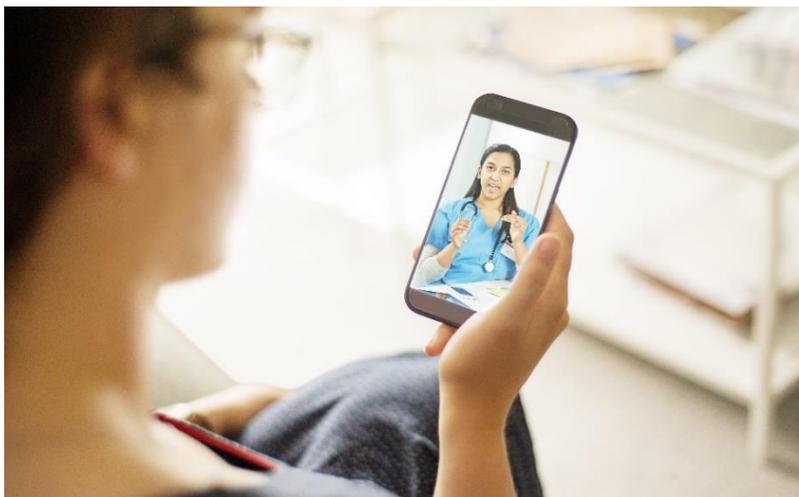
- Toll-free number: 800-638-3327
- Legal services: one consultation per legal matter
- Financial services: one consultation per financial matter

How do I access the EAP?

Begin by calling your toll-free number at 800-638-3327 to access services, and plan to spend up to 15 minutes with an EAP Consultant for an initial phone interview. You may also contact the program online at www.feieap.com (username: marietta)

What can the EAP do for me?

- Provide professional, confidential assistance to address concerns and develop a plan of action
- Provide short-term counseling and/or referrals to community resources



Medicare Information

Are you turning 65 this year and still actively working? If so, here is what you need to do.

If you're turning 65 this year, you'll be getting a Medicare Enrollment kit giving you the option to enroll in Medicare Parts A, B, as well as Medicare Part D. **You will receive the kit 60 to 90 days before your birthday.**

Please read the Medicare materials carefully. It is important that you know all you can before you decide about enrolling in Medicare.

If you're an active employee and you get health insurance through the City of Marietta, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. If you're enrolled in health coverage through The City of Marietta as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at: <http://www.medicare.gov> or contact the Human Resources Department.



Smoking Cessation

Ready to stop smoking? Here's how to get help.

Taking care of your health is important and we'd like to help you do that. If you smoke, one of the best ways to improve your health is to stop smoking.

On average, adults who smoke die 13 to 14 years earlier than nonsmokers. Tobacco use remains the leading preventable cause of disease, death, and disability in the United States.

Even secondhand tobacco smoke is deadly. It contains chemicals such as formaldehyde, ammonia, arsenic, carbon monoxide and lead. Each year, about 3,400 nonsmoking adults die of lung cancer and another 46,000 nonsmokers die from heart disease, all as a result of breathing secondhand smoke.

Here are some of the health benefits of quitting:

- Within 20 minutes: Your heart rate drops.
- Within 12 hours: The carbon monoxide level in your blood is normal.
- Within 2 weeks to 3 months: Your circulation improves, and your lung function returns to normal.
- Within 1 to 9 months: Your coughing and shortness of breath decrease.
- Within 1 year: Your risk of heart disease is about half that of a tobacco user.
- Within 5 years: Your risk of stroke equals that of a non-tobacco user.

How to find the right “quit” program for you

The program that works best for you may be different from the program that works best for someone else.

Your doctor is one of the best resources for finding programs that meet your total health needs. Your doctor can talk about over-the-counter and prescription medications available.

The City of Marietta provides up to 12 weeks of Chantix at **NO COST** through the CareHere Health Center. Visit CareHere for more details.

TIP: Studies show that stop-smoking programs that work best are those offered through a facility or doctor and include therapy and social support.



Resources:

City of Marietta CareHere Clinic:
877-423-1330, www.carehere.com

American Lung Association:
800-LUNGUSA, www.quitteinyou.org

Ready To Quit (Georgia):
877-270-STOP, dph.georgia.gov

American Cancer Society:
800-ACS-2345, cancer.org

Retirement Benefits

Defined Benefit Pension Plan (Consolidated Retirement Plan for the Employees of the City of Marietta, Georgia): Full retirement benefits at age 65 or age 55 or more with years of service plus age totaling 80. Early retirement benefits (reduced) at age 55 with at least 10 years of service. Employees hired on or after January 1, 2009, must serve a minimum of 10 years to vest in this plan. All others hired before January 1, 2009, had to serve 5 or 7 years and are already vested if still actively employed. Employees contribute 4% of earnings on a pre-tax basis.

Formula for those hired before January 1, 2009:

Final average earnings (highest three-year earning period divided by 36): _____ x

Credited service up to a maximum of 35 years: _____ x

2.1% multiplier

Normal Benefit = _____

Formula for those hired on or after January 1, 2009:

Final average earnings (highest five-year earning period divided by 60): _____ x

Credited service up to a maximum of 35 years: _____ x

2.1% multiplier

Normal Benefit = _____

More information regarding the City of Marietta Consolidated Retirement Plan here:
<http://www.mariettaga.gov/706/Pensions>

Defined Contribution Pension Plan (Supplemental Pension): In lieu of Social Security, the City contributes 6.13% of pre-tax earnings into a 401(a) pension plan for full-time employees after one year of service and 7.50% upon hire for part-time/temporary/seasonal employees. Funds are vested immediately. Employees save 6.20% of salary that would normally be paid into Social Security.

More information regarding the City of Marietta Supplemental Pension here:
<http://www.mariettaga.gov/768/Retirement-Plan-Documents>

View your employee Supplemental Pension account here:
<https://www.icmarc.org/>

Deferred Compensation Retirement Plan (457 Plan): Employees have the option of contributing up to \$19,000 of pre-tax earnings (\$25,000 if age 50 or more) of pre- or post-tax earnings into a 457(b) retirement plan. Individual Roth IRAs, with limits of \$6,000 (\$7,000 for age 50 or more) are also available for post-tax contributions.

The City of Marietta has two 457(b) providers: ICMA-RC and Nationwide.

More information regarding the City of Marietta 457 plans is here:
<http://www.mariettaga.gov/1181/Deferred-Compensation-Plans>

Education and Leave Benefits

Education Assistance Program: \$2,000 in tuition reimbursement per fiscal year (must reimburse 50% to the City if employee does not maintain employment for one year following last payment).

Sick leave: 10 accrued days per year for full-time employees (1.54 hours per week for general employees, and 2.16 hours per week for firefighters on a 24-hour shift). Four weeks of paid maternity leave authorized to full-time employees who give birth to a child and are eligible for FMLA.

<u>Vacation leave accrual schedule (general employees)</u>	<u>Hours/ Week</u>	<u>Days/ Year</u>
Initial employment to fifth anniversary	1.54	10
Fifth anniversary to tenth anniversary	2.31	15
Tenth anniversary to fifteenth anniversary	2.77	18
Fifteenth anniversary to twentieth anniversary	3.08	20
Twentieth anniversary to twenty-fifth anniversary	3.54	23
Twenty-fifth anniversary to termination	3.85	25

<u>Vacation leave accrual schedule (fire employees on 24-hr shift)</u>	<u>Hours/ Week</u>	<u>Hours/ Year</u>
Initial employment to fifth anniversary	2.15	112.0
Fifth anniversary to tenth anniversary	3.23	168.0
Tenth anniversary to fifteenth anniversary	3.88	201.6
Fifteenth anniversary to twentieth anniversary	4.31	224.0
Twentieth anniversary to twenty-fifth anniversary	4.95	257.6
Twenty-fifth anniversary to termination	5.38	280.0

Paid City Holidays

1. New Year's Day—January 1
2. Martin Luther King's Birthday—Third Monday in January
3. Spring Day—Friday before Easter
4. Memorial Day—Last Monday in May
5. Independence Day—July 4 (Observed on Friday, July 3)
6. Labor Day—First Monday in September
7. Thanksgiving Day—Fourth Thursday in November
8. Day after Thanksgiving—Friday after Thanksgiving
9. Christmas Eve—December 24
10. Christmas Day—December 25

Military Leave: 18 working days per federal fiscal year (October 1 to September 30) for general employees, and 9 shifts or 216 hours for firefighters who work a 24-hour shift.

Court Leave: Employees receive full pay when called to jury duty or subpoenaed as a witness.

Funeral Leave: Employees allowed up to five workdays (56 hours for 24-hour shift fire personnel) per calendar year in the event of a death in their family.

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice for Active Employees and Covered Dependents from the City of Marietta About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of Marietta has determined that the prescription drug coverage offered by the Anthem BCBS plan, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current City of Marietta benefits will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the City of Marietta's benefit plan during an open enrollment period under the City of Marietta's benefit plan.

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

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 800-MEDICARE (800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2020, to December 31, 2020

Name of Entity/Sender: City of *Marietta*

Contact Person: Benefits Division (Elizabeth Jacobs)

Disclosure Notice - CHIP

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

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

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

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

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

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawki Phone: 800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 800-852-3345 ext. 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710

LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: https://Medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 800-862-4840	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 800-699-9075
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI_PP Phone: 800-694-3084	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthisurancepremiumpaymenthippprogram/index.htm Phone: 800-692-7462
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)
NEVADA – Medicaid Medicaid Website: https://dhcnp.nv.gov Medicaid Phone: 800-992-0900	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/ Phone: 800-562-3022 ext. 15473
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800-362-3002
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 800-250-8427	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

Disclosure Notice – Continued

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependent eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

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

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling NFP.

What can the NFP Service Center provide for you?

Order ID Cards: NFP can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: NFP can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. NFP can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. NFP can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our service center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: NFP can assist you with questions regarding deductibles, copayments, and coinsurance. NFP can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. NFP work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: NFP can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center Representative is available to help.

Confirmation Statements: NFP can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The NFP Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. NFP has an after-hours voice mailbox and your call will be returned the next business day.

800-994-7429

NFPsecustomerservice@nfp.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	NFP	www.nfp.com	800-994-7429
Medical Benefits	Anthem BCBS	www.anthem.com	855-397-9267
Medicare Advantage	Anthem BCBS	www.anthem.com	855-397-9267
Dental Benefits	Anthem BCBS	www.anthem.com	877-604-2158
Vision Benefits	Avesis	www.avesis.com	800-828-9341
Pharmacy Benefits	PharmAvail	www.pharmavail.com	800-933-3734
Mail Order Prescriptions	MedVantx	www.MedVantxRx.com	866-744-0621
Life and AD&D Insurance	Lincoln	www.lfg.com	800-423-2765
Disability	Lincoln	www.lfg.com	800-423-2765
Flexible Spending Accounts	TASC	www.tasconline.com	800-422-4661
Critical Illness and Accident	Aflac	https://aflacgroupinsurance.com/customer-service/	800-433-3036
Legal	ARAG	www.araglegalcenter.com	800-247-4184
Defined Benefit Pension Plans	City of Marietta	https://www.mariettaga.gov/768/Retirement-Plan-Documents	770-794-5562, option 3
401(a) Supplemental Pension Plan	ICMA-RC	https://www.icmarc.org/	800-669-7400
457 Deferred Compensation Plan	Nationwide	https://www.nrsforu.com/	877-677-3678
457 Deferred Compensation Plan	ICMA-RC	https://www.icmarc.org/	800-669-7400
Employee Health Clinic	CareHere	www.carehere.com	877-423-1330
Employee Assistance Program	FEI	https://www.feieap.com (username: marietta)	800-638-3327



NFP.com
800-994-7429