2019 BENEFITS GUIDE

October 1, 2019 - September 30, 2020

This document is an outline of the coverage proposed by the carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Your full Summary Plan Document (SPD) is made available through your Human Resources Department.
The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice.

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****If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 33-34 for more details.**

Customer Service and Contact Information

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

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

Your Gallagher Benefit Services Team:

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

City of Taylor Contacts:

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

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

Benefits Guide Information

Who is Eligible?

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

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

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

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

When Coverage Begins

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

Annual Open Enrollment – Annual Open Enrollment is Aug 13th - Aug 30th 2019. Coverage takes effect on October 1, 2019. Open enrollment is the only time you may enroll in coverage without the occurrence of a qualifying event.

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

Waiving Coverage

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

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

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

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

When Coverage Ends

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

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

Making Changes to coverage

Once you enroll, these choices remain in effect through September 30, 2020. You may only make changes during the year if you have one of the following qualifying events:

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

Premium Deduction Errors

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

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

Benefits Guide Information

Benefits ID Cards

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

Calendar Year Deductible and Out-of-Pocket Maximum:

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

Primary Care Physicians/Specialty Physician Referrals:

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

Dependent Age Limitation:

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

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

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

Benefit Overview

The City of Taylor provides several categories of benefits from which employees may choose to participate. The plans are in effect October 1, 2019 to September 30, 2020.

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

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

Where to go for care

Care Center	Why would I use this care center?	What are examples of conditions that can be treated?	What are the cost and time considerations?
Doctor's Office	• You need routine care or treatment for a current health issue. • Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medication and can recommend a specialist, if necessary. • Referral to a specialist is not needed.	• Routine checkups • Immunizations • Manage your general health	• Normally requires an appointment • Little wait time with scheduled appointment • Requires a copayment
Convenience Care Clinic	• You cannot get into your doctor's office, but your condition is not urgent or an emergency. • Convenience care clinics are located within pharmacies or grocery stores offering services for minor health conditions. • Staffed by nurse practitioners and/or physician assistants.	• Common infections (i.e. strep throat) • Minor skin conditions (i.e. poison ivy) • Flu shots • Pregnancy tests • Minor cuts • Ear aches	• Walk-in patients welcome with no appointment necessary, but wait times can vary • Requires a copayment
Urgent Care Center	• You need care quickly, but it is not an emergency and your primary physician may not be available. • Urgent care centers offer treatment for non-life threatening injuries or illnesses. • Staffed by qualified physicians.	• Sprains • Strains • Minor broken bones • Minor infections • Minor burns • Stiches	• Walk-in patients welcome, but waiting periods could be longer as patients with more urgent needs will be treated first • Requires a copayment
Emergency Room (ER)	• You need immediate treatment of a very serious or critical condition. • The ER is for treatment of life threatening or very serious conditions that require immediate medical attention. • Do not ignore an emergency situation. If a situation seems life threatening, take action. Call 911 or your local emergency number right away.	• Heavy bleeding • Large or open wounds • Sudden change in vision • Chest pains • Major broken bones • Major burns • Spinal injuries • Severe head injury • Difficulty breathing	• Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first • Requires Deductible/Coinsurance & a copayment

Medical Plan Chart-Base Plan

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

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

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

Medical Plan Chart-Buy Up Plan

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

S&W Buy Up Plan Medical Benefits	In-Network	Out-of-Network
Annual Deductible Co-pays do not accumulate	$1,500 Individual $3,000 Family	$4,500 Individual $9,000 Family
Annual Out-of-pocket Maximum Includes deductible, co-insurance and co-pays	$5,000 Individual $10,000 Family	$15,000 individual $30,000 family
Co-insurance In-network benefit	80%	50%
Hospital Services - Inpatient	80% after deductible	50% after deductible
Emergency Room Treatment (Emergency Situation) Facility Physician	$250 Copay + 80% of Charges 80% after deductible	$250 Copay + 80% of Charges 80% after deductible
Urgent Care Center Services Additional services/supplies may incur additional fees	$75 Copay	$75 Copay
Physician Visits Primary Care Physician Specialist	$25 Copay $50 Copay	50% after deductible 50% after deductible
Preventive Care Physician's Services Preventive Testing	100%	50% after deductible
Office & Outpatient Surgery	80% after deductible	50% after deductible
Diagnostic Lab and X-Ray - Outpatient	100%	50% after deductible
Major Diagnostic (CT, PET, MRI, MRA and Nuclear Medicine)	80% after deductible	50% after deductible
Prescription Drug Program * Preferred Generic Preferred Brand Name Non-Preferred Generic or Brand Name Specialty	$8 Copay $35 Copay $70 Copay $200/ $300/ $400	$8 Copay $35 Copay $70 Copay $200/ $300/ $400

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

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

Get the Most from Your Service Experience

Through the Member Portal

At swhp.org, sign up and log in to the Member Portal to get answers to most of your benefits questions.

- View and print ID cards instantly
- View benefits and coverage
- See your claims and Explanations of Benefits (EOBs)
- View your deductible and out-of-pocket accumulator
- Take a wellness assessment
- Set your preferences
- Review Evidence of Coverage and other plan documents
- e-mail customer service through secure messaging

Or on the

MYBSWHealth App

All of the same information from the portal is available on your phone. Plus, you can access MyChart to track your appointments and results with Baylor Scott & White providers. To log in, use the same user name and password you set up for the Member Portal.

Find a network provider.

Choose from a broad range of in-network providers by using the provider search tool at https://portal.swhp.org/#/search. It's usually a good idea to set up an appointment with your provider to get acquainted, at your convenience. With our provider search tool, you can:

- Search by name and/or specialty
- Determine providers' distance from your ZIP code

In our HMO network, members can visit any network provider without first going to a PCP for a referral. This model is called "open access."

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Information Found
on Your Member ID Card

1
Your benefits administrator/insurance carrier

2
Your plan type:
HMO, HMO-POS, PPO, HRA, or HSA

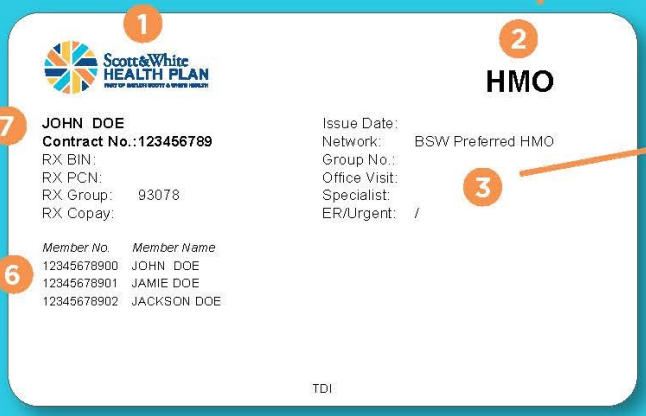
3
Your group number and coverage information

4
Information for providers

5
Claims mailing address and electronic claims submission ID

6
Your member number

7
Your contract number, pharmacy plan number, and pharmacy copay information



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

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

Scott&White HEALTH PLAN

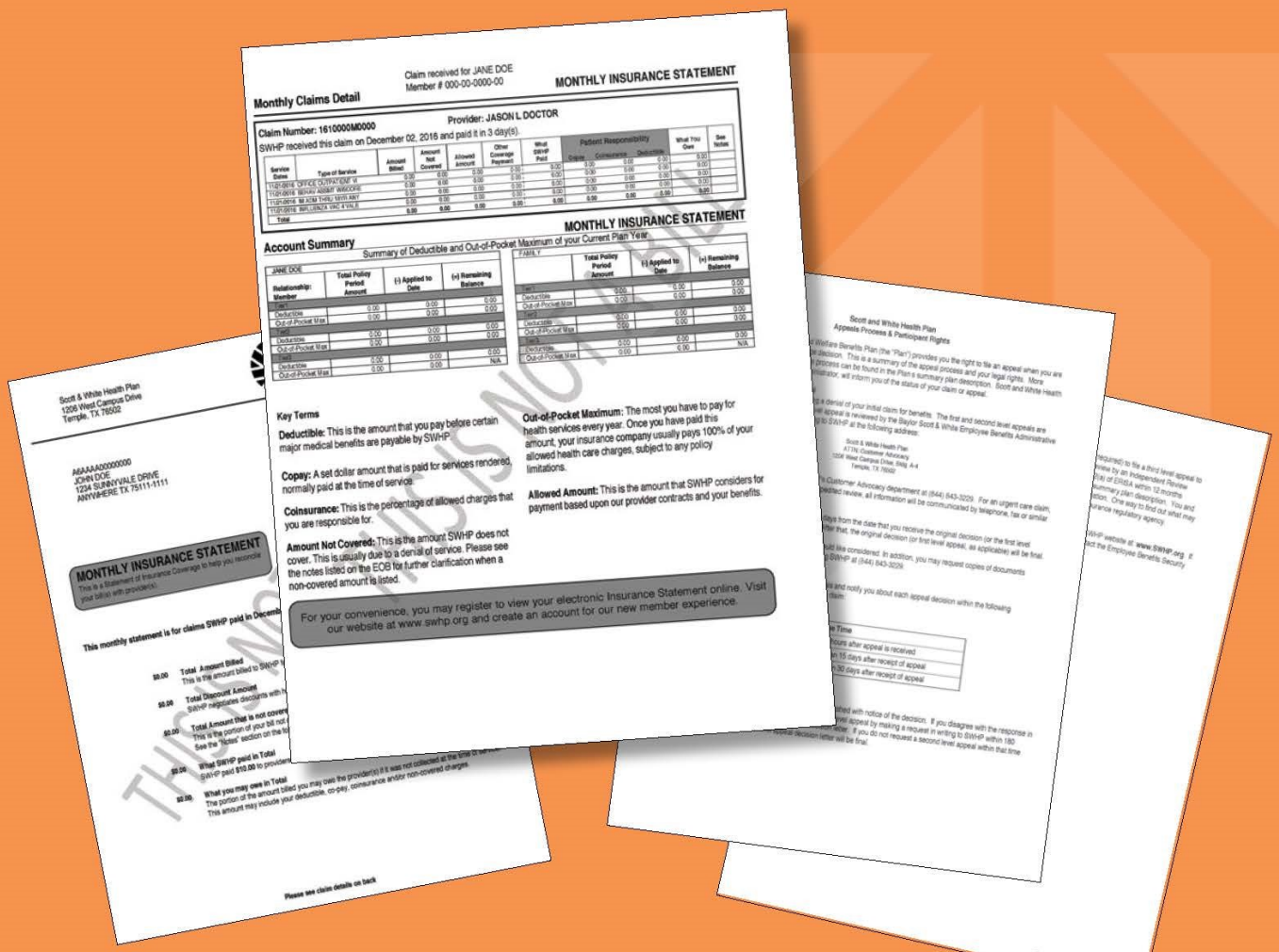
Get Full Claims Detail

with your monthly insurance statement

SWHP makes available through the **Member Portal** an electronic Monthly Insurance Statement, also known as an Explanation of Benefits, to help you manage your claims expenses at a detailed level. The statement provides line-item detail on charges for that month, including what was billed and covered by SWHP. The amount you owe is included in this statement.

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

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



Scott&White HEALTH PLAN

Scott & White Health Plan encourages you to

Get Preventive!

Find providers in our network, manage your accounts with us, and learn what SWHP has to offer at:

swhp.org

Find recommended preventive services for:

- Adults
- Women
- Children
- Pregnant Women

http://www.cdc.gov/prevention/

Create a schedule of vaccines.

Birth to six years
Make a schedule of recommended immunizations for your child from birth through 6 years. Review the schedule with your child's doctor.
http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/

Take an online vaccination quiz.

11 years and older
Take the quiz to see which vaccines you or your child may need.

English:
http://www2a.cdc.gov/nip/adultimmsched/

Spanish:
http://www2a.cdc.gov/nip/adultimmsched/quiz-sp.asp

Scott&White
HEALTH PLAN

Scott & White Health Plan
We fit your life.

Scott & White Health Plan
Covered Preventive Benefits*

Screenings For Adults*

- Blood pressure screening
- Breast cancer mammography — age 35 and older
- Colorectal cancer screening — age 50 and older
- Type 2 diabetes screening
- Depression screening
- HIV screening

Screenings For Newborns, Children, and Adolescents*

- Vision screening
- Hearing screening
- Depression screening for adolescents — 12 - 18 years of age
- Autism screening for children at 18 and 24 months
- Dyslipidemia screening

Immunizations For Adults Over Age 18*

- Tetanus, diptheria, pertussis
- Human papillomavirus (HPV)
- Varicella
- Herpes zoster
- Measles, mumps, and rubella (MMR)
- Influenza (seasonal)
- Pneumococcal polysaccharide
- Hepatitis A
- Hepatitis B
- Meningococcal
- Haemophilus influenza type b

Immunizations For Children Ages 0 through 6 years*

- Hepatitis B
- Rotavirus
- Diptheria, tetanus, pertussis
- Haemophilus influenzae type b conjugate
- Pneumococcal conjugate
- Inactivated poliovirus
- Influenza (seasonal), including H1N1 Influenza
- Measles, mumps, and rubella
- Varicella
- Hepatitis A
- Meningococcal
- Polio
- Any other immunization required by law for the child

Immunizations For Children Ages 7 through 18 years*

- Tetanus
- Human papillomavirus (HPV)
- Meningococcal
- Influenza (seasonal)
- Pneumococcal polysaccharide
- Hepatitis A (HepA)
- Hepatitis B
- Inactivated poliovirus (IPV)
- Measles, mumps, and rubella
- Varicella

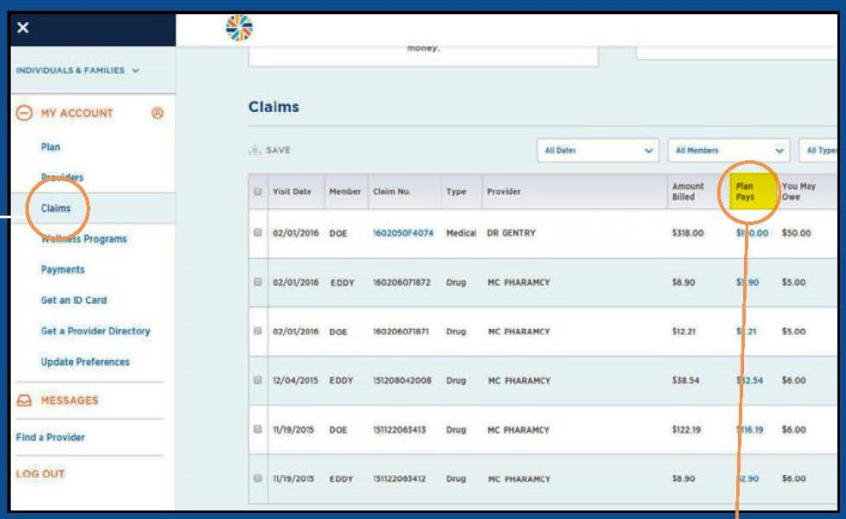
*For a complete listing and description of preventive care services, please refer to your Summary of Benefits or Evidence of Coverage.

Don't Wait for Your EOB

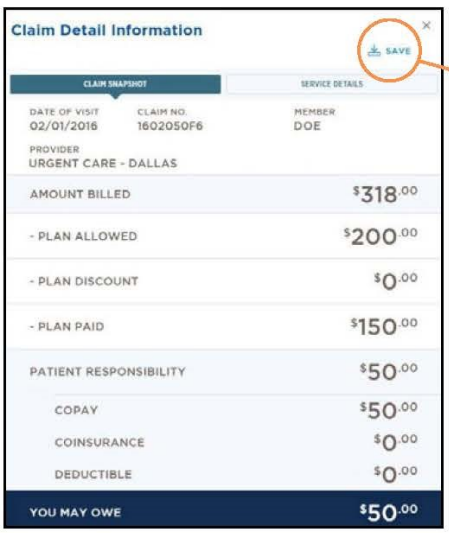
View your claim on the Member Portal

Even if your EOB isn't yet finalized for a particular medical claim, you can still view your claim details in Scott and White Health Plan's Member Portal.

Simply log in to the Member Portal through swhp.org and click on "Claims" from the menu on the left side.



Claim Snapshot



Then click on any amount under **"Plan Pays"** to view the **Claim Snapshot** or **Service Details**. The Claim Snapshot provides key claim information, and Service Details itemizes the claim. Click the **SAVE** icon to create a file that can be printed or saved.

EOBs are added to the Member Portal monthly. Selecting the "Claim No." link for the claim you are interested in will open the EOB if it has been added to the portal.

Scott&White HEALTH PLAN

Dental Plan Summary

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

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

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

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

Vision Plan Summary

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

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

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

Basic Life & AD&D

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

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

Voluntary Life Summary & Rates

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

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

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

$100,000	÷ $10,000 =	10	x	$1.64	=	$16.40	÷ 2 =	$8.20
Elected Benefit Amount				**Rate Above**		**Your Monthly Cost**		**Your Semi Monthly Cost**

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

Long-Term Disability (LTD) Summary

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

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

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

Lincoln Financial Group®

Employee Assistance Program
Alliance Work Partners
www.awpnow.com
Customer Service: 800-343-3822

City of Taylor

Employee Assistance Program (EAP)

Alliance Work Partners is
here for you as life happens.

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

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

All benefits can be accessed by calling:

toll free
1-800-343-3822

TDD
1-800-448-1823

teen line
1-800-334-TEEN (8336)

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

Visit your EAP website at
awpnow.com

and create a customized account.

Go to
https://www.awpnow.com
Select "Access Your Benefits"

Registration Code:
AWP-TAYLOR-2928

Your EAP Benefits:

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

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

WorkLife
Resources and referrals for everyday needs. Available by telephone.

PlanWell
Online tools and resources to help improve your finances and track financial goals.

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

1 to 6 Counseling Sessions
Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters
Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...

AWP-EAP Benefit_2019

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Criteria for Benefits Eligibility

Full Benefits:

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

Assessment & Referral:

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

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

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

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Have You Ever?

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

What is LegalShield?

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

The LegalShield® Membership Includes:

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

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

The IDShield℠ Membership Includes:

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

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

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

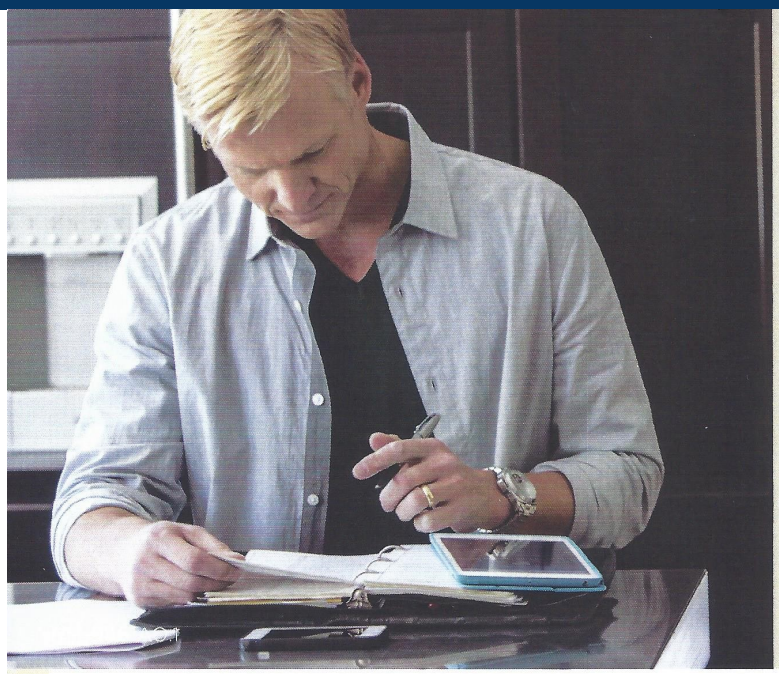
Consultation
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

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

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

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

Jason & Kacy Lavender • 512-740-3322 • jlavender@legalshieldassociate.com •



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

What is 457?

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

Why join a 457 plan?

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

How do you put money in your account?

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

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

What about the risks of investing?

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

How do I get started in a 457 plan?

Contact your Nationwide Retirement Specialist:

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

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

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

Sources: [1]Source: Fidelity Benefits Consulting, 2014.

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

Nationwide®

Aflac Supplemental Insurance Products

Aflac Voluntary Benefits

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

Why Aflac Voluntary Benefits?

Income Protection

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

Increases in Deductibles and Out-of-Pocket Costs

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

High Cost of Critical Illness

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

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

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

Aflac Policies - Summary Descriptions

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

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

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

Aflac Supplemental Insurance Products And Rates

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

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

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

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

AFLAC POLICIES - RATES

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

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

ACCIDENT PLUS RIDER

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

Aflac Supplemental Insurance Rates

SHORT TERM DISABILITY

Elimination Period Accident/Sickness - 0/7 DAYS

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

Elimination Period Accident/Sickness - 14/14 DAYS

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

CRITICAL CARE PROTECTION POLICY

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

HOSPITALIZATION – Initial Cash Benefit Amount = $1,500

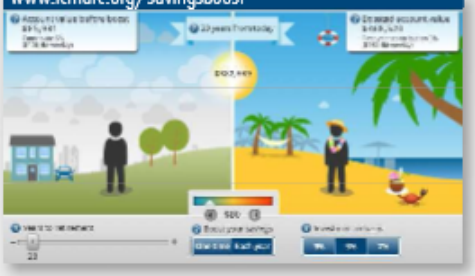
AGE	POLICY COVERAGE	PREMIUM
18-49	INDIVIDUAL	$19.18
50-59		$19.37
60-75		$20.28
18-49	INSURED/SPOUSE	$27.89
50-59		$29.51
60-75		$32.11
18-49	ONE-PARENT FAMILY	$23.79
50-59		$24.05
60-75		$24.31
18-49	TWO-PARENT FAMILY	$28.21
50-59		$29.77
60-75		$32.37

SAVING MORE MATTERS

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

Want to see more examples?

www.icmarc.org/savingsboost



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

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

Want to maximize your tax benefits?

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

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

Want to really customize it?

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

Want to take action?

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

Your ICMA-RC representative can help.

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

AC: 27306-1214-7554-W1262

ICMA-RC
BUILDING PUBLIC SECTOR RETIREMENT SECURITY

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

Employer Cafeteria Plan – Pre-Tax Deductions

What is it?

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

What is the benefit?

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

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

How do I sign up?

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

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

Employee & Family Pool Pass (Seasonal Benefit)

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

Taylor Public Library Card

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

Employee Wellness Program

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

Payroll Deductions Active Employees

S&W Base Medical Plan				
Rate Type	**Scott & White Monthly Premium**	**City Pays Per Month**	**Employee Pays Per Month**	**Employee Pays Semi– Monthly**
Employee Only:	$ 615.11	$615.11	$ 0.00	$ 0.00
Employee + Spouse:	$ 1,187.50	$615.11	$572.39	$286.20
Employee + Child(ren):	$ 898.39	$615.11	$283.28	$141.64
Employee + Family:	$1,442.39	$615.11	$827.28	$413.64
S&W Buy Up Medical Plan				
Rate Type	**Scott & White Monthly Premium**	**City Pays Per Month**	**Employee Pays Per Month**	**Employee Pays Semi-Monthly**
Employee Only:	$ 652.93	$615.11	$ 37.82	$ 18.91
Employee + Spouse:	$1,247.10	$615.11	$631.99	$316.00
Employee + Child(ren):	$ 943.48	$615.11	$328.37	$164.19
Employee + Family:	$1,514.80	$615.11	$899.69	$449.85
Sun Life Financial Dental Plan				
Rate Type	**Sun Life Financial Monthly Premium**	**City Pays Per Month**	**Employee Pays Per Month**	**Employee Pays Semi-Monthly**
Employee Only:	$ 25.85	$25.85	$ 0.00	$ 0.00
Employee + Spouse:	$ 61.23	$25.85	$35.38	$17.69
Employee + Child(ren):	$ 64.61	$25.85	$38.76	$19.38
Employee + Family:	$100.61	$25.85	$74.76	$37.38
Vision Plan				
Rate Type	**Dental Select Monthly Premium**	**City Pays Per Month**	**Employee Pays Per Month**	**Employee Pays Semi-Monthly**
Employee Only:	$ 3.96	$3.96	$0.00	$0.00
Employee + Spouse:	$ 7.52	$3.96	$3.56	$1.78
Employee + Child(ren):	$ 7.92	$3.96	$3.96	$1.98
Employee + Family:	$11.88	$3.96	$7.92	$3.96
Additional Products				
Basic Life AD&D	100% paid by City of Taylor			
Voluntary Life	See Rate Chart on Page 17			
Long-Term Disability (LTD)	100% paid by City of Taylor			

Premium Deduction Errors

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

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

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

Important Information

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

HIPAA Privacy Notice

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

Special Enrollment Notice

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your's or your dependents ' other coverage). However, you must request and complete enrollment within 31 days after yours or your dependents' coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request and complete enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

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

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

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

The Women's Health and Cancer Rights Act

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

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

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

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

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

Newborn Acts Disclosure

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours as applicable. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

Summary of Material Modification/ Reduction

This summary of material modification (SMM) describes changes to the City of Taylor Plan and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is October 1st, 2019. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

CHIPRA Notice

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility

Alabama - Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447	**Iowa** - Medicaid Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
Alaska - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	**Indiana** - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	**Kansas** - Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
Florida - Medicaid Website: https://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	**Kentucky** - Medicaid Website: http://chfs.ky.gov Phone: 1-800-635-2570
Georgia - Medicaid Website: www.medicaid.georgia.gov Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	**Louisiana** - Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
Maine - Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	**Oregon** - Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	**Pennsylvania** - Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipppro-gram/index.htm Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	**Rhode Island** - Medicaid Website: www.eohhs.ri.gov Phone: 855-697-4347
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	**South Carolina** - Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
Nevada - Medicaid Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900	**South Dakota** - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	**West Virginia** - Medicaid Website: http://www.mywvhipp.com/ Phone: 855-MyWVHIPP (855-699-8447)
New Hampshire - Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 800-852-3345, ext 5218	**Utah** - Medicaid and CHIP Medicaid Website: http://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	**Virginia** - Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
Montana - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	**Vermont** - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	**Washington** - Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program Phone: 1-800-562-3022 ext. 15473
North Carolina - Medicaid Website: https://www.dma.ncdhhs.gov/ Phone: 919-855-4100	**Texas** - Medicaid Website: https://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	**Wisconsin** - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	**Wyoming** - Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since **January 31, 2019**, or for more information on special enrollment rights, contact either:

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

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

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

Medicare D Notice

Important Notice from City of Taylor
About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

CMS Form 10182-CC **Updated April 1, 2011**

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

Medicare D Notice

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

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date	October 1, 2019 - September 30, 2020
Name of Entity/Sender	**City of Taylor**
Contact Office	Human Resources Department
Address	400 Porter Street Taylor, TX 76574
Phone Number	512-352-5993

CMS Form 10182-CC **Updated April 1, 2011**

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

Gallagher

Insurance | Risk Management | Consulting