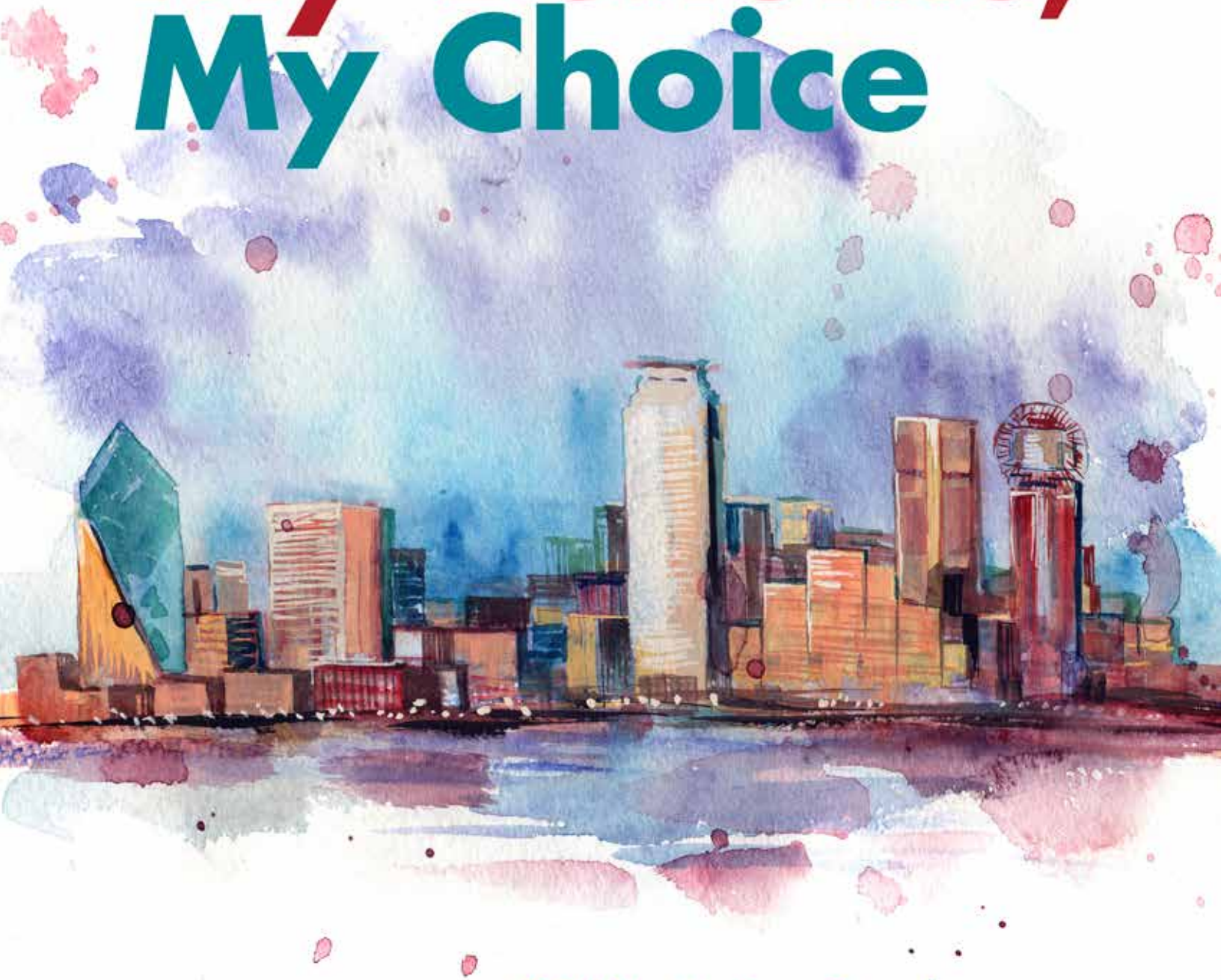
City of Dallas

My Benefits, My Choice



2016 Active Employee Benefits & Enrollment Guide

This guide highlights the main features of many of the benefit plans sponsored by The City of Dallas. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. The City of Dallas reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.

Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBCs), which summarize important information about your City of Dallas UnitedHealthcare medical plan options, are available online at **www.cityofdallasbenefits.org**. A paper copy is also available, free of charge, by calling the Benefits Service Center at 1-855-656-9114or visiting City Hall, Room 1DS, Mon-Fri, 8:15 a.m.-5:15 p.m.

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Important: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 32 and 33 for more details.

Benefits Overview

Our Benefits Program Has You Covered

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he needs an extensive root canal. That's when The City of Dallas's benefits are there to help you.

Our benefits program is designed to provide the coverage you need for all types of things life brings your way. Our program allows you to choose the plans that work best for your own needs — and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

2016 Coverage Costs

For most benefits, The City of Dallas pays the majority of the coverage cost for you. You pay a small portion of the overall cost through payroll deductions.

Full-Time Employees	Bi-Weekly Employee Contributions			
	WellPoint Incentive Earned		WellPoint Incentive NOT Earned	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco
EPO 70/30/$3000 Plan				
Employee Only	$24.50	$34.50	$34.50	$44.50
Employee + Spouse/Domestic Partner	$203.00	$213.00	$213.00	$223.00
Employee + Child(ren)	$62.00	$72.00	$72.00	$82.00
Employee + Family	$257.00	$267.00	$267.00	$277.00
EPO 75/25 HRA				
Employee Only	$37.50	$47.50	$47.50	$57.50
Employee + Spouse/Domestic Partner	$246.50	$256.50	$256.50	$266.50
Employee + Child(ren)	$110.50	$120.50	$120.50	$130.50
Employee + Family	$309.00	$319.00	$319.00	$329.00

Permanent Part-Time Employees	Bi-Weekly Employee Contributions			
	WellPoint Incentive Earned		WellPoint Incentive NOT Earned	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco
EPO 70/30/$3000 Plan				
Employee Only	$56.00	$66.00	$66.00	$76.00
Employee + Spouse/Domestic Partner	$195.00	$205.00	$205.00	$215.00
Employee + Child(ren)	$113.00	$123.00	$123.00	$133.00
Employee + Family	$267.50	$277.50	$277.50	$287.50
EPO 75/25 HRA				
Employee Only	$113.00	$123.00	$123.00	$133.00
Employee + Spouse/Domestic Partner	$328.50	$338.50	$338.50	$348.50
Employee + Child(ren)	$223.00	$233.00	$233.00	$243.00
Employee + Family	$421.00	$431.00	$431.00	$441.00

Dental Plan	Bi-Weekly Rates		
	Dental PPO	Dental HMO	Dental EPO
Employee Only	$12.07	$3.88	$9.01
Employee + Spouse/Domestic Partner	$24.14	$7.15	$16.58
Employee + Child(ren)	$24.62	$7.18	$16.66
Employee + Family	$36.70	$10.10	$23.43

Vision Plan	Bi-Weekly Rates	
	Standard Plan	Buy-Up Plan
Employee Only	$2.40	$2.88
Employee + Spouse/Domestic Partner	$4.38	$5.26
Employee + Child(ren)	$4.60	$5.52
Employee + Family	$7.07	$8.51

Life and AD&D Insurance	Bi-Weekly Rates
Basic Life: Full-Time Employee	No cost to you (paid by The City of Dallas)
Basic Life: Part-Time Employee	$0.50 per pay period
Supplemental Employee Life	See page 22
Dependent Life (Option 1/Option 2)	$1.43/$2.63 per member per pay period
Voluntary AD&D	See page 25

Flexible Spending Accounts	Bi-Weekly Rates
Medical	See pages 17-19
Dependent	See pages 17-19

How to Enroll

To enroll for City of Dallas benefits, log on to Lawson's 24/7 online portal with your network ID and password at **https://hris.dallascityhall.com/lawson/portal**. You can also call the Benefits Service Center at 855-656-9114 or visit City Hall, Room 1DS, Mon-Fri, 8:15 a.m.-5:15 p.m.

(**Note:** You must contact the Benefits Service Center to add a new dependent — you cannot do this online. You will be required to provide supporting documentation, such as a marriage license or a birth certificate, at this time.)

Who Is Eligible

Regardless of your employment classification, if you are intended to work an average of 30 hours or more per week, you are eligible for health benefits from the City of Dallas. If you are not intended to work an average of 30 hours or more per week, you may or may not be eligible for the City's health benefits as a permanent part-time employee.

Variable-Hour Employees

Under the Affordable Care Act, employees who have hours that vary from week to week are referred to as "variable-hour" employees, not full-time or part-time. All variable-hour employees have a 12-month "measurement period" to determine the average number of hours worked per week. If your average is 30 hours per week or more, you'll be eligible for The City of Dallas' health benefits for the 2016 plan year. And if your average is less than 30 hours per week, you won't be eligible for The City of Dallas's health benefits and will need to find other coverage, such as through a spouse, parent, or the Health Insurance Marketplace. The measurement period occurs annually, so your eligibility could change each plan year.

Employees who are intended to work an average of 30 hours a week or more will not have a measurement period. They will be automatically considered benefits-eligible.

Dependent Eligibility

If you are covered by a plan, in most cases, you may also cover your eligible dependents as outlined below:

Type of Eligible Dependent	Required Documentation
Spouse	■ Copy of Marriage License, Copy of Social Security Card, and Date of Birth ■ If Common-Law Marriage applies, please provide copies of two documents showing that you and your spouse have lived together for at least six months: • Lease or deed naming both partners • Joint checking account statement • Utility bills and/or credit accounts • Will and/or life insurance policies
Domestic Partner	■ Copy of Social Security Card, and Date of Birth ■ Copies of two documents showing that you and your partner have lived together for at least six months: • Lease or deed naming both partners • Joint checking account statement • Utility bills and/or credit accounts • Will and/or life insurance policies
Children Child who is married or unmarried, under age 26, and is the biological child, legally adopted child, or stepchild of you and/or your spouse, domestic partner or common-law spouse	■ Copy of Birth Certificate showing you as a parent, or ■ Copy of Adoption Agreement, or ■ Copy of court custody or guardianship documents, or ■ Copy of the portion of the divorce decree showing the dependent, or ■ Copy of Qualified Medical Court Support Order (QMCSO), and ■ Copy of Social Security Card
Grandchildren Grandchild who is married or unmarried, under age 25, and is the biological grandchild of you and/or your spouse, domestic partner, or common-law spouse	

Please make sure the individuals you list as dependents under the plan meet all eligibility requirements. If you're not sure, please visit the Benefits Service Center at City Hall, Room 1DS or call 855-656-9114 for assistance.

When Coverage Begins

Initial Enrollment

You have 30 days from your hire/rehire date (or the date your status changes to benefits-eligible) to enroll yourself and your dependents in benefits. If you enroll on time, coverage begins on your hire date or or retroactively to your status change date, as appropriate.

If you do not enroll within the 30-day timeframe, you will automatically be enrolled in basic life insurance (full-time employees only). You will have to wait until the next annual enrollment to enroll in other benefits and make changes to coverage.

Annual Enrollment

You may also enroll or make changes during annual enrollment, which occurs during the fall each year. Elections made during annual enrollment take effect on January 1.

Making Changes to Coverage

Once you enroll, you can't change your benefit choices (including dropping coverage) until the next annual enrollment period. This is an IRS rule. However, you may make certain changes if you have a qualifying event that affects your benefits — and the event is consistent with your requested change. Typical qualifying events include:

- Marriage
- Divorce, legal separation, or annulment
- Birth, adoption, or legal guardianship of a child
- Death of a spouse/domestic partner or eligible dependent
- A change in the employment status of yourself, your spouse/domestic partner, or a dependent
- A dependent qualifies or no longer qualifies due to age
- Significant cost increases for benefit coverage
- Open enrollment occurs for a spouse's/domestic partner's or a dependent's plan
- Enrollment in or loss of state or federal medical coverage
- Your spouse/domestic partner or dependent makes an election change under another employer's plan
- You move out of your health plan's service area that requires a change in plans

You must notify the Benefits Service Center and provide proof of your qualifying event as soon as possible and before 30 days have passed. If you wait longer than 30 days, you must wait until the next annual enrollment to make a change!

60-Day Special Enrollment Period

In addition to these qualifying events, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Medical Coverage

When it comes to medical coverage, The City of Dallas offers two options through United Healthcare (UHC). You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

- EPO 70/30/$3000 Plan
- EPO 75/25 HRA Plan

About the Plans

Both medical options both provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. Preventive care services are covered at 100%. Under both plans, you choose a network provider each time you need medical care. If you use a non-network provider, you receive no benefits from the plan — you will be responsible for 100% of the cost for all care you receive. The EPO 70/30 offers a separate pharmacy deductible with low bi-weekly rates, but the EPO 75/25 comes with an HRA to help you pay for eligible expenses.

Medical Plan Highlights

Feature	EPO 70/30	EPO 75/25 with HRA
Medical copays	ER only	No
Prescription drug copays	No	No
Deductible	$3,000 single $9,000 family	$2,500 single $5,000 family
City HRA contribution	No	Yes
Provider availability	In-network only	In-network only
Separate Rx deductible	Yes	No

Important Definitions

- **Deductible:** The amount you pay out of pocket for covered services each year before the plan begins paying for certain eligible benefits.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible. It's listed as a percentage.
- **Copay:** A specific dollar amount you pay for certain services, such as office visits. Copays count toward out-of-pocket maximums, but not toward deductibles.
- **Out-of-Pocket Maximum:** The maximum amount you pay out of your own pocket for covered expenses in a calendar year before the plan pays 100% for covered expenses.

Is Your Doctor In the UHC Network?
To find out if your doctor participates in the UHC network, log in to **www.myUHC.com** and click on *Physicians & Facilities*.

Enhanced Benefit Tier

Both medical plans offer an **enhanced facility benefit** that will increase the benefits you receive from your City medical plan when you use certain UHC network facilities.

Just as it does today, when you visit a regular UHC in-network facility for care, the plan pays your facility charges at 70% or 75% coinsurance after you meet your deductible. Starting in January, when you visit a facility that is part of the enhanced benefit tier, the plan pays your facility charges at 90% coinsurance after you meet your deductible! This enhanced benefit applies to facility charges only — all other charges (physician fees, lab services, etc.) are paid at your plan's regular levels.

What Facilities Are In The Enhanced Benefit Tier?

The enhanced benefit tier currently includes 90 Baylor and Methodist facilities all over the DFW metroplex. It includes hospitals, surgical centers, inpatient and outpatient facilities, MRI centers, and even some rehabilitation centers. To view the full list of facilities in the enhanced benefit network, visit **www.myUHC.com** and click on *Physicians & Facilities*.

What Are Facility Charges?

The enhanced benefit applies to facility charges only. Facility charges include costs for running the facility, such as:

- Supplies
- Equipment
- Exam rooms
- Inpatient rooms

Facility charges do NOT include things like:

- Physician fees
- Office visits
- Lab work
- Anesthesiologist
- Prescription drugs and medications

Please remember, the enhanced benefit tier applies ONLY to facility charges.

See the Enhanced Benefit in Action

Here are two examples of how the enhanced facility benefit can help lower your medical bills. **Please note that these are only examples and that the actual cost of your health care services will vary.**

Inpatient Labor and Delivery Example

	70/30 Plan		75/25 Plan	
	Regular In-Network Facility	Enhanced Benefit Network Facility	Regular In-Network Facility	Enhanced Benefit Network Facility
Physician Fees: $2,800				
What you pay after deductible	$840	$840	$700	$700
Anesthesia: $2,500				
What you pay after deductible	$750	$750	$625	$625
Facility Charges: $5,500				
What you pay after deductible	$1,650	**$550**	$1,375	**$550**
Your Total After Deductible	$3,240	**$2,140**	$2,700	**$1,875**
Amount You Save	**$1,100**		**$825**	

Outpatient Knee Arthroscopy Example

	70/30 Plan		75/25 Plan	
	Regular In-Network Facility	Enhanced Benefit Network Facility	Regular In-Network Facility	Enhanced Benefit Network Facility
Physician Fees: $1,500				
What you pay after deductible	$450	$450	$375	$375
Anesthesia: $900				
What you pay after deductible	$270	$270	$225	$225
Facility Charges: $5,800				
What you pay after deductible	$1,740	**$580**	$1,450	**$580**
Your Total After Deductible	$2,460	**$1,300**	$2,050	**$1,180**
Amount You Save	**$1,160**		**$870**	

You could save hundreds — even thousands — on your medical bills when you use a facility in the enhanced benefit tier.

How to Make the Most of the Enhanced Benefit Tier

We encourage you to continue seeing your regular doctor for routine care. When you need additional medical care, consider talking to your doctor about using a Baylor or Methodist facility in the enhanced benefit tier.

Need to Find a Doctor?
If you need to locate an in-network doctor, contact UHC at 1-800-736-1364 or go to **www.myUHC.com** and click on *Physicians & Facilities*.

Benefit Rewards Program

Benefit Rewards is the incentive program for City employees enrolled in a City-sponsored health plan. If you participate in this program, you will save a total of $240 ($10 per paycheck) on the cost of your 2017 medical plan contributions and receive an extra $300 toward your HRA!

To participate in the Benefit Rewards program, you must be enrolled in a City-sponsored medical plan.

To participate in the program and earn big benefit rewards, just earn a minimum of 100 points by August 31, 2016:

1. **Complete an annual physical exam OR a UnitedHealthcare (UHC) disease management program (50 Points).**
   - **Annual physical exam:** An annual physical can help you detect health concerns early, so you can take care of them before they become more serious. To give you a snapshot of your current overall health and assess future risks, your physical exam should include a blood test and measure your:
     - Blood pressure
     - Body mass index (BMI)
     - Fasting LDL cholesterol
     - Fasting glucose (blood sugar)
   - **Disease management programs:** If you have a chronic condition, such as diabetes or certain types of heart disease, the UHC disease management programs are available to help you be at your healthiest. The programs provide education, case-management, and resources to help you manage your condition with confidence. Programs include asthma, diabetes, coronary artery disease, and heart failure.
2. **Take the MyUHC health assessment (25 Points).** The confidential online Health Assessment asks a number of health-related questions to provide personalized feedback about your health — along with detailed recommendations of where you may want to make some changes. Log in to **www.MyUHC.com** to complete your assessment. If this is your first visit to the site, you must create an account before logging in.
3. **Complete five health education activities (5 Points Each).** These activities include watching the City's online benefits videos at **https://cityofdallas.a.guidespark.com**.

Annual Physical Exam Verification

The Annual Physical Exam Verification form is to be used by eligible City of Dallas employees (full- or part-time) who would like to submit verification that they received an annual physical exam as part of their participation in the Benefit Rewards Incentive Program.

Please submit the Annual Physical Exam Verification form to the Benefits Service Center no later than **August 31, 2016**.

Instructions for City of Dallas Employees
Complete Section 2 of the form — including signature — and present the form to your physician at your medical appointment. Instruct the physician to complete the required information.

You must submit the completed from directly to the Benefits Service Center by August 31, 2016, by mail, in person, or via secure fax:

Benefits Service Center
Dallas City Hall
1500 Marilla Street, Room 1DS
Dallas, TX 75201
Phone: (855) 656-9114
Secure Fax: (214) 659-7098
Hours: 8:15 a.m. to 5:15 p.m. (Monday-Friday)

Annual Physical Exam Verification

SECTION 1: BACKGROUND

Dear Physician:

The City of Dallas offers an incentive program called Benefit Rewards. As a Benefit Rewards participant, an employee may receive incentives through maintaining a healthy lifestyle. One of the measures required to participate in Benefit Rewards is the completion of an annual physical exam.

Physician: Please complete Section 3. The employee must return the completed from to the City of Dallas Benefits Service Center upon your completion.

SECTION 2: PATIENT INFORMATION
(Patient: Complete this section. Please print.)

First Name: _____ Last Name: _____

Employee ID: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Age: _____

Signature: _____ Date: ____/____/____

PATIENT: This form must be submitted by August 31, 2016.

SECTION 3: ANNUAL PHYSICAL EXAM VERIFICATION ONLY
Physician: Your signature below confirms that the employee has received an annual physical exam.

Physician
Signature: _____ Date: ____/____/____

Employee Reminders

- The Benefits Service Center has provided multiple delivery options for your results.
- Please mail, fax, or hand-deliver the results to the address provided.
- **Submit all results by August 31, 2016.**

Health Reimbursement Account (HRA)

The EPO 75/25 plan comes with a City-funded Health Reimbursement Account (HRA) to help you pay for out-of-pocket medical expenses, such as deductibles, coinsurance, and prescription drug copays. When you enroll in this plan as a new hire or during open enrollment, The City of Dallas will contribute up to $700 to your HRA for employee-only coverage or up to $1,700 to your HRA for family coverage.

Prorated HRA Funds

Enrollment Month	Employee Only	Employee + Dependents	Enrollment Month	Employee Only	Employee + Dependents
January	$700.00	$1,700.00	July	$350.02	$849.98
February	$641.67	$1,558.33	August	$291.69	$708.31
March	$583.34	$1,416.66	September	$233.36	$566.64
April	$525.01	$1,274.99	October	$175.03	$424.97
May	$466.68	$1,133.32	November	$116.70	$283.30
June	$408.35	$991.65	December	$58.37	$141.63

The amount The City of Dallas contributes to your HRA depends on your coverage level, your 2015 WellPoint status, and your enrollment date.

With the HRA, you receive an Optum Bank MasterCard to use for qualified health care expenses. In general, with this card you do not have to file any claims to your account. When you use the card, funds are automatically deducted from your account, and you pay nothing out of your pocket at the time of service.

You should keep all receipts and statements, because you may be required to submit them to UHC to document your expenditures.

Accessing Your HRA Funds

There are three ways to access your HRA funds:

- You may use the Optum Bank MasterCard, which will automatically debit your HRA balance at the point of purchase.
- You can pay out of your pocket and file a claim for reimbursement from your HRA.
- Your provider can submit a claim to UHC and you will be reimbursed automatically from your HRA if funds are available.

HRA Details

- The HRA is only available when you enroll in the EPO 75/25 plan.
- You can use the HRA to help pay for eligible out-of-pocket medical expenses including deductibles, coinsurance amounts, prescription drugs, and other medical services not covered by the plan. HRA funds cannot be used for dental or vision expenses.
- The City of Dallas sets up your HRA for you. When you have an eligible health care expense, just pay with your Optum Bank MasterCard. Funds are automatically deducted from your account.
- The City will contribute up to $700 to your HRA for employee-only coverage or up to $1,700 to your HRA for family coverage! You'll receive an extra $300 contribution if you complete the City's wellness steps. These funds are deposited into your account at the beginning of the year.
- Your HRA doesn't count as taxable income. That means you can cover eligible health care costs with tax-free dollars!
- Your HRA balance rolls over from year to year until you reach a maximum $6,000 HRA balance. There are no "use it or lose it" rules.
- You can have an HRA and a Health Care FSA at the same time. You will use the same Optum Bank MasterCard for both accounts. Eligible expenditures will be deducted from your HRA first.

How the EPO 75/25 Plan and Your HRA Work Together

Step 1: Your HRA Pays for Care
At the beginning of each plan year, The City of Dallas credits money to an HRA set up for you. When you have an eligible medical expense, pay with your Optum Bank MasterCard until your account is empty.

Step 2: You Pay the Remaining Deductible
Once your HRA is empty, you pay 100% of medical expenses until you finish meeting your deductible. Many payments from your HRA and from your own pocket count toward the deductible, so you are already part of the way there!

Step 3: The Plan Pays Some, and You Pay Some
If you have more expenses after your deductible is met, your EPO 75/25 plan pays coinsurance — 75% of the cost for in-network care. Your share is the difference — 25% — until you reach your out-of-pocket maximum.

Step 4: The Plan Pays the Rest
After you reach your out-of-pocket maximum for the year, your EPO 75/25 plan pays 100% of eligible in-network charges.

See the HRA in Action

Jesse has employee-only coverage under the EPO 75/25 plan. At the beginning of the new plan year, The City of Dallas contributes $700 to Jesse's HRA that he can use for eligible medical and pharmacy expenses. These payments also count toward his in-network individual deductible of $2,500.

Jesse suffers a heart attack early in the year and uses in-network services for his care. In this example, Jesse is left with $0 in his HRA account at the end of the year. However, because he used in-network doctors and services, his out-of-pocket expenses were limited to his annual out-of-pocket maximum.

Services	Payments
Ambulance	
Billed Amount:	$200
Jesse Owes:	The full $200 since he has not met his deductible
Jesse Pays:	$200 out of the HRA funds provided by the City, leaving an HRA balance of $500 ($700—$200)
The City's Plan Pays:	$0
Surgery and Inpatient Hospital Stay	
Billed Amount:	$75,000
Jesse Owes:	$2,300 remaining on his deductible and 25% of the remaining charges
Jesse Pays:	$500 out of his HRA, leaving a $0 balance in the HRA and $5,650 out of pocket. Even though 25% of the charges is much more than $5,650, Jesse has reached his annual out-of-pocket maximum of $6,350 ($6,150 total to hospital + $200 previously paid for ambulance = $6,350 total)
The City's Plan Pays:	$68,650
Follow-Up Visits (5)	
Billed Amount:	$500 (in-network contracted price of $100 per visit paid to the UHC provider)
Jesse Owes:	$0 because he has met his out-of-pocket maximum
The City's Plan Pays:	$500

Medical Plan Comparison: What You Pay

Plan Feature	EPO 70/30/$3000	EPO 75/25 with HRA
	In-Network Only	In-Network Only
Total Deductible	$3,000 single $9,000 family	$2,500 single $5,000 family
City HRA Contribution	N/A	$1,000 single/$2,000 family with wellness $700 single/$1,700 family without wellness
Out-of-Pocket Maximum (Includes pharmacy)	$6,350 single $12,700 family	$6,350 single $12,700 family
Office Visits	30% after deductible	25% after deductible
X-ray and Lab Work	30% after deductible	25% after deductible
Preventive Care	Covered at 100%	Covered at 100%
Emergency Room	You pay $100 copay plus 30% after deductible	25% after deductible
Urgent Care Facility only	30% after deductible	25% after deductible
Inpatient Services	30% after deductible	25% after deductible
Outpatient Services	30% after deductible	25% after deductible
Enhanced facility benefit	10% after deductible	10% after deductible
Prescription Drug coverage	See page 14 for details	See page 14 for details
Prescription Drug Deductible	$750 individual	N/A

Prescription Drug Coverage

If you enroll in one of the City of Dallas medical plans, you will automatically receive prescription drug coverage through CVS/Caremark. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

Medications taken for temporary conditions can be filled at network pharmacies. You may receive up to a 31-day supply of medication through this program.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis (maintenance medications). When you use the mail order program, you typically receive a 3-month supply of medication. Your medications are mailed directly to your home.

To sign up for the mail order program, call *FastStart* at 800-875-0867 or register online:

- Log in to **www.caremark.com**
- Select *Start a New Prescription*
- Click on *FastStart*

Generic Step Therapy

For certain high-cost prescription drugs, you may need to try two alternative, generic medications first before "stepping up" to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

Dispense As Written Penalty

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money! They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.

Specialty Drug Formulary Prescriptions

Certain specialty drug formulary prescriptions — medications used to treat complex conditions like cancer, multiple sclerosis, and autoimmune disorders — must be filled with a drug on CVS/Caremark's approved list. If you choose to fill your prescription with a drug on the "excluded" list, you will be required to pay the full cost of that drug.

What You Pay

	EPO 70/30	EPO 75/25 with HRA
Annual Prescription Drug Deductible	$750 Individual	N/A
Retail (31-day supply)		
Generic	10% ($10 minimum)	10%
Preferred Brand-Name	25% ($25 minimum)	25%
Non-Preferred Brand-Name	40% ($40 minimum)	40%
Mail Order (90-day supply)		
Generic	10% ($10 minimum)	10%
Preferred Brand-Name	25% ($25 minimum)	25%
Non-Preferred Brand-Name	40% ($40 minimum)	40%

Dental Plan

The City of Dallas offers three dental plans through UnitedHealthcare (UHC):

- **Dental PPO**, which allows you to select the provider of your choice
- **Dental HMO**, which offers copays and provides in-network benefits only
- **Dental EPO**, which allows you to select the provider of your choice and offers copays

All three plans provide you and your family with coverage for typical dental expenses, such as cleanings, X-rays, and fillings, and two plans cover orthodontia as well.

Dental Plan Highlights: What You Pay

Plan Features	Dental PPO		Dental HMO	Dental EPO
	In-Network	Out-of-Network	In-Network Only	In- and Out-of-Network
Calendar Year Deductible				
Individual	$50		$0	$50
Family	$150		$0	$150
Maximum				
Calendar Year	$1,000 per person		$0	$1,250 Dental Services $1,500 Orthodontic Services 12-month waiting period for Orthodontic Services
Waiting Period	12-month waiting period for major services		No waiting period for major services	No waiting period for Major Services
Visits and Exams				
Office Visit	You pay 0%	You pay any charges in excess of allowed amount*	$5	Copays vary by service according to patient charge schedule*
Oral Exam			$0	
X-rays			$0	
Basic Services				
Fillings General Services Space Maintainers	You pay 20%	You pay 20% and any charges in excess of allowed amount*	Copays vary by service according to patient charge schedule*	Copays vary by service according to patient charge schedule*
Major Services				
Crowns Dentures/Bridges	You pay 50%	You pay 50% and any charges in excess of allowed amount*	Copays vary by service according to patient charge schedule*	Copays vary by service according to patient charge schedule*
Orthodontic Services				
Orthodontia	Not covered	Not covered	Copays vary by service according to patient charge schedule* Adult and children orthodontia No waiting period	Copays vary by service according to patient charge schedule* Children only (up to age 19)

*The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.

Vision Plan

The City of Dallas offers two vision plans through UnitedHealthcare. The plans cover services like eye exams, lenses, frames, and contact lenses. The Buy-Up plan also covers more glasses lens options, as well as out-of-network laser surgery. Both plans offer in- and out-of-network benefits, but you'll save money when you visit an in-network provider.

Vision Plan Highlights: What You Pay

	Standard Plan		Buy-Up Plan	
Vision Services	**In-Network**	**Out-of-Network[1]**	**In-Network**	**Out-of-Network[1]**
Comprehensive Exam (every 12 months)	$10 copay	Up to $40	$10 copay	Up to $40
Materials	$25 copay	See Lenses and Frames benefits below	$25 copay	See Lenses and Frames benefits below
Glasses Lenses* (every 12 months) ***Standard*** ▪ Scratch-resistant coating ***Buy-Up*** ▪ Scratch-resistant coating ▪ Polycarbonate lenses ▪ Anti-reflective	$25 copay	Amounts over: $40 single vision $60 bifocal $80 trifocal $80 lenticular	$25 copay	Amounts over: $40 single vision $60 bifocal $80 trifocal $80 lenticular
Frames (every 24 months)	Amounts over $130	Amounts over $45	Amounts over $130	Amounts over $45
Contact Lenses** (every 12 months) Fitting/evaluation Contacts Two follow-up visits (after $25 copay)	Covered-in-full selection or amounts over $105	Amounts over: $105 elective $210 necessary	Covered-in-full selection or amounts over $105	Amounts over: $105 elective $210 necessary
Laser Vision***	N/A	N/A	N/A	Lifetime maximum reimbursement of $500

[1] Out-of-Network Reimbursement: Receipts for service and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipt must be submitted within 12 months of date of service to the following address: UHC Vision, ATTN: Claims Dept., P.O. Box 30978, Salt Lake City, UT 84130.

* Benefits available every 12 to 24 months (depending on the benefit frequency), based on last date of service.

** Your $105 Contact Lens allowance is applied to the fitting/evaluation fees and the purchase of the contact lenses. For example, if the fitting/evaluation fee is $30, you will have $75 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to four boxes of disposable contacts (depending on prescription). This benefit is covered in lieu of eyeglasses when obtained from a network provider. Toric, gas permeable and bifocal contacts are all examples that are outside our covered-in-full selection.

***UHC has partnered with Laser Vision Network of America (LVNA) to provide members with access to discounted laser correction providers at UHClasik.com or (888) 563-4497.

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to put some cash "in reserve" for certain health care and dependent care expenses. If you enroll, you choose an amount to be deducted from your paycheck over 24 pay periods and deposited into your FSA. Then, after you pay an eligible expense, you are reimbursed with the dollars from that account.

Overview of Accounts

Your contributions to the accounts are deducted from your bi-weekly paychecks **before taxes are withheld**, so you are paying for eligible expenses with tax-free dollars! The City of Dallas offers two different FSAs:

The **Employee Medical Spending FSA** is for eligible health care expenses for you and your dependents. If you decide to participate, you must follow the deposit amount guidelines outlined on the next page. Per the IRS, you generally cannot participate in our Health Care FSA if your spouse/domestic partner is enrolled in a Health Savings Account.

The **Dependent Care FSA** is for dependent day care expenses and may be used for:

- Children under age 13
- Any child who is physically or mentally incapable of self-care
- An elderly parent who is dependent upon you for support and needs care while you are at work

	Employee Medical Spending FSA	Dependent Care FSA
What It's For	Eligible medical, dental, and vision expenses	Dependent day care expenses
Maximum Deposit	$2,500 annually	Single, head-of-household, or married filing jointly: $5,000 annually Married, filing separately: $2,500 annually
Accumulation of Funds	Your account is credited with your annual deposit amount at the beginning of each participation period	Money must be accumulated in the account before withdrawn

How to Use Your Funds

There are several ways to use your FSA funds:

- When United Healthcare processes your claim (medical, dental or vision) or CVS Caremark processes your pharmacy claim, the patient responsibility on the claim will "roll over" to the FSA account. As long as there are available funds, you will receive a reimbursement from your FSA account. Please note, if you are also enrolled in the HRA Medical Plan, the medical claim will roll over to your HRA account first and then to your FSA account after your HRA funds have been used.
- Your Medical Spending FSA comes with a convenient Optum Bank MasterCard that allows you to pay for eligible expenses anywhere that MasterCard is accepted.
- All other eligible expenses would require you to file claims for reimbursements. However, you can sign up for Direct Deposit using the *Account Settings* on **www.myuhc.com**. This allows your FSA reimbursements to be automatically deposited into your savings or checking account.

Cost Savings Example

Myth: "I can't afford to put money in an FSA"

Truth: You may believe you can't afford to use an FSA because you think it will drain your paycheck. But if you have dependent care expenses, such as day care, preschool school, or day camps, your spendable pay takes an even bigger hit when you *don't* use the account. Instead, consider setting aside tax-free money in a Dependent Care FSA, which lowers your taxable income and stretches your take-home pay!

Here is an example of how the account allows you to keep more of your paycheck when you have dependent care expenses. The example assumes you are single, you earn $30,000 per year, and you have $4,800 in annual day care expenses.
Note: This is only an example. Your actual savings may be different based on your individual situation.

Contribute to the Account		Do NOT Contribute to the Account	
Your Annual Salary	$ 30,000	Your Annual Salary	$ 30,000
Pre-Tax Day Care Deduction	-$ 4,800	Less Taxes*	-$ 7,350
Taxable Pay	$ 25,200	Take-Home Pay	$ 22,650
Less Taxes*	-$ 6,174	Annual Day Care Expenses	-$ 4,800
Spendable Pay	$ 19,026	Spendable Pay	$ 17,850
*Assumes 24.5% federal tax bracket		*Assumes 24.5% federal tax bracket	

Money Saved: $1,176 per year!

FSA Details

- Visit **www.myuhc.com** for a complete list of eligible expenses. And while you're there, you can also set up direct deposit of your reimbursement checks into your bank account.
- The Health Care FSA and the Dependent Care FSA are separate accounts — you cannot transfer funds between the two accounts.
- You should keep all receipts and statements, because you may be required to submit them to UHC to document your expenditures.
- You can have a Health Care FSA and an HRA at the same time. You will receive one Optum Bank MasterCard for both accounts.

Mapping Out Your Flexible Spending Account

If you choose to participate in an account, use this worksheet as a guide to estimate your annual deposit.

Eligible Health Care Expenses	Estimated Expenses
Copays (doctor visits, prescriptions, vision)	$
Medical, dental deductibles	$
Out-of-pocket hospital expenses	$
Out-of-pocket physician expenses (e.g., lab work)	$
Out-of-pocket dental expenses	$
Out-of-pocket vision and eye care expenses	$
Eligible over-the-counter medication expenses	$
Other eligible health care expenses	$
	$
Annual Total	$
(Divide by 24)*	÷ 24
Bi-Weekly Contribution	$

Eligible Dependent Care Expenses	Estimated Expenses
Weekly Expenses	$
Number of Weeks	
Annual Total	$
(Divide by 24)*	÷ 24
Bi-Weekly Contribution	$

*If you join the City of Dallas during the plan year, divide your annual total by the number of pay periods remaining through the end of the year.

Most over-the-counter medications require a doctor's prescription to be considered eligible expenses. Keep this in mind as you plan out your Health Care FSA contribution!

Concentra Worksite Clinic

Concentra TotalCare Health and Wellness Center is the onsite medical clinic located at Dallas City Hall. TotalCare offers select preventive and diagnostic services to employees and dependents (age 5 and older) covered by the city's health plan at no cost. Employees who are not enrolled in City of Dallas medical plans can also receive treatment at a nominal cost.

Onsite Clinic Services for Employees Enrolled in City of Dallas Medical Plans		
Visit Description	**EPO 75/25 HRA Plan**	**EPO 70/30/$3,000 Plan**
Preventive Care Services ■ Services provided at onsite clinic ■ Lab services that are sent out to LabCorp will be processed according to your medical plan benefits.	■ No cost to employees or dependents ■ Paid at 100%	■ No cost to employees or dependents ■ Paid at 100%
Injury or Illness Care: **Diagnostic Services** ■ Services provided at onsite clinic ■ Lab services that are sent out to LabCorp will be processed according to your medical plan benefits.	■ No cost to employees or dependents ■ Services are subject to 25% coinsurance after $2,500 deductible is met; HRA fund will be used if still available	■ No cost to employees or dependents ■ Services are subject to 30% coinsurance after $3,000 deductible is met

Concentra TotalCare Health and Wellness Center

1500 Marilla Street	Hours : 7:30 a.m. - 5:30 p.m. (M-F)
Room 1CS	Phone: (214) 671-9140
Dallas, TX 75201	Fax: (214) 749-0412

Concentra/City of Dallas Employee Discount Program

The Concentra/City of Dallas Employee Discount Program allows City employees covered by the City's health insurance to visit any Concentra Urgent Care Center in the greater Dallas area and receive unmatched medical service at an unmatched price. City employees and retirees covered by City Self-Insured health plan may continue to use Concentra TotalCare Health and Wellness Center in City Hall and pay nothing for most services, which include treatment for common injuries and illnesses such as sprains, cuts, flu and upper respiratory infection. Employees not covered by the City's health insurance will continue to pay a copay of just $25 for the same services at the City Hall location.

If You Are	Concentra (Dallas City Hall)	Concentra (DFW Metro-plex)
Active Employee Covered by City Health Plan	Cost: $0	Cost: $25*/$35**
Active Employee NOT Covered by City Health Plan	Cost: $25	Not eligible for discount

Please note: You may incur additional charges for services as lab work and X-rays during your clinic visit.

* Copay for 75/25 HRA Plan Enrollees
** Copay for 70/30/$3,000 Plan Enrollees

Clinic Locations

Choose from several locations throughout the DFW Metroplex			
Addison 15810 Midway Rd. Addison, TX 75001 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 8:00 a.m. - 5:00 p.m. (Sat) Phone: (972) 458-8111 Fax: (972) 458-7776	**Arlington North** 2160 E. Lamar Blvd. Arlington, TX 76006 Hours : 8:00 a.m. - 5:00 p.m. (M-F) 9:00 a.m. - 5:00 p.m. (Sat/Sun) Phone: (972) 988-0441 Fax: (972) 641-0054	**Arlington South** 15810 Midway Rd Arlington, TX 76018 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 9:00 a.m. - 5:00 p.m. (Sat/Sun) Phone: (817) 261-5166 Fax: (817) 275-5432	**Burleson** 811 NE Alsbury Blvd. Suite 800 Burleson, TX 76028 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 8:00 a.m. - 5:00 p.m. (Sat) Phone: (817) 293-7311 Fax: (817) 551-1066
Carrollton 1345 Valwood Pkwy., Suite 306 Carrollton, TX 75006 Hours : 8:00 a.m. - 5:00 p.m. (M-F) Phone: (972) 484-6435 Fax: (972) 484-6785	**Fort Worth Forest Park** 2500 West Fwy. (I-30) Suite 100 Fort Worth, TX 76102 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 8:00 a.m. - 5:00 p.m. (Sat) Phone: (817) 882-8700 Fax: (817) 882-8707	**Fort Worth Fossil Creek** 4060 Sandshell Dr. Fort Worth, TX 76137 Hours : 8:00 a.m. - 5:00 p.m. (M-F) Phone: (817) 306-9777 Fax: (817) 306-9780	**Frisco** 8756 Teel Pkwy., Suite 350 Frisco, TX 75034 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 8:00 a.m. - 5:00 p.m. (Sat) 9:00 a.m. - 5:00 p.m. (Sun) Phone: (972) 712-5454 Fax: (972) 712-5442
Garland 1621 S. Jupiter Rd. Suite 101 Garland, TX 75042 Hours : 8:00 a.m. - 5:00 p.m. (M-F) Phone: (214) 340-7555 Fax: (214) 340-3980	**Irving/Las Colinas** 5910 N. MacArthur Blvd.,Suite 133 Irving, TX 75039 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 8:00 a.m. - 5:00 p.m. (Sat) Phone: (972) 554-8494 Fax: (972) 438-4647	**Lewisville** 2403 S. Stemmons Fwy., Suite 100 Lewisville, TX 75067 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 9:00 a.m. - 5:00 p.m. (Sat/Sun) Phone: (972) 829-2999 Fax: (972) 459-7929	**Mesquite** 4928 Samuell Blvd Mesquite, TX 75149 Hours : 8:00 a.m. - 5:00 p.m. (M-F) Phone: (214) 328-1400 Fax: (214) 328-2884
Plano 1300 N. Central Expy Plano, TX 75074 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 8:00 a.m. - 5:00 p.m. (Sat) Phone: (972) 578-2212 Fax: (972) 881-7666	**Redbird** 5520 Westmoreland Rd., Suite 200 Dallas, TX 75237 Hours : 8:00 a.m. - 5:00 p.m. (M-F) Phone: (214) 467-8210 Fax: (214) 467-8192	**Stemmons** 2920 N. Stemmons Fwy. Dallas, TX 75247 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 9:00 a.m. - 5:00 p.m. (Sat/Sun) Phone: (214) 630-2331 Fax: (214) 905-1323	**Upper Greenville** 5601 Greenville Ave. Dallas, TX 75206 Hours : 8:00 a.m. - 8:00 p.m. (M-F) 9:00 a.m. - 5:00 p.m. (Sat/Sun) Phone: (214) 821-6007 Fax: (214) 821-6149

Life Insurance

It's not easy to think about, but what if you suddenly died? Could your family live without your income? Would your family be able to cover the medical expenses associated with a terminal illness or with burial and funeral expenses?

The City of Dallas offers life insurance for you and your family when tough situations arise. This coverage is administered through The Standard.

You must name a beneficiary – the person who will receive the benefits from your basic life insurance in the event of your death – by completing the Beneficiary Designation in the *Life Insurance* section of the City of Dallas Intranet/Internet.

Basic Life Insurance

- Full-time employees receive $50,000 of basic life insurance coverage — the City of Dallas pays the full cost of this coverage for you.
- If you are a part-time employee, you may elect to purchase this coverage — the cost is shared by you and the City of Dallas.

Supplemental Life Insurance

In addition to basic life insurance, you may elect supplemental life insurance for yourself:

- **Option 1:** 1 times your annual earnings, rounded to the next higher multiple of $1,000, if not already of multiple of $1,000. The maximum amount is $500,000.
- **Option 2:** 2 times your annual earnings, rounded to the next higher multiple of $1,000, if not already of multiple of $1,000. The maximum amount is $500,000.
- **Option 3:** 3 times your annual earnings, rounded to the next higher multiple of $1,000, if not already of multiple of $1,000. The maximum amount is $500,000.

Note: You must have basic life insurance to elect supplemental life insurance.

Supplemental Life Insurance Bi-Weekly Rates	
Employee's Age (on last January 1)	Rate (Per $1,000 of total coverage)
<25	$0.0230
25-29	$0.0275
30-34	$0.0370
35-39	$0.0415
40-44	$0.0505
45-49	$0.0875
50-54	$0.1470
55-59	$0.2160
60-64	$0.3130
65-69	$0.5840
70+	$1.0350

Calculating Your Costs

Follow these steps to calculate your supplemental life Insurance coverage cost:

1. Choose the amount of coverage you want. _____
2. Divide the amount in Line 1 by $1,000.
   Line 1 ÷ $1,000 = _____
3. Use the chart to the right to find the cost for your age and enter on Line 3. Your rate = _____
4. Multiply the amount in Line 2 by the amount in Line 3 to find your bi-weekly cost.
   Line 2 x Line 3 = _____

Evidence of Insurability

You may elect to increase your coverage by 1 times your annual earnings during annual enrollment without submitting Evidence of Insurability (EOI). However, EOI is required if:

- You increase coverage by more than 1 times your annual earnings, not to exceed 3 times your annual earnings
- The date you apply is more than 30 days after you become eligible
- You request coverage increases, reinstatement of terminated coverage, or coverage for members eligible but not insured under prior plans

To submit an EOI form, visit: **www.standard.com/mybenefits/mhs_ho.html**. If you have questions, please contact The Standard at (877) 474-4250.

Dependent Life Insurance

You may also buy optional life insurance for your eligible dependents:

- **Option 1:** $15,000 for spouse; $5,000 for children, regardless of the number of eligible dependents covered
- **Option 2:** $25,000 for spouse; $10,000 for children, regardless of the number of eligible dependents covered

Notes

- The amount of coverage for your spouse or children may not exceed 100% of your combined basic and additional life coverage
- Your per-paycheck cost for this coverage is $1.43 per member per pay period for Option 1 or $2.63 per member per pay period for Option 2
- Late applications for dependent life insurance for your spouse are subject to EOI

Age Reductions

Under this plan, your insurance will not be reduced because of your age.

Accelerated Benefits

Under the Accelerated Benefit provision, if you are a full-time employee regularly working at least 40 hours each week, you may be eligible to receive up to 75 percent, or a maximum of $500,000, of your Additional Life insurance coverage if you become terminally ill, have a life expectancy of less than 12 months, and meet other eligibility requirements.

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Voluntary AD&D insurance provides benefits to your beneficiaries in the event of an accidental injury or death.

Employee Coverage

You may elect voluntary AD&D coverage in increments of $25,000, up to a maximum of $250,000. However, amounts above $150,000 cannot exceed 10 times your annual earnings.

Dependent Coverage

If you elect coverage for yourself, you may also elect coverage for your dependents.

- **Spouse/domestic partner only:** 60% of your voluntary AD&D coverage amount.
- **Children only:** 20 percent of your voluntary AD&D coverage amount, up to a maximum of $50,000 per child.
- **Spouse/domestic partner and children:** 50 percent of your voluntary AD&D coverage amount for your spouse/domestic partner and 15 percent of your voluntary AD&D coverage amount for each child. The amount of coverage for your children may not exceed $50,000 per child.

Calculating Your Costs

Use the table below to calculate your Employee Only voluntary AD&D premium:

_____ ÷ $1,000 = _____ x $0.015 = _____

Your amount Elected — Your bi-weekly cost

Use the table below to calculate your **Employee + Dependents** voluntary AD&D premium:

_____ ÷ $1,000 = _____ x $0.0225 = _____

Your amount Elected — Your bi-weekly cost

Voluntary AD&D Insurance Bi-Weekly Rates	
Coverage	**Cost per $1,000 of coverage**
Employee only	$0.015
Employee + dependents	$0.0225 (regardless of the number of dependents covered)

Age Reductions

Under this policy, insurance coverage reduces to 65 percent at age 70, 45 percent at age 75, 30 percent at age 80, and 15 percent at age 85. If you are age 70 or over, ask The Standard at (877) 474-4250 for the amount of coverage available.

401(k) and 457(b) Plans

Everyone wants to be financially secure in retirement. At the City of Dallas, we're here to help by offering you the exceptional opportunity to save for retirement through our 401(k) or 457(b) plan. After all, it's never too early to start saving.

Why Invest?

- **Convenience.** Your contributions are automatically deducted regularly from your paycheck.
- **Tax savings now.** Your pretax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. It could mean more money in your take-home pay versus saving money in a taxable account.
- **Roth contribution option.** You may make after-tax contributions and take any associated earnings tax-free at retirement — as long as the distribution is a qualified one. Please see Frequently Asked Questions About Your Plan for more details.
- **Tax-deferred savings opportunities.** You pay no taxes on any earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.
- **Portability.** You can rollover eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the City.
- **Investment options.** You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

Key Features

- You can contribute up to 99% of your gross annual salary, up to the annual IRS dollar limits.
- You are always 100% vested in your own contributions.
- You decide how you invest your savings by choosing from a large portfolio of investment options.
- You receive account statements and have 24-hour access to your account information.

Enrolling and More Information

If you are ready to enroll or would like more information, log on to Fidelity NetBenefits at **www.fidelity.com/atwork** or call the Fidelity Retirement Representatives at 1-800-343-0860.

Employee Assistance Program

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family. The Employee Assistance Program (EAP) offers assistance and support for all these concerns and more:

- Depression
- Relationship difficulties
- Financial and legal advice
- Parenting and family problems
- Child and elder care support
- Dealing with domestic violence
- Substance abuse and recovery
- Eating disorders

From short-term counseling services and referrals to more extended care, your EAP and behavioral health benefit offer just what you need. To find out more, visit **www.liveandworkwell.com** or call 1-800-586-6875.

Non-Sponsored Voluntary Benefits

The City of Dallas offers you a variety of voluntary benefits. If you enroll, you pay the full cost of coverage. **Please note: The City of Dallas does not sponsor these benefits.**

Please note: These voluntary plans have limitations and exclusions that may affect benefits payable. Pre-existing condition limitations may apply to some voluntary benefit plan levels.

Universal Life Insurance

Because you work hard for your family, it makes sense to be sure they're financially protected. Universal life insurance can help cover funeral expenses, medical expenses, debts, and more in the event of your death. It can also help provide financial security during life-changing events that occur as you age and your needs change. This coverage offers:

- No health questions to increase your current policy, add family members, or apply for the first time
- Fund value that earns competitive interest rates
- A potential source of money for future goals
- Peace of mind that your family will be taken care of

Hospital Confinement Indemnity (Ages 18-75) Bi-Weekly Rates		
Coverage Type	**Option 1**	**Option 2**
Individual	$9.56	$13.39
Insured/Spouse	$13.52	$21.65
One-Parent Family	$12.74	$20.02
Two-Parent Family	$15.21	$24.57

Hospital Confinement Indemnity

No matter how good your major medical insurance is, when you're hospitalized for an injury or illness there will probably be medical expenses and out-of-pocket costs that aren't covered. A hospital confinement indemnity insurance policy provides cash benefits to use as you see fit. The benefits are predetermined and paid regardless of any other insurance you have, and you have a choice of applying for basic to extensive hospitalization insurance. Whether you want a plan that provides hospitalization benefits only, or one that also addresses diagnostic procedures and ambulance transportation, this plan can help.

Accident (Ages 18-70)	
Coverage Type	**Bi-Weekly Rates**
Individual	$13.46
Insured/Spouse	$17.94
One-Parent Family	$20.87
Two-Parent Family	$26.26

Accident Insurance

In the event of an unexpected injury, this plan can help protect your personal finances. This plan provides individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. It pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses will not break the bank if you are injured. It's reassuring to know that an accident insurance policy can be there for you through the many stages of care, from the initial treatment or hospitalization, to follow-up treatments or therapy.

Cancer Care (Ages 18-75)	
Coverage Type	**Bi-Weekly Rates**
Individual	$15.86
Insured/Spouse	$26.98
One-Parent Family	$15.86
Two-Parent Family	$26.98

Cancer Care

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them — physically, emotionally, and financially. Cancer Care insurance policies pay cash benefits upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills — the choice is yours.

Lump Sum Critical Illness

The lump sum critical illness insurance policy can help with the treatment costs of major illnesses and health events. More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills.

Short-Term Disability

Short-term disability insurance pays a percentage of salary if you become temporarily disabled. Generally speaking, short-term disability insurance kicks in when you're unable to work due to an illness or injury. The short-term disability insurance policy provides you up to 60 percent of your pre-disability income for up to six months. Payments from disability insurance can be used for anything you need, like mortgage payments, groceries, car payments, or college tuition.

Long-Term Disability

After a 180-day waiting period, long-term disability insurance pays a percentage of your income (up to 60 percent) if you become temporarily disabled on or off the job. The benefits last until you can return to work or for up to two years. Payments from disability insurance can be used for anything you need, like mortgage payments, groceries, car payments, or college tuition. Whatever your expenses, disability insurance payments can help keep your life on track, even when your health isn't.

Are you interested in lump sum critical illness, short-term disability, or long-term disability insurance? Visit the Benefits Service Center at City Hall, 1DS, or call 855-656-9114 for rates and additional details.

Legal and Identity Theft Protection

This plan gives you the ability to talk to an attorney on any legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

The **Legal Plan membership** includes things like legal advice, sending letters and making calls on your behalf, contract reviews, will preparation, trial defense, and IRS audit assistance.

The **Identity Theft membership** includes credit reports with personal credit score and analysis, 24/7 credit monitoring with activity alerts, and comprehensive identity restoration services by licensed experts.

Bi-Weekly Rates For Employee + Spouse Coverage		
Legal Only	**Identity Theft Only**	**Legal + IDT Combined**
$7.98 per pay period	$6.48 per pay period	$12.95 per pay period

Telemedicine

In the telemedicine plan, Board certified, U.S.-based doctors can resolve many medical issues, 24/7, 365 days a year, through the convenience of phone or video consults. The telemedicine plan doesn't replace your primary care physician, but is a convenient option for quality care when needed. This benefit can be accessed from home, work, on vacation, or while traveling in the U.S. or internationally. You can use the telemedicine benefit as often as needed, and there is no limit on the number of your dependents that can use this service. With a national network of experienced physicians, you don't need to wait for care, and you will always speak with doctors who are licensed in the state you live.

Telemedicine Plan	
Coverage Type	**Bi-Weekly Rates**
Employee (Plus Dependents)	$2.50

Required Notices

Notice of Privacy Practices

Effective Date: April 14, 2003
Revised: August 31, 2015

This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. This notice addresses the changes set forth in the Final HIPAA Omnibus Rule. Please review carefully. The Health and Wellness Organized Health Care Arrangement "OHCA" includes the following plans and wellness program of the City of Dallas:

1. City of Dallas Active Employee Health Benefits Plan;
2. City of Dallas Retiree Health Benefits Plan;
3. City of Dallas Active Employee Prescription Drug Plan;
4. City of Dallas Retiree Prescription Drug Plan;
5. Employee Medical Spending Account that is part of the City of Dallas Cafeteria Plan;
6. City of Dallas Onsite Clinic;
7. City of Dallas Active Employee Vision Benefits Plan;
8. City of Dallas Active Employee Dental Benefits Plan;
9. City of Dallas Retiree Vision Benefits Plan;
10. City of Dallas Retiree Dental Benefits Plan; and
11. City of Dallas Wellness Program.

These plans and program will be working together purposes of healthcare operations, using common systems to provide benefits to you.

Our Privacy Principles

We are required by law to maintain the privacy of your protected health information and to inform you about

- Our practices regarding the use and disclosure of your protected health information
- Your rights with respect to your protected health information
- Our duties with respect to your protected health information
- Your right to file a complaint about the use of your protected health information
- Whom you may contact for additional information about our privacy practices and
- Any breach of your unsecured PHI

This notice explains how we may use and disclose your health information to provide benefits to you and our promise to protect your health information. We understand the importance of maintaining the privacy of this information. We are guided by your rights to make inquiries about how we use or disclose your health information. This notice describes rights according to the Privacy Rule and our legal obligations regarding them. We shall abide by the terms of this notice for all health or medical information retained by the OHCA.

In this notice the terms "we," "our," and "OHCA" are used interchangeably to refer to the separate plans and program listed above as part of the City of Dallas Health and Wellness OHCA. The term "health information" refers to the information about you, your spouse, or your dependent(s) that is used or disclosed to the OHCA concerning your physical or mental health or the medical services you received, your health benefits and payments. Health information includes all identifying information you provide to the any plans or program listed above to enroll for coverage, receive benefits, or participate in a program.

If you have any questions regarding this notice, please contact the Privacy Officer:

Privacy Officer
Call Compliance Hotline:
(855) 345-4022
Email: **hipaacompliance@dallascityhall.com**

How Your Protected Health Information May Be Used or Disclosed

We may access your health information at various times depending on the action required to be completed to your account to maintain your health benefits. We may also document your conversations with the Benefits Division or Wellness Staff. Employees and business associates will have access to view your health information to perform certain activities for the OHCA.

They will be given access to your information to help you with your inquiries related to your plan(s) or program. They may also access your information to perform business or administrative functions for the plan(s) and program. At all times, we take steps to ensure that no use or disclosure is inconsistent with the Privacy Rule. Your health records pertaining to your mental health (e.g. psychotherapy notes), substance or drug abuse, and alcohol abuse histories and information relating to HIV test results are subject to stricter disclosure rules under Texas law. We require your written authorization or that of your authorized representative to release this information when requested.

The City has certified that your health information will not be used for any employment-related actions or decisions or activities that deviate from managing the plans and program listed above. Violations of these rules are subject to disciplinary action. Below, we describe the different ways we may use and disclose your health information and provide examples for the different disclosures.

Treatment

When the plans and program in the OHCA do not provide treatment services, but your health care provider or physician does we (or the third-party plan administrator) may confirm your health benefits to a health care provider. For example, if your physician wishes to determine whether a plan covers a prospective treatment or medication, they may contact a us (or our third-party administrator) for this information.

We may also share your personal information (name, DOB, social security, address or other identifying information) with UnitedHealthcare, or Caremark Pharmacy Services, or other business associates who update the information we have on file for you in the health plans database(s). For example, a business associate may have access to the plans' database(s) to add new or additional subscribers to your plan, to make changes to your benefits elections, or to update your profile information – in an effort to provide the most up-to-date information to facilitate the treatment activities of your health care provider.

To Pay Your Health Insurance Premiums, Health Plan Contributions or Benefits

The plans and program may use and disclose your health information to obtain premiums for the health insurance, to pay for the health care services you receive (claims paid by third-party administrator), to subrogate a claim. For example, we may need to provide your health information to a different insurance company to obtain reimbursement for health care benefits provided under the health plans to you, your spouse, or your dependents. The OHCA may also provide your health information to business associates (e.g. billing companies, claims processing companies) that participate in billing and payment activities for the plans and program in the OHCA.

Plan Operations

We may use and disclose your protected health information for our health care operations activities. This interaction is needed to run the plans more efficiently and provide effective coverage. Health care operation activities could include: administering and reviewing the health plans, underwriting health plan benefits, determining coverage policies, performing business planning, arranging for legal and auditing services, customer service related training activities, or determining plan eligibility criteria, etc. Your information may be shared with business associates that perform a service for the plans and program in the OHCA. Note, however, the health plans will never use genetic PHI for underwriting purposes.

The health plans will only disclose the minimum information necessary with respect to the amount of health information used or disclosed for these purposes. In other words, only information relating to the task being performed will be used or disclosed. Information not required for the task will not be used or disclosed.

The health plans may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To Business Associates

We may share your health information with third-party business associates who perform certain business activities for the health plans. Examples include consultants, attorneys, billing or claims processing companies, interpreters, and auditors. Business associates are required through contract with us and by law to appropriately safeguard your PHI.

The health plans are also allowed to use or disclose your health information without your written authorization as required by law.

Disposal of Protected Health Information

Once we no longer need your protected health information we will either destroy it, return it, or if neither is feasible, we will store it securely and prohibit further uses and disclosures except to the extent use or disclosure is unavoidable.

Other Uses and Disclosures Requiring Your Authorization

We are prohibited from using or disclosing your health information if the use or disclosure is not covered by a situation above. We will ask for your written authorization for other uses or disclosures. If you give us your written authorization to use or disclose your protected health information, you may revoke that permission, in writing, at any time, but not for any actions we have already taken. If you revoke your permission, you must be specific about which entity's permission is being revoked.

Rights You Have Regarding Your Health Information

Right to Inspect and Copy

You have the right to inspect and copy your health information that the Health Plan maintains for enrollment, payment, claims determination, or case or medical management activities, or that the Plan uses to make enrollment, coverage or payment decisions (the "designated record set"). However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. You must submit your request in writing to the Benefits Division. You may be charged a fee for the related costs, such as copying and mailing. If your request to inspect or copy your health information has been denied, you will be notified in writing of your rights of appeal at that time.

Right to Access Electronic Records

You may request access to your electronic health records (usually compiled by health care providers) or electronic copies of your PHI held in a designated record set, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

Right to Amend

If you feel that protected health information held in the official file is incorrect or incomplete, you must submit a written request that the information be amended; you must support the basis for your request. We are not required to grant your request if we do not maintain or did not create the information, or if it is correct. We must respond to your request within 60 days, unless a written notice of a 30-day extension is provided.

Right to an Accounting of Disclosures

You may seek an accounting of certain disclosures by requesting a list of the times we have shared your health information. Your request must be in writing. Your request should indicate in what form you want the list (for example, paper or electronically). The first list you request within a 12-month period will be free. For additional lists, you may be charged for the costs of providing the list. Your will receive a response no later than 60 days from when we receive your request, unless a written notice of a 30-day extension is provided.

Right to Request Restrictions

You may request that we limit the way we use or share your health information. You should submit your request in writing. We will consider your request and respond accordingly. We are not required to agree to the request.

Right to Request Confidential Communications

You may request that we contact you in a certain way or at a certain location, for example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. Due to procedural or system limitations, in some instances, it may not be reasonable to send confidential communications to multiple addresses for persons who reside in the same household or derive coverage through the same individual participant. However, the health plans must accommodate your reasonable request to receive communication of PHI by alternative means or at alternative locations, if you clearly state that the disclosure of all or part of the information through normal processes could endanger you in some way. The Privacy Officer will monitor and manage this process according to protections afforded under applicable law.

Right to Receive Notice of A Breach

You may receive a notice from us regarding the breach of your unsecured health information if you are affected. We will inform you of the action we will take and how you can protect yourself from potential harm.

Receive a Copy of This Notice

You may ask for a paper copy of this notice by calling the Benefits Division at (855) 656-9114. You may also view this notice at the health plans website at **www.cityofdallasbenefits.org.**

Changes to This Notice

We reserve the right to change this notice and will distribute as required. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future. We will post the revised copy on the health plans' websites and distribute information about the update as required by the regulations.

Complaints and Questions

If you have questions regarding your privacy rights, please call the City of Dallas Privacy Officer at (214) 670-7953. If you believe your privacy rights have been violated, you may file a complaint by contacting the City of Dallas Privacy Officer at (214) 670-7953, by calling the Confidential Hotline at (855)-345-4022, by email at **hipaacompliance@dallascityhall.com** or with the Department of Health and Human Services. You will not be penalized for filling a complaint.

Human Resources Department	ATTN: Benefits Service Center 1500 Marilla Street, Room 1D South Dallas, TX 75201-6390 Phone: (855) 656-9114 Fax: (214) 659-7098
Health Plan Representatives	United Healthcare (UHC) EPO Plans (75/25/HRA & 70/30) Phone: (800) 736-1364 Caremark (CVS) - Prescription Services Phone: (855) 465-0023
U. S. Department of Health and Human Services	Centers for Medicare and Medicaid Services Website: www.cms.hhs.gov Phone: (877) 267-2323, Ext. 61565

Important Notice About Your Prescription Drug Coverage & 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 Dallas 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 Dallas has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because 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 are enrolled in the City's EPO health plan; that coverage pays for medical expenses in addition to prescription drug expenses which are included the plan's design. As a retiree, if you decide to join a non-City of Dallas sponsored Medicare drug plan, your current City of Dallas coverage will be affected as you cannot be enrolled in two plans. If you decide to join a Medicare drug plan as a retiree that is not sponsored by the City of Dallas and drop your current City of Dallas coverage, be aware that you and your dependents will not be able to get this coverage back. See pages seven through nine of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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 Dallas 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

Please contact the Benefits Service Center at (855) 656-9114 or send written correspondence to the address listed at the end of this notice.

NOTE: This notice will be provided in each annual enrollment guide and if this coverage through the City of Dallas 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 (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: 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). To receive a copy of this notice, please use the contact information listed below.

Date:	September 2015
Name of Sender:	City of Dallas
Office:	Benefits Service Center
Address:	1500 Marilla Street, 1D-South, Dallas, TX 75201
Phone Number:	(855) 656-9114

COBRA Rights Notice

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

For City of Dallas employees, the right to COBRA continuation coverage is maintained by Title XXII of the Public Health Service Act. COBRA continuation coverage can become available to you and other members of your family when City health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: The COBRA call center (866-747-0048). If you desire to extend your COBRA coverage through a disability extension, you must notify the plan of the disability. Once coverage is elected, payment must be made within 45 days from the date that the enrollment was received. Eligibility will not be updated until payment is made. COBRA participants can review and make changes to plan elections during the annual open enrollment period.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Public Health Service Act, contact the Centers for Medicare & Medicaid Services at 410-786-1565 or online at **www.cms.gov.** For information about your rights under the Patient Protection and Affordable Care Act, visit **www.HealthCare.gov.**

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Date:	September 2015
Name of Sender:	The City of Dallas
Contact/Office:	COBRA Call Center
Address:	1500 Marilla Street, 1D-South, Dallas, TX 75201
Phone Number:	866-747-0048

COBRA Coverage: What You Pay

COBRA EPO 70/30/$3,000 Plan	
(100% employee contribution + 2% admin fee)	
Coverage Level	**Monthly Contribution**
Employee Only	$365.00
Employee + Spouse	$792.00
Employee + Child(ren)	$684.00
Employee + Family	$1,033.00

COBRA EPO 75/25/HRA Plan	
(100% employee contribution + 2% admin fee)	
Coverage Level	**Monthly Contribution**
Employee Only	$531.00
Employee + Spouse	$1,059.00
Employee + Child(ren)	$971.00
Employee + Family	$1,374.00

COBRA Monthly Dental Plan Rates			
Coverage Level	**Dental PPO**	**Dental HMO**	**Dental EPO**
Employee Only	$24.61	$7.92	$18.38
Employee + Spouse	$49.24	$14.58	$33.81
Employee + Child(ren)	$50.21	$14.66	$33.99
Employee + Family	$74.86	$20.60	$47.80

COBRA Monthly Vision Plan Rates		
Coverage Level	**Standard Plan**	**Buy-Up Plan**
Employee Only	$4.89	$5.88
Employee + Spouse	$8.93	$10.73
Employee + Child(ren)	$9.37	$11.26
Employee + Family	$14.42	$17.35

Women's Health Cancer Rights Act (WHCRA) Enrollment Notice

If you have had or plan to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prosthesis, and
- Treatment of physical complications of the mastectomy, including lymphedema

The benefits provided are subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like additional information on WHCRA benefits, call your plan administrator at (800) 736-1364.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Notice of Special Enrollment Rights

If you decline 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 your other coverage (or if the employer stops contributing toward your 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 contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or place for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days following the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact the Benefits Service Center at (855) 656-9114.

60-Day Special Enrollment Period

In addition to the qualifying events mentioned in this guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Wellness Program Disclosure

If it is unreasonably difficult for you to achieve the standards for a reward under the wellness program due to a medical condition, or if it is medically inadvisable for you to attempt to achieve the standards for a program reward, call the Benefits Service Center at (855) 656-9114, and we will work with you to develop another way to qualify for the reward.

Continuation of Health Coverage During Family & Medical Leave (FMLA)

The Family and Medical Leave Act of 1993 (FMLA) requires employers to provide up to a total of 12 weeks of unpaid, job-protected leave during any 12-month period to eligible employees for certain family and medical reasons. This provision is intended to comply with the laws and any pertinent regulations, and its interpretation is governed by them. See the City of Dallas Personnel Rules to find out how this continuation applies to you.

For the duration of FMLA leave, the employer must maintain the employee's health coverage. The employee may continue the plan benefits for himself or herself and his or her dependents on the same terms as if they employee had continued to work. The employee must pay the same contributions toward the cost of the coverage that he or she made while working. If the employee fails to make the payments on a timely basis, the employer, after giving the employee written notice, can end the coverage during the leave if payment is more than 30 days late. Upon return from a FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. The use of a FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Health Insurance Marketplace Notice

Through the Affordable Care Act, Health Insurance Exchanges have been established across the country. Each state had the option to set up a state-based insurance Marketplace that allows individuals and employers to easily compare and evaluate health insurance plans. The state of Texas elected not to implement a state exchange, so the Health Insurance Exchange is run by the Federal government. Enrollment in health coverage on the Marketplace will open in November, with plans effective on January 1, 2016. The Patient Protection and Accountable Care Act requires employers covered by the Fair Labor Standards Act (FLSA) to provide a notice to employees prior to the beginning date of the Exchange.

On the following pages, you will find the Exchange Notice that notifies employees about the exchanges. Please be advised that the City of Dallas plans meet the minimum value required for health plans; therefore, City employees may not be eligible for a subsidy in the exchange. Specifically, the notice is designed to:

- Inform employees about the existence of the Exchange and give a description of the services provided by the Exchange
- Explain how employees may be eligible for a premium tax credit or a cost-sharing reduction if the employer's plan does not meet certain requirements
- Inform employees that if they purchase coverage through the Exchange, they may lose any employer contribution toward the cost of employer-provided coverage, and that all or a portion of this employer contribution may be excludable for federal income tax purposes and
- Include contact information for the Exchange and an explanation of appeal rights. Should you have any questions about your coverage, or to get additional information about this form, please contact the Benefits Service Center at (855) 656-9114.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **the City of Dallas Benefits Service Center at (855) 656-9114**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name City of Dallas	**2. Employer Identification Number (EIN)**	
3. Employer address 1500 Marilla St., 1DS	**4. Employer phone number** 1-855-656-9114	
5. City Dallas	**6. State** Texas	**7. ZIP code** 75201
8. Who can we contact about employee health coverage at this job? The City of Dallas Benefits Service Center		
11. Phone number (if different from above)	**12. E-mail address**	

Here is some basic information about health coverage offered by this employer.

As your employer, we offer a health plan to some employees. Eligible employees are:

- Full-time permanent employees and Permanent part-time employees who are intended to work at least 30 hours per week on average

With respect to dependents, we do offer coverage. Eligible dependents are:

- A spouse, children up to age of 26 years, and grandchildren

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

City of Dallas Publication No. 14-15/88
Additional copies may be obtained from the Benefits Service Center

Important Contacts

Resource	Carrier	Phone Number	Phone/Web Address
City of Dallas HR-Benefits Service Center	N/A	855-656-9114	**www.cityofdallasbenefits.org**
City of Dallas	N/A		**www.dallascityhall.com**
Medical Plan	UnitedHealthcare	Member Services: 800-736-1364 myNurseLine: 800-586-6875	**www.myuhc.com**
Pharmacy Plan	CVS/Caremark	855-465-0023	**www.caremark.com**
Vision Plan	UnitedHealthcare	800-638-3120	**www.myuhcvision.com**
Dental Plan	UnitedHealthcare	Dental HMO: 800-232-0990 Dental PPO and EPO: 877-816-3596	**www.myuhcdental.com**
COBRA	UnitedHealthcare	866-747-0048	**www.uhcservices.com**
Life Insurance	Standard Life	877-474-4250	**www.standard.com**
Employee Assistance Program	OptumHealth	800-586-6875	**www.liveandworkwell.com/public** Access Code: CityofDallas
401(k) and 457 Plans	Fidelity	800-343-0860	**www.mysavingsatwork.com/atwork.htm**
Employee Retirement Fund	N/A	214-580-7700 877-246-1791	**www.dallaserf.org**
Dallas Police and Fire Pension	N/A	800-638-3861	**www.dpfp.org**
Wellness	WellAware	855-656-9114	**http://dallascityhall.com/human_resources/wellaware**
Long-Term Disability	Abacus	Customer Service: 800-643-2212 Disability Claims: 866-590-7448	**www.abacusseries.com**
Hospital Confinement Indemnity Accident Cancer Care Critical Illness Short-Term Disability	Aflac	800-981-6537	**www.aflac.com**
Universal Life	Allstate	800-521-3535	**www.allstatebenefits.com**
Legal Plan Identity Theft	LegalShield	800-654-7757	**www.legalshield.com**
Teladoc	N/A	800-835-2362	**www.teladoc.com**
Benefits Video Library	GuideSpark	N/A	**https://cityofdallas.a.guidespark.com**