Helping You Care for Your Family

CARROLLTON TEXAS

2016 Benefit Highlights

The City offers employees a variety of benefit plans so you and your family can select the options that best meet your health and wellness, quality of life and retirement needs.

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If You are a New Employee

You must enroll in medical, dental and vision coverage, as well as Flexible Spending Accounts, within 30 days of your date of hire. You must provide proof of dependent status such as copy of marriage license or birth certificate. If you do not enroll within the first 30 days of employment you must wait until Open Enrollment or a qualified family status change. Coverage for medical and dental is effective on your date of hire. Vision coverage starts on the 1st of the next month. You will receive your insurance card within 2-4 weeks after your benefit elections are made. If you have a doctor/dentist appointment or need a prescription filled before you receive your card, your provider can verify benefits by calling TML at 800-282-5385 and providing your social security number, date of birth, and our plan number. The Group Plan Number is (76470008) for medical and dental. For prescriptions, Group number is 76470008, the RXGRP number is IEBP, the RXPCN number is 9999, and the RXBIN number is 610494. You must contact Workforce Services to ensure your coverage is effective before your appointment.

You will automatically be enrolled in Basic Life Insurance, AD&D, Long-Term Disability and the Employee Assistance Program, as these benefits are fully funded by the City on your behalf. If you would like to enroll in Supplemental Life Insurance for yourself, spouse, or child you must do so within the first 30 days of your employment or your election will be subject to medical underwriting and will require approval from The Standard. You must have supplemental insurance in effect for yourself in order to elect supplemental insurance for a spouse or child.

If You are a Current Employee

If you would like to elect medical, dental or vision coverage, or either of the Flexible Spending Accounts, you can elect coverage during the annual Open Enrollment period or within 30 days of a Qualified Family Status Change (*see "Special Enrollment Rights Notice" on page 8)*. A Spousal Affidavit must be completed to enroll a spouse in the plan (see *"Spousal Affidavit"* on page 3). You will be required to provide proof of dependent status such as marriage license or birth certificates. If you are electing/dropping coverage as a result of a family status change, you will also be required to provide proof of the status change, such as marriage license, divorce decree, birth certificate or certificate of creditable coverage from the prior insurance company. Your medical and dental coverage change will become effective on the date of a Family Status Change, vision coverage is effective the 1st of the next month, or January 1 if coverage is changed/elected during Open Enrollment.

You may elect or increase Supplemental Life Insurance at any time subject to evidence of insurability.

medical benefits

Special Enrollment Rights Notice

- **After declining health coverage.** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- **New dependents.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Newborn children (this includes adopted children and children who are placed for adoption), must be enrolled within sixty (60) days from the date of birth or adoption.
- **Government programs.** You may be able to enroll yourself or your dependents in this plan 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

  You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined.

If you have a special enrollment event and want to enroll in health coverage, contact Workforce Services at 972-466-3091.

Medical Plan

TML MultiState IEBP • 1-800-282-5385 • iebp.org

- The plan is administered by TML MultiState IEBP.
- To locate a doctor or hospital in our network, search the IEBP provider search or call IEBP Customer Care.
- In network and out of network benefits: Services performed out of network and some in network services are subject to reasonable and customary guidelines. Reasonable and customary refers to the prevailing charges for services, in the same geographic area by providers of similar professional standing. You will be responsible for charges above the reasonable and customary amount.
- Preventive/Wellness services covered at 100% (e.g., routine immunizations, annual physicals, preventative colonoscopies and mammograms) and not subject to deductible.
- Lab services covered at 100% by preferred labs.
- A Summary of Benefits is provided on page 3. Please refer to your Health Plan Booklet on CNet for more detailed information regarding your plan.
- The **Health & Wellness Center** is available, **free of charge**, to all employees and dependents on the City's medical plan. All employees on the City's medical plan receive 4 hours of leave in January each year for the sole purpose of accessing the Health Center. Refer to the Health Center Information document on CNet for more information.
- When you contact IEBP Customer Care, keep your call reference number.

Notification/Pre-Certification

(Medical Intelligence Care Management)

TML MultiState IEBP • 1-800-847-1213

- Notification is required for some services. Please refer to your Health Plan Booklet for specific services requiring notification or call IEBP Medical Intelligence Care Management.
- If notification is required, but not provided, you will be assessed a $500 penalty.
- To ensure your service has been pre-certified correctly, ask your provider for the pre-certification number.

EMPLOYEE 2016 MEDICAL PREMIUMS PER PAYCHECK

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Blue (HRA) Full-Time or Part-Time (30 hours)	$8.70	$58.73	$36.84	$74.36

Deductions are taken from every paycheck each month (26 pay periods per year). Deductions may be taken pre-tax or after tax. Deductions will be automatically taken pre-tax unless otherwise requested by the employee.

Plan Deductibles and Out of Pocket Maximums

		Network	Out of Network
Calendar Year Deductible	Individual	$2,500	$3,250
	Family	$5,000	$5,750
Out-of-Pocket Maximum	Individual	$5,500	$8,000
	Family	$8,000	$10,000

HRA Contributions: E $625; E+1/more $1,250

medical plan summary

Benefit Maximums	
Maximum Lifetime Benefit	Unlimited
Chemical Dependency	Three treatment episodes†
Morbid Obesity	One treatment episode‡
Custom Molded Foot	One pair per lifetime‡
One Wig (oncology related hair loss)	$250‡
Hearing Appliance	$2,000‡
	One medically necessary treatment episode
Chiropractic Care	10 visits§
Diabetic Education	$250§
Physical Therapy	12 visits§
Occupational Therapy	12 visits§
Speech Therapy	12 visits§
Home Health Care	100 days§
Skilled Nursing Facility	90 days§
Diabetic Related Therapeutic Footwear/Shoes	Two (2) pairs§

†Subject to Usual, Reasonable and Customary
‡Maximum Lifetime Benefit
§Maximum Calendar Year

Co-insurances (After Deductible is Satisfied)	
Physician Services	
In Network	80%
Out of Network	60%*
X-Rays	
In Network	80%
Out of Network	60%*
Laboratory Services	
Preferred Lab Services	100%
Non-preferred Lab Services - Out of Network	60%*
Wellness Benefit - Deductible Waived (In Network)	
Adult Prevention Care ages 2 or older	100%
Well child care 0-2 years	100%
Routine Immunizations	100%
Hospital Benefit	
Outpatient Facility - In Network	80%
Outpatient Facility - Out of Network	60%*
Inpatient Facility - In Network	80%
Inpatient Facility - Out of Network	60%*
Emergency Room	
Emergency Room Access Fee (non-emergent)	$200 copay
Ambulance	80%
ER Physician	80%
ER Facility	80%
Penalty (if notification is not provided)	$500***

*Out of network benefits are subject to reasonable and customary amounts.

**Health Reimbursement Accounts (HRAs) are converted into Retiree Reimbursement Accounts (RRAs) upon retirement for eligible employees. RRAs operate similar to HRAs.

***There may be a penalty payment incurred to plan members if notification is not completed for those services requiring notification. A complete list of services requiring notification is included in the Health Plan Booklet.

Plan Information

The City will contribute $625 for employees only or $1,250 for employees plus one more dependent into your HRA/RRA account at the beginning of the year to be used for qualified medical expenses. The account balance will be available to you as of January 1. These are non-taxable dollars that can be used for things such as deductibles, co-insurance amounts, prescription co-pays, etc. Refer to the HRA/RRA Plan Document for more information.

Any unused HRA balances will roll over and accumulate year to year and may be eligible to roll over into an RRA account upon your retirement.

Upon regular separation (not retirement) from the City, any unused HRA balances will revert back to the City.

If you elect the HRA/RRA Plan and a Flexible Spending Account (FSA), your HRA/RRA account balance will be loaded onto your FSA debit card which means you will use the same card for both your FSA and HRA/RRA account balances. Your FSA funds will be used first before any of your HRA/RRA funds.

There will not be a monthly administrative fee for the HRA/RRA debit card.

Spousal Affidavit

Effective Jan. 1, 2016, employees' spouses who have access to affordable healthcare coverage that provides minimum value (as defined by the Affordable Care Act) through another employer will no longer be eligible for enrollment in the City of Carrollton Health Plan.* This eligibility change will allow the City to maintain affordable coverage for its employees, spouses who have no other health coverage choice, and dependent children.

The following two groups of spouses will continue to be eligible for enrollment as your dependent:

- Spouses not employed or who are retired
- Spouses who do not have access to affordable healthcare coverage that provides minimum value through his/her employer

Employees who want to cover their eligible spouse on the City's Health Plan must complete the Spousal Affidavit. If this affidavit is not signed and submitted to Workforce Services within 30 days of hire (for new hires) or within 30 days of the qualifying event, spouses will be considered ineligible.

2015 Prescription Benefit Design & Copay Amounts		
	Retail: Covered Individual Out of Pocket (OOP) 34 days supply max unless noted otherwise	**Mail/Maintenance** 84/90 day dispensement **Biotech/Specialty Rx** 34 day dispensement **Covered Individual OOP**
Over the Counter Equivalents: • Non-Sedating Antihistamines (Claritin, Alavert) per prescription • Allergy Medication (Zyrtec) • Fluoride Folic Acid, Aspirin • Smoking Cessation (Nicorette Gum) quantity limit-3 boxes per plan year	$0	N/A
Broad Network Value Tiered 34-day non-Cost Share generic dispensement	$0 (up to 34 days supply)	N/A
Broad Network Value Tiered up to 90-day non-Cost Share generic dispensement	$9 (35 to 90 days supply)	N/A
Broad Network non-Cost Share Best Price Brand List	$38	$95
Broad Network non-Cost Share Non-Best Price Brand List	$60	$150
Broad Network Cost Share (see Cost Share Copay Drugs list)	$120	$300
Specialty/Biotech Prescriptions	N/A	$100 for up to 34 day supply

Please refer to the Medication Therapy Management Program Guide (available on CNet) for a list of drugs that fall under each category and drugs requiring pre-authorization.

Prescription Benefits

- The City's Pharmacy Benefit Manager who handles retail pharmacy benefits is OptumRX.
- 90-day supplies of maintenance medications may still be filled through the OptumRX Mail Order program.
- If you fill your 30-day supply of eligible generic medication at a Broad Network pharmacy, your prescription will be at NO COST to you.
- See table for a summary of pharmacy benefits.

Preferred Lab Benefits

TML MultiState IEBP
1-800-282-5385• iebp.org

- The medical plan has a preferred lab benefit.
- Lab services are covered at 100% by presenting your medical ID card and requesting that your lab specimens be sent to a preferred lab.
- Preferred labs are: LabCorp, Clinical Pathology Laboratories (CPL), and any other in network provider.
- You may also have services performed at a participating collection center. To locate a center, call IEBP Customer Care.

Healthiest You

healthiestyou.com
1-866-703-1259

- 24/7/365 access to the nation's largest network of licensed and credentialed doctors, available via phone or video for consultations, diagnosis and treatment.
- Location-aware provider directory, optimized by insurance carrier and plan with unbiased reviews, ratings, and background information.
- Comparison pricing for more than 5,000 prescriptions drugs at more than 100,000 pharmacies, insured or not.
- Real-time connectivity to more than 450 insurance carriers for up-to-date coverage information, deductible tracking, and benefit summaries.
- Cash vs. insurance pricing for common procedures across the city or around the country.
- $40 copay for each consultation.

dental & vision

Dental Plan

TML MultiState IEBP • 1-800-282-5385
iebp.org

- Dental Plan administered by IEBP.
- No network. Select the dentist of your choice.
- It is important to shop around for service because benefits will be paid based on reasonable and customary (R&C) guidelines. Any charges submitted above R&C guidelines are the patient's responsibility.
- Refer to your Dental Plan Booklet for more detailed information.

Vision Plan

Superior Vision • 1-800-507-3800
www.superiorvision.com

- Plan administered by Superior Vision.
- In network and out of network benefits. Co-payments apply to in network benefit and are deducted from non network reimbursement.
- Your exam and lens benefit is available once every 12 rolling months.
- Your frames benefit is available once every 24 rolling months.
- The contact lens benefit is available once every 12 rolling months. You can order contact lenses at svcontacts.com.
- Search the provider database online at www.superiorvision.com.
- ID card is provided. However, advise the in network providers that you are a member of Superior Vision and they will verify your eligibility and benefits using your social security number or member ID.
- Please refer to the Superior Vision Benefit Sheet on CNet for complete information on your benefits.

For instructions on how to enroll, see page 3.

2016 Summary of Dental Benefits

Benefits	Coverage
Individual Deductible	$50
Preventive Services (no deductible)	100%
Basic Services	80%*
Major Services	50%*
Individual Calendar Year Maximum	$1,500
Orthodontic Benefit	50% up to $1,000/lifetime

**Subject to reasonable and customary charges for services.*

2016 Summary of Vision Benefits

Benefits	In Network	Out of Network
Eye Exam		
Optometrist	$10 Copay	Up to $37
Ophthalmologist	$10 Copay	Up to $42
Glasses	$25 materials copay (lenses and frames only)	
Frames	Up to $130 after copay	Up to $68
Lenses		
Single Vision	Covered in full after copay	Up to $32
Bifocal	Covered in full after copay	Up to $46
Trifocal	Covered in full after copay	Up to $61
Lenticular	Covered in full after copay	Up to $84
Basic Progressive	Covered to Provider's retail trifocal amount	Up to $61
Contact Lenses[1]	$25 Copay (fitting exam)	
Medically Necessary	Covered in full after copay	Up to $210
Elective[2]	Up to $150 after copay	Up to $100
Standard Fitting Fee[2]	Covered in full after copay	Not covered
Specialty Fitting Fee[2]	Up to $50 after copay	Not covered

[1] *In lieu of eyeglass lenses and frames.*

[2] *Standard contact lens fitting exam applies to an existing contact lens user who wears disposable, daily wear or extended wear lenses only. The specialty contact lens fitting exam applies to new contact lens wearers and/or a member who wears toric, gas permeable or multi-focal lenses.*

EMPLOYEE DENTAL & VISION RATES PER PAYCHECK

	Employee	Employee +Spouse	Employee +Child(ren)	Employee +Family
Full-Time or Part-Time (30 hours)				
City Dental	$9.48	$29.79	$32.77	$51.34
Superior Vision	$2.58	$5.10	$4.99	$7.60

Deductions are taken from every paycheck each month (26 pay periods per year). Deductions may be taken pre-tax or after tax. Deductions will be automatically taken pre-tax unless otherwise requested by the employee.

FSA

Important Flex Spending Facts

- FSA accounts are administered by TML MultiState IEBP. There is a monthly administrative fee of $3.70 to participate in the FSA if you do not elect the City's Medical Plan.
- It is important to estimate expenses carefully as IRS regulations require you to forfeit any unused dollars.
- Once the plan is elected you may not change the amount you contribute unless you have a qualified Family Status Change or during the annual Open Enrollment period.
- If you elect both the Health Care and Dependent Care FSA, the amount you assign to one account may not be transferred to the other.
- If you elect an FSA and elect the HRA/RRA health plan, your FSA amount will be utilized before your HRA/RRA amount.
- If you terminate employment with the City, you must submit claims within 90 days of your last day of employment and all claims **must** be incurred **prior** to your last day of employment.
- If you are unable to use your FSA debit card for an eligible expense at time of service, you may submit claims for reimbursement by completing a claim form and submitting the appropriate Explanation of Benefits or receipts. All claim forms and documentation should be sent to IEBP.
- Prescriptions may be required for certain over the counter medications in order to purchase them with your FSA.

Refer to your Section 125 FSA booklet for more detailed information (available on CNet under Workforce Services>Benefits>Flexible Spending Account).

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) are a great way to set aside pre-tax money to pay for certain health care and dependent care expenses.

Coverage is effective on your date of hire for newly hired employees. For existing employees, coverage will become effective on the date of a Family Status Change or January 1 if coverage is elected during the Open Enrollment period.

If you are a new enrollee, or did not request a card for the 2014 plan year, your card will be mailed to your home address.

Health Care FSA

- The Health Care FSA may be used for unreimbursed medical, dental and vision expenses and certain over-the-counter products (may require a prescription). Please refer to your Section 125 Flexible Spending Account Booklet for more detailed information (available on CNet under Workforce Services>Benefits>Flexible Spending Account).

  Eligible expenses for yourself and your dependents include:
  - Deductibles
  - Co-payments
  - Coinsurance
  - Expenses exceeding plan benefit limits
  - Expenses not covered by our plans, but permitted under IRS guidelines
  - Certain over-the-counter products (may require a prescription)
- **You may contribute up to $2,550 per year.**
- You do not need to be enrolled in the medical plan to select the Health Care FSA.

Dependent Care FSA

- You may contribute up to $5,000 per year or $2,500 per year for married employees who file separate tax returns.
- Eligible child and adult dependent care expenses must be incurred to allow you to work outside your home.
- If you are married, your spouse must be gainfully employed, looking for gainful employment, enrolled as a full time student at least five months of the year or disabled.
- The maximum age for eligible children is through age 12. Children over 12 and other dependents, such as spouses and parents, can receive care if they are disabled and unable to care for themselves.
- The dependent receiving the care must reside in your home and be claimed as a dependent on your Federal Tax Return.
- You must pay a qualified person to care for your dependents (such as a licensed day care center). A qualified person does not include any of your children under the age of 19 or any person you can claim as a dependent.

life insurance

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

The City provides eligible employees with two times their annual salary (rounded up to the nearest $1,000) for basic life insurance and AD&D at no cost to you. Coverage becomes effective on your date of hire.

- Basic Life Insurance pays a benefit equal to two times your salary to your beneficiary if you die.
- Accidental Death and Dismemberment (AD&D) pays an additional benefit of two times your salary to your beneficiary if you die in an accident. AD&D also provides a benefit to you if you suffer certain injuries, such as the loss of a limb, caused by an accident. Refer to your Group Life Insurance Booklet for more detailed information.

Supplemental Life Insurance

Employee Supplemental Life Insurance

Supplemental Life Insurance provides an additional benefit above the Basic Life Insurance.

You must complete an enrollment form to elect or increase your coverage. Forms are available in Workforce Services and on CNet. If you are electing or increasing your coverage during open enrollment, your election will be subject to medical underwriting and approval by The Standard Insurance Company. An Evidence of Insurability (EOI) form must be completed and submitted to The Standard. Once you have completed the enrollment form, Workforce Services will forward an EOI form to you. You must then mail the completed EOI form to The Standard. Coverage will be effective the first of the month following your approval.

- You can apply for one or two times your annual salary (rounded up to the nearest $1,000).
- Rates are determined by your age and the amount of coverage selected based on your salary. Premium deductions are taken after tax every pay period.

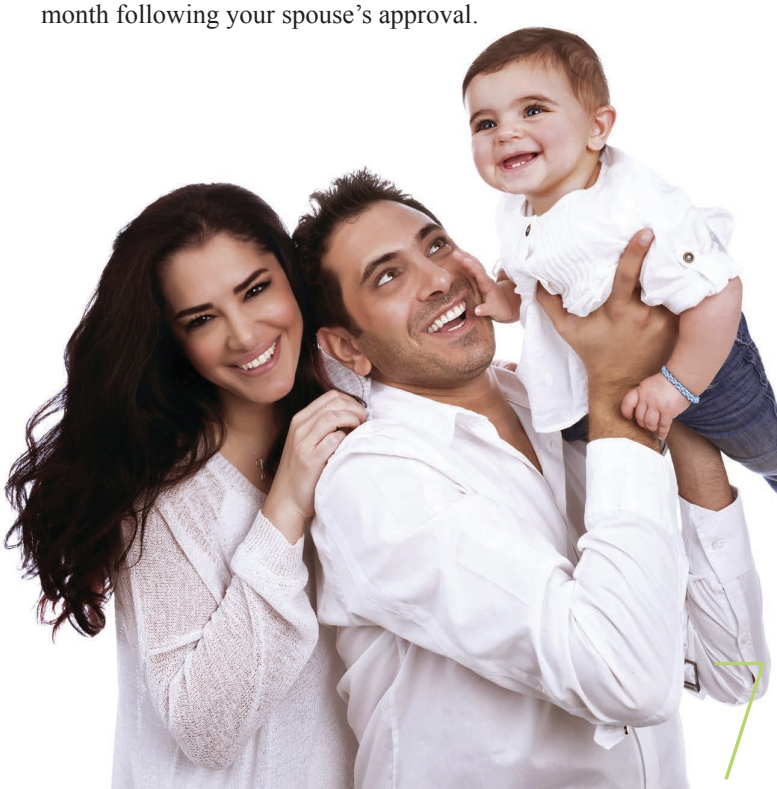
Supplemental Life Insurance Rates	
Employee/Spouse Age	**Monthly Rate**
Less than 30	$0.10/per $1,000
30-34	$0.11
35-39	$0.13
40-44	$0.16
45-49	$0.26
50-54	$0.44
55-59	$0.76
60-64	$1.23
65-69	$2.02
70+	$4.25

Child Life Insurance

- You must be enrolled in Employee Supplemental Life Insurance to elect coverage for your child(ren).
- Coverage for child(ren) may be purchased for $.46 per pay period regardless of the number of children enrolled in the plan. Deductions are taken after tax.
- Coverage limits (below) are based on your child's age:
  - $250 per child (0-6 months)
  - $5,000 per child (6 months to 18 years, or 18-23 if full time student)

Spouse Supplemental Life Insurance

- You must be enrolled in Employee Supplemental Life Insurance to elect coverage for your spouse.
- Coverage for your spouse is available in $10,000 increments up to the lesser of 50% of the employee election or $100,000.
- Rates are determined by your spouse's age and the amount of coverage selected. Deductions are taken after tax every pay period.
- You must complete an enrollment form to elect or increase your spouse's coverage. Forms are available in Workforce Services. If you are electing or increasing coverage during Open Enrollment, your election will be subject to medical underwriting and approval. An Evidence of Insurability (EOI) form must be completed and submitted to The Standard. Once you have completed the enrollment form, Workforce Services will mail an EOI form to your home address. You must then mail the completed EOI form to The Standard. Coverage will be effective the first of the month following your spouse's approval.



other benefits

Notice of Privacy Practices

The City of Carrollton's Employee Health Plan is required by law to keep your health information private and to notify you if the Plan, or one of its business associates, breaches the privacy or security of your unsecured, identifiable health information. The Privacy notice tells you about the Plan's legal duties connected to your health information. It also tells you how the Plan protects the privacy of your health information. The Plan must use and share your health information to pay benefits to you and your healthcare providers. The Plan has physical, electronic and procedural safeguards that protect your health information from inappropriate or unnecessary use or sharing. Please refer to the full 2014 Privacy Notice on *CNet*.

Newborns & Mothers Health Protection Notice

For maternity stays in accordance with federal law, Carrollton's plan do 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 child to less 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 (96 hours following a cesarean delivery).

Short and Long Term Disability

Disability benefits replace part of your income if you become disabled. The Short Term Disability (STD) and Long Term Disability (LTD) plans are administered by The Standard Insurance Company.

- All benefited full-time and part-time employees are eligible.
- You will automatically be enrolled after 60 days of continuous employment.
- Your monthly STD benefit is equal to 60% of your monthly earnings to a maximum of $1,846 per week.
  - Benefit will become effective after 60 days of continuous disability or the exhaustion of all sick leave (whichever is longer).
- Your monthly LTD benefit is equal to 60% of your monthly earnings to a maximum of $8,000 per month.
  - Will go into effect after 365 days of continuous disability.

Please refer to your Short Term and Long Term Disability plan documents for more detailed information (available on CNet).

Employee Assistance Program (EAP)

The Employee Assistance Program is a confidential benefit provided to help employees who are experiencing a period in their lives that they find stressful or overwhelming.

All employees and eligible dependents are automatically enrolled on your date of hire even if you are not enrolled in the City's health plans.

Deer Oaks administers the City's confidential EAP. Consultations are available in:

- Clinical Counseling
- Financial Planning
- Pre-retirement Counseling
- Child/Elder Care Consulting
- Legal and Federal Tax Consulting
- Organization of Life's Affairs

- You are eligible to receive up to six free benefit sessions per incident/per family member per year.
- You may contact a Deer Oaks counselor 24 hours a day, seven days a week by calling 1-866-327-2400.

Smoking Cessation

Do you want to quit smoking? The City has several options to aid in your smoking cessation.

- The City's Prescription plan offers 3 boxes per year of Nicorette Gum at no charge.
- Your prescription plan will also pay for smoking deterrent prescriptions in addition to the over the counter benefit. *May be subject to dispensing limitations.*
- The Employee Health & Wellness Center can provide coaching and support

If you quit smoking now, the benefits will start almost immediately. After quitting for:

- **20 minutes:** Your heart rate drops.
- **12 hours:** The carbon monoxide level in your blood drops to normal.
- **2 weeks to 3 months:** Your heart attack risk begins to drop and your lung function begins to improve.
- **3 weeks:** Your physical symptoms of nicotine addiction end.
- **1 to 9 months:** Your coughing and shortness of breath decrease.
- **1 year:** Your risk for heart attack drops sharply.

**Information from Centers for Disease Control and Prevention*

American Fidelity Assurance

americanfidelity.com • 1-800-437-1011

American Fidelity Assurance offers insurance plans that will help cover out of pocket expenses, with benefits paid directly to you including:

- Critical Illness Insurance
- Cancer Insurance
- Accident Only Insurance

- These insurance plans are in addition to the City's Medical plan and do not replace the Medical Plan in any way.
- Premiums vary by plan.
- You must enroll during Open Enrollment to take advantage of these benefits.
- You may contact American Fidelity Assurance to enroll.
- You can meet with a representative during Open Enrollment and at the on-site PHA locations.

Pre-Paid Legal Service

The Pre-Paid Legal Plan gives you and your family access to affordable legal services including:

- Preventive legal services
- Motor vehicle legal services
- Trial defense
- I.R.S. audits
- Other legal work

- You may enroll at any time. Enrollment forms are available in Workforce Services or on CNet under Workforce Services>Benefits>Pre-Paid Legal website.
- Premiums are determined by the options you select and are deducted after tax.

Free Recreation Center Membership

As an employee of the City, you are eligible for a *free Recreation Center membership (Crosby and Rosemeade). To activate your membership, simply visit Crosby or Rosemeade recreation center and show your employee ID.

*The membership value will be subject to Federal taxes, Medicare and TMRS. The adult membership value is $95/annually. Employees will be taxed according to their personal tax rate. Applicable and required taxes and TMRS will be taken from the employee's paycheck. For questions, please contact Workforce Services.

retirement

Retiree Health Savings Plan

Once non-grandfathered employees have reached 10 years of continuous service with the City of Carrollton, they will begin receiving contributions to a Retiree Health Savings (RHS) account. RHS accounts can be used for health-related expenses which may include but is not limited to costs of premiums, paying deductibles, costs of medical services and prescriptions. Below is the contribution and vesting schedule for the RHS plan. See Administrative Directive 9 for more details.

City Contributions to Retiree Health Savings (RHS) Accounts		
Years of Service	**Annual City Contributions**	**Vesting**
10-14	(Full-time) $1,000 (Part-time) $500	0
15-19	(Full-time) $1,500 (Part-time) $750	50%
20-24	(Full-time) $1,750 (Part-time) $875	100%
25 & over	(Full-time) $2,000 (Part-time) $1,000	100%

Deferred Compensation

(457 Plan)

The plan allows you to invest in your retirement and is a great way to supplement your TMRS retirement benefit. Taxes on your contributions are deferred until your assets are withdrawn. There is **NOT** a 10% federal excise penalty on withdrawals, regardless of your age.

- Contribute at least 4.65% per pay period and the City will match 2.35%.
- Vesting is immediate.
- Plan offers a variety of funds to which you may contribute.
- 457 Plan maximums for 2016: $18,000; $24,000 for age 50 catch-up and $36,000 for the regular catch-up provision. 2016 plan maximums will be available in November.
- Plan is available through ICMARC and Nationwide.
- You may enroll at any time. Enrollment kits and forms are available in Workforce Services or by calling ICMARC or Nationwide.
- Loan provisions
  - You may request up to 50% of your vested balance.
  - Minimum $1,000; Maximum $50,000.
  - You may only have one outstanding loan at a time.
  - Repayment is made through after tax ACH deductions from your checking or savings account.
  - You have up to five years (60 months) to repay your loan.
  - Interest rates and fees apply.
  - Contact your 457 Plan provider for more details.

Roth IRA

Roth IRAs provide another great opportunity to save for retirement.

- Contributions are made after tax through payroll deduction.
- You may contribute up to $5,000 per year or $6,000 if you are over age 50 (income limits apply).
- You have a variety of mutual fund options.
- Withdrawals of earnings are tax-free if the account has been held for five years and you are age 59 ½ or older. Other withdrawals may be tax free if certain conditions are met.
- Enrollment forms are available at Workforce Services or through ICMARC.

Plan administered by ICMARC. Please contact ICMARC for more information at icmarc.com or 1-800-669-7400. Contact your local representative, Eunice Brogdon, toll free at 1-877-313-8316 or ebrogdon@icmarc.org.

TMRS

Texas Municipal Retirement System (TMRS) provides retirement benefits to City employees.

- Participation is mandatory for employees working 1,000 or more hours per year.
- 7% of your gross pay will be deducted each paycheck and deposited into your member/retirement account.
- The City will match your contribution 2:1.
- Vesting at the completion of 5 years of service.
- You will be eligible for retirement benefits at any age after 20 years of service or at age 60 with 5 years of service.
  To be eligible for the City's contribution you must be eligible for retirement.
  - Refer to your TMRS Benefits Guide, call TMRS at 1-800-924-8677 or visit www.tmrs.com for more information.

TMRS and Social Security

The Government Pension Offset: If you are eligible to receive a Social Security Benefit based on your spouse's employment, and you also receive a pension from a government employer who was not part of the Social Security program, your Social Security benefit may be reduced. More information is available at ssa.gov/pubs/10007.html.

The Windfall Elimination Provision: If you receive a Social Security benefit, but the majority of your career was spent working for a governmental employer who was not part of the Social Security Program, your Social Security benefit may be reduced. More information is available at ssa.gov/pubs/10045.html.

HIPAA notice

NOTICE TO PLAN PARTICIPANTS REGARDING THE CITY OF CARROLLTON MEDICAL PLAN ELECTION UNDER 42 U.S.C. § 300gg-21

Chapter 172 Group health plans are regulated by federal laws named the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Patient Protection and Affordable Care Act of 2010 (PPACA) and the Health Care and Education Reconciliation Act of 2010. Generally, a group health plan must comply with the requirements of those laws that are listed below. However, the law permits State and local governmental health plans to elect to exempt the plan from these requirements if that plan is self-funded rather than provided through a health insurance policy.

The City of Carrollton has elected to opt out of the following provisions:

1. **Standards relating to benefits for mothers and newborns.** A health plan may not restrict benefits for a hospital stay for the birth of a child to less than forty-eight (48) hours for a vaginal delivery, and ninety-six (96) hours for a cesarean section.

2. **Parity in the application of certain limits to mental health benefits.** A health plan that covers treatment for medical and surgical disorders as well as for mental health and substance use disorders may not place a more restrictive limit on the dollar value or number of treatments that are available for mental health or substance use disorders than are available for medical and surgical disorders.

3. **Required coverage for reconstructive surgery following mastectomy.** A health plan that provides medical and surgical benefits for mastectomy must provide certain benefits for breast reconstruction as well as for certain other related services.

4. **Coverage of dependent students on medically necessary leave of absence.** A health plan must allow a covered dependent child, whose eligibility for coverage is based on student status, to continue coverage for up to one (1) year while on a medically necessary leave of absence from a postsecondary educational institution.

Because of this election:

- The duration of a hospital confinement for a mother and newborn following the birth of a child will be determined based on eligibility.
- Benefits for serious mental illness as defined by Texas law are treated as any other covered medical or surgical condition.
- Following a covered mastectomy/lumpectomy, the plan will pay for treatment of both the affected breast and the unaffected breast to restore symmetry.
- The plan does not determine a dependent's child's eligibility based on student status. Therefore, the City of Carrollton's plan does not extend coverage for students on a medically necessary leave of absence.

In addition to the above, on April 14, 2003, the Federal government imposed HIPAA Title II, which pertains to administrative simplification of health plans. The administrative simplification process includes: standards for electronic transactions and code sets, national identifiers (employers, health plans and healthcare providers), security and electronic signature standards (Security Rule) and standards for privacy of individually identifiable health information (Privacy Rule).

A self-funded, non-Federal governmental plan cannot exempt itself from any of the requirements of HIPAA Title II.

The intent of the City of Carrollton's plan is to provide coverage that is compliant with State or Federal laws and regulations, including making changes mid-plan year, when mandated by law.

Notice of Benefits for Mastectomy and Breast Reconstruction

The City's medical plan provides comprehensive benefits, including benefits for mastectomy and breast reconstruction. If you have a disease of the breast and mastectomy is the recognized necessary medical treatment for that disease, the City's medical plan covers eligible expenses for the mastectomy and for any complications of the mastectomy, including lymphedema.

If you choose to have breast reconstruction following a covered mastectomy, The City's medical plan covers eligible expenses for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Cosmetic surgery procedures for post-oncology restoration (reconstructive surgery to make both breasts symmetrical, post breast cancer surgery); and
- Prostheses (e.g., breast implants).

Benefits for breast reconstruction are available even if your mastectomy was performed before you were covered under the City's medical plan. However, the mastectomy must have been performed because of a disease of the breast. Be sure to read or ask about limitations on benefits that may apply.

Eligible expenses for mastectomy and breast reconstruction are payable subject to the same deductibles, coinsurance and benefit percentage that apply to other medical and surgical expenses covered by the City's medical plan. If you would like more information on benefits for mastectomy or breast reconstruction, call TML IEBP's customer service staff at 800-282-5385.

health center

Employee Health & Wellness Center

Managed by Marathon Health

Monday, Wednesday and Friday **7 am-1 pm**
Tuesday and Thursday **12-7 pm**

1735 Keller Springs Road, Suite 100 (just north of the Josey Ranch Library and west of Viewpoint Bank)

- **Available, free of charge, to all employees and dependents on the City's medical plan.**
- Employees receive four (4) hours of leave in January each year for the sole purpose of accessing the Health Center.
- Services include annual physicals and screenings, Health Assessments, Well-Men and Well-Women Exams (pap-smears), certain adult vaccinations, acute care and dispensing of certain medications. If ordered by a physician, EKGs, audiometry, spirometry and lung function testing, vision testing, nebulizer treatments and ear lavages can also be performed. Lab services such as urinalysis, pregnancy tests, fecal occult blood, blood glucose, as well as, rapid strep and flu tests can be performed.
- Electronic Medical Records for 24 hour access.
- Contact Marathon's Customer Support Line at 1-888-490-6077 to receive your user name and password.
- Online appointment scheduling*
- Large medical facility with conference/educational room, four exam rooms and two healthcare providers onsite.

**Appointments are required and may be made by phone at 972-466-3400 or extension 3400. You may also schedule appointments online at marathon-health.com/myphr. Just click on the Appointments tab on the menu bar that runs across the top of the screen. You can use the Appointments Wizard to access the first available appointment that meets your needs.*

Quick Benefits Reference

TML MultiState IEBP (medical, preferred lab, dental, FSA and retail and/or mail order prescription related questions)	1-800-282-5385 Spanish Line: 1-880-385-9952 iebp.org
United Healthcare Choice PPO Network (preferred provider network)—Always verify if your physician or facility is affiliated with UHC for maximum benefits. Access a list of providers at uhc.com, iebp.org or by calling IEBP Customer Care.	
OptumRX Mail Service Program	1-800-797-9791 optimrx.com
RxResults (prior authorization, discuss patient clinical needs, or step therapy)	855-892-0936
Healthiest You (24/7/365 medical access)	1-866-703-1259 healthiestyou.com
Superior Vision (vision benefits)	1-800-507-3800 www.superiorvision.com
TMRS (retirement benefits)	1-800-924-8677 www.tmrs.com
Nationwide Retirement Solutions (deferred compensation/loans)	1-877-677-3678 nrsforu.com
ICMA-RC (deferred compensation/ loans/Roth IRA)	1-800-669-7400 icmarc.com
Deer Oaks (EAP)	1-866-327-2400 deeroaks.com
Legal Shield (legal services)	1-866-288-5229 prepaidlegal.com
American Fidelity (supplemental coverage)	1-800-437-1011 americanfidelity.com