



# 2020 Your Guide to Benefits



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 31 for more details.



## Welcome

At the City of Round Rock, it's our employees who make the difference in our success. That's why, each year, you have the opportunity to choose from a variety of benefits that can make a real difference in your life. We offer a broad range of benefits, including health care, life insurance, disability insurance, and much more. You can elect a benefit that's exactly right for your personal situation.

This guide provides a summary of your benefit options. Please review it carefully and make your elections before the deadline. All elections you make during the Open Enrollment period will be effective on January 1, 2020. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

All elections you make during your new hire period will become effective the first day of the month following your hire date.

If you have any questions about your benefits choices or about how to enroll, please contact Human Resources. Then, you'll be sure to have the benefits you need for the year ahead.

**Tyler Jarl, PHR, SHRM-CP**  
Benefits Manager/FMLA Coordinator  
Human Resources  
Phone: 512-341-3143  
Email: [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)

**Sharon Callis**  
Benefits Specialist  
Human Resources  
Phone: 512-671-2701  
Email: [scallis@roundrocktexas.gov](mailto:scallis@roundrocktexas.gov)



## Eligibility

If you work at least 30 hours per week, you are eligible for benefits. Your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or declared common law spouse.
- Children under the age of 26, regardless of student, dependency or marital status.
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return.

## Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

Qualified Life Event		Documentation Needed
<b>Change in marital status</b>	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
<b>Change in number of dependents</b>	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
<b>Change in employment</b>	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

## Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, Health Care or Dependent Care Flexible Spending Accounts unless you have a Qualifying Life Event. If you do not contact Human Resources within 30 days of the Qualifying Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualifying Life Event).

# Benefit Costs

The City of Round Rock pays the full cost of many of your benefits. For others, the City of Round Rock and you share the cost or you pay the full cost. Pre-tax means the cost comes out of your pay before taxes are deducted. After-tax means your cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

Benefit	Who Pays	Tax Treatment
Medical, Prescription	City of Round Rock/You	Pre-tax
Dental	City of Round Rock/You	Pre-tax
Vision	City of Round Rock/You	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	City of Round Rock	N/A
Optional Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Short-Term Disability	You	After-tax
Long-Term Disability	City of Round Rock	N/A
Flexible Spending Accounts	You	Pre-tax
457(b) Deferred Compensation	You	Pre-tax or After-tax
Employee Assistance Plan	City of Round Rock	N/A
Additional Voluntary Benefits	You	After-tax





## Medical Plans

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

Each medical plan offers:

- Comprehensive health care benefits
- In-network preventive care covered at 100%
- Coverage for eligible children up to age 26
- Prescription drug coverage

### Choose the Plan That's Right for You

The key difference between the plans is the amount of money you'll pay each year when you need care.

The plans have different:

- **Annual deductible amount** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** — the most you will pay each year for eligible network services including prescriptions.
- **Copay and coinsurance** — money you pay toward the cost of covered services.

### Save When You Use In-Network Providers

In-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

## Medical Plan Comparison

	Aetna Choice Plan		Aetna Whole Health Seton Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Calendar Year Deductible</b>			
<b>Individual</b>	\$1,000	\$2,000	\$500
<b>Family</b>	\$3,000	\$6,750	\$1,500
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>			
<b>Individual</b>	\$5,000	\$12,000	\$2,500
<b>Family</b>	\$14,500	\$36,000	\$5,000
	<b>You Pay</b>		<b>You Pay</b>
<b>Coinsurance</b>			
<b>Preventive Care</b>	\$0	50%*	\$0
<b>Primary Care Physician</b>	\$25	50%*	\$25
<b>Specialist</b>	\$45	50%*	\$35
<b>Urgent Care</b>	\$35 copay	50%*	\$35 copay
<b>Allergy Injections</b>	20%*	50%*	10%*
<b>Diabetes Education and Counseling</b>	\$45	50%*	\$35
<b>Inpatient</b>	20%*	50%*	10%*
<b>Outpatient</b>	20%*	50%*	10%*
<b>Hospital &amp; Physician Services – Life-threatening</b>	\$300 copay + 20%*	\$300 copay + 50%*	\$300 copay + 10%*
<b>Hospital Services – Non Emergency</b>	Not covered	Not covered	Not covered
<b>Ambulance Services (Ground &amp; Air)</b>	20%*	50%*	10%*
<b>Outpatient Diagnostic Service (CT scans, PET scans, MRI, nuclear medicine)</b>	20%*	50%*	10%*
<b>Outpatient Therapeutic Treatments (dialysis, intravenous chemotherapy or infusion therapy)</b>	20%*	50%*	10%*
<b>Spinal Treatment / Chiropractic Care</b>	100% at Airrosti \$45 copay all others	50%*	100% at Airrosti \$35 copay all others
<b>Durable Medical Equipment, Prosthetic Devices, Orthopedic Appliances</b>	20%*	50%*	10%* Pre-notification required when charges exceed \$1,000
<b>Orthotic Devices (only with diabetes diagnosis)</b>	20%*	50%*	10%*

\* You pay after deductible

	Aetna Choice Plan		Aetna Whole Health Seton Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
	You Pay		You Pay
<b>Cost Sharing Provisions</b>			
<b>Home Health Care</b>	20%* (120 visits per year)	50%*	10%* (60 visits per year)
<b>Hospice Care</b>	20%*	50%*	\$0
<b>Occupational, Speech and Cardiac Therapy</b>	20%* (combined 60 visits per year)	50%*	\$35 copay (combined 100 visits per year)
<b>Skilled Nursing Facility – Inpatient Rehab Facility (90 days per year maximum)</b>	20%*	50%*	10%*
<b>Organ or Tissue Transplant Services (must be pre-certified)</b>	20%*	50%*	10% (must be performed at a Preferred Transplant Center) <sup>1</sup>
<b>Travel, Lodging and Meals Benefit</b>	20%*	50%*	\$0* <sup>2</sup>
<b>Outpatient Mental Illness</b>	\$45 copay per visit	50%*	\$35 copay
<b>Outpatient Substance Abuse</b>	\$45 copay per visit	50%*	\$35 copay
<b>Outpatient Chemical Dependency</b>	\$45 copay per visit	50%*	\$35 copay
<b>Inpatient Mental Illness</b>	20%*	50%*	10%*
<b>Inpatient Substance Abuse</b>	20%*	50%*	10%*
<b>Inpatient Chemical Dependency</b>	20%*	50%*	10%*
<b>TMJ Office Settings Non-Office Settings</b>	\$45 copay per visit, 20%*	50%*	\$35 copay per visit, then 10%
<b>Hearing Aids</b>	20%* up to \$4,000 per year	50%*	10%* up to \$4,000 over 36 months
<b>Radial Keratotomy LASIK Procedure</b>	50%* \$1,500 lifetime limit	Not covered	50%* \$1,500 lifetime limit
<b>Newborn Inpatient Care</b>	20%*	50%*	20%*
<b>Wig (when prescribed by MD or DO as a result of hair loss due to chemotherapy or radiation)</b>	20%*, not to exceed \$1,000 per 365 days <sup>3</sup>	Not covered	10%*, not to exceed \$1,000 per 365 days <sup>3</sup>

\* You pay after deductible.

<sup>1</sup>Preferred Transplant Center means a medical facility for which the plan, either directly or through the network, has obtained special billing discounts for the covered person and the plan and for which the plan or network has ascertained based upon objective criteria that the facility and its physicians have a superior degree of expertise for the transplant services provided, and the facility's positive patient outcomes are significantly high.

<sup>2</sup>\$10,000 maximum benefit per year/lodging and meals payable at 100% at rate of \$50 per day for patient or up to \$100 per day for patient and one companion.

<sup>3</sup> If medical criteria is met.

<sup>4</sup> The deductible applies.

<sup>5</sup> TMJ = surgical is standard; non-surgical & appliances not covered. TMJ = medial in in nature only covered.



### Aetna Choice Plan Rates

	Monthly Rate	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
Employee Only	\$1,140	\$1,000	\$140	\$70
Employee + Child(ren)	\$1,350	\$1,000	\$350	\$175
Employee + Family	\$1,490	\$1,000	\$490	\$245

### Aetna Whole Health Seton Plan Rates

	Monthly Rate	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
Employee Only	\$1,136	\$1,031	\$105	\$52.50
Employee + Child(ren)	\$1,311	\$1,031	\$280	\$140
Employee + Family	\$1,441	\$1,031	\$410	\$205

### Prescription Drug Coverage

	You Pay
<b>Pharmacy</b>	
<b>Retail Rx (up to 30-day supply)</b>	
Generic	\$0
Preferred Brand	\$30
Non-Preferred Brand	\$50
<b>Retail Rx (up to 90-day supply)</b>	
Generic	\$0
Preferred Brand	\$90
Non-Preferred Brand	\$150
<b>Aetna/CVS Mail Order RX (up to 90-day supply)</b>	
Generic	\$0
Preferred Brand	\$50
Non-Preferred Brand	\$90



## RockCare

Provided by CareATC

All employees, and their dependents over the age of 5, enrolled in either of the City's medical plans may go to RockCare at no cost.

### RockCare Services

- Abdominal pain/cramps
- Allergies
- Animal/insect bites
- Asthma
- Backache
- Blood pressure issues
- Bronchitis
- Cold and flu symptoms
- Dizziness
- Eye infection/irritation
- Headaches/migraines
- Laryngitis
- Poison ivy/oak
- Respiratory infection
- Sinusitis
- Sore throat
- Sprains/strains
- Strep

### RockCare Hours

- Monday – Thursday: 7:00 a.m. – 4:00 p.m.
- Friday: 7:00 a.m. – 3:00 p.m.
- Saturday and Sunday: Closed

Note: RockCare is closed from 12:00 p.m. – 1:00 p.m. M–Th

### Walk-ins: Acute/Sickness Only

- Monday – Friday: 7:00 a.m. – 7:45 a.m.
- Monday – Friday: 1:00 p.m. – 1:45 p.m.

### Location

901 Round Rock Ave.  
Suite 300  
Round Rock, TX 78681  
To make an appointment: 800-993-8244



## How to access the CareATC Mobile App:

1. Download the CareATC Mobile App in your Apple or Android app store.
2. Login to the CareATC Mobile App.
  - First-Time Users: Select option "I'm New Here" and login with your name, date of birth, and last four digits of your social security number to schedule your first visit. This will allow you to schedule appointments only.
  - Established Patients: Login with your username and password. If you do not have your username and password, request your patient access code during your first visit to the CareATC Health & Wellness Center. You may also call 800-993-8244 for additional login support.
3. Use the App. From the main menu, you can schedule appointments 24/7, view your medical records, request medication refills, view PHA Live and much more!

For more information, visit the [RockCare webpage on Employee Net](#).

# Telemedicine with Teladoc

On-Demand Care with Teladoc is a great option when RockCare is closed and as an alternative to urgent care and emergency room visits. It provides you and your enrolled dependents (no age limitations) access to U.S. board-certified doctors to receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to RockCare or your primary care physician.



## Convenient

Speak with a provider with or without an appointment. Save time by connecting to care via computer, tablet or mobile device. Available in all 50 states. Just call 800-835-2362.



## Affordable

On average, the cost of an urgent care visit may be two times more expensive, and an ER visit may be eight times more, depending on insurance\*. Teladoc is in-network with medical plans and has a \$25 copay.



## High Quality Care

Non-emergency medical health conditions evaluated by video by an experienced provider. Prescriptions can be sent directly to your pharmacy.

## General Medical Consult

### What can I use it for?\*

Virtual providers are available without an appointment. Members can receive treatment within minutes for non-emergency, acute general medical needs including but not limited to the following. Visit [Teladoc.com](http://Teladoc.com) for a complete list.\*\*

- Flu
- Cough
- Sinus problems
- Upper respiratory infection
- Pink eye
- Bronchitis
- Nasal congestion
- Sore throat
- Sinusitis
- Seasonal allergies
- Cold
- Arthritis
- Backache
- Rash/poison ivy
- Bug bites
- Food poisoning
- Sunburn
- Rash

### Hours of Operation:

Access board-certified doctors 24/7/365.



\*Teladoc is not designed to replace or act as a PCP: only to supplement access to affordable, quality care when needed. Potential overuse (3+ visits in 90 days: 8 per 12 months) is monitored and where appropriate outreach is made to remind member Teladoc services complement, but do not replace, hands-on physician care.

\*\*Diagnostic testing is not available.

## Seton Express Care

- Open 7 days a week
  - » **Monday – Friday:**  
7:00 a.m. – 9:00 p.m.
  - » **Saturday:**  
10:00 a.m. – 4:00 p.m.
  - » **Sunday:**  
1:00 p.m. – 7:00 p.m.
- Walk-ins welcome
- Lower cost than Urgent Care or Emergency Room care
- Staffed with doctors and advanced practitioners

## Common Conditions Treated

- Fevers, colds and flu
- Sore throats
- Sprains and strains
- Minor cuts
- Minor breaks
- UTIs
- Rashes

## Seton Services

- Minor illness and injury treatment
- Vaccinations and immunizations
- Physicals and wellness exams
- Onsite X-rays
- Onsite lab testing
- Bilingual providers

## Location

- Seton Family of Doctors at Round Rock  
201 University Oaks Blvd.  
Suite 1260  
Round Rock, TX 78665  
512-324-4780
- [seton.net/expresscare](http://seton.net/expresscare)

# Know Where to Go

## Save time and money by knowing your options when RockCare is closed.

You never know when you may need medical care. So it's always good to understand your options. If your health or life is in serious danger, call 911 or go to the nearest Emergency Room. But go elsewhere for non life-threatening events.

### Where to Go and What To Go For

<b>Emergency Room</b>	Concussions, seizures, chest pain, broken bones
<b>Urgent Care Center</b>	Broken bones, sprains, strains, bites, rashes, burns, cuts
<b>Primary Care Doctor's Office</b>	Wellness exam, sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot
<b>Retail Walk-in Clinic</b>	Sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot

**Tip:** Make sure any Urgent Care Center you visit is in-network. This helps you save the most money.

Note: CVS Minute Clinic is now In-Network! (See page 13)

## Austin Regional Clinic Round Rock

- 940 Hesters Crossing  
Round Rock, TX 78681
- **Phone:** 512-244-9024
- **Fax:** 512-218-3704
- Clinic Hours:
  - » **Monday – Friday:** 7:15 p.m. – 5:00 p.m.
- After-Hours Clinic:
  - » **Monday – Friday:** 5:00 p.m. – 9:00 p.m.
  - » **Saturday and Sunday:** 8:00 a.m. – 5:00 p.m., or according to demand

# CVS MinuteClinic

CVS MinuteClinic locations are a great alternative for medical care. MinuteClinics are now an in-network provider for both medical plan options, so services are affordable. You may visit a MinuteClinic for a \$0 copay. Locations are staffed and equipped to meet your family's health care needs. They offer fast walk-in services at facilities nationwide for minor health conditions such as:

<b>Major Illnesses</b>	Upper respiratory infections, strep throat, flu symptoms
<b>Minor Injuries</b>	Sprains, strains, minor cuts, burns, bruises, blisters, wounds
<b>Screening and Monitoring</b>	Diabetes, cholesterol, high blood pressure
<b>Skin Conditions</b>	Athlete's foot, chicken pox, canker sores, poison ivy
<b>Travel Health</b>	Typhoid, malaria, pre-travel consultation
<b>Vaccinations</b>	Tetanus shots, flu shots
<b>Wellness and Physicals</b>	Sports physicals, TB testing
<b>Women's services</b>	Pregnancy tests, bladder infections, birth control

Visit [www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic) and search for MinuteClinics in your area by ZIP code.





## Medical Extras

### Airrosti

Airrosti is a health care group that treats the root cause of soft tissue injuries (including strains, sprains, muscle pulls and chronic knee, hip, back or neck pain.) The time Airrosti providers spend with each patient — a full hour of one-on-one care — leads to a more accurate diagnosis and better outcome. Plus, the highly individualized evaluation and treatment often eliminates unnecessary imaging, injections, pharmaceuticals and other costly procedures.

### Here's how it works:

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity — usually within 3 visits (based on patient-reported outcomes).

Employees and their family members enrolled with the City's medical plans are eligible for Airrosti at a \$0 copay.

### Contact

[www.airrosti.com](http://www.airrosti.com) or 800-404-6050



### 24-Hour Nurse

A registered nurse will take the time to understand what's happening and provide personalized information — all at no additional cost.

### Ask a Registered Nurse — Available 24/7:

- 800-556-1555
- For help deciding if you should seek Urgent Care, follow-up with your doctor, or go to the ER.
- Find network doctors and schedule appointments, explain medications, drug interactions or medication alternatives
- Inform you about preventive care



# Aetna Member Website (formerly Navigator®)

Aetna's Member Website is a one-stop online resource available to all members of an Aetna medical plan. This website allows you to find doctors, print an ID card, view plan documents and claims, and check what your plan covers. Use your member website to access everything the Aetna Online Portal has to offer.

## Programs and Perks

- The online search assistant can help you find a doctor who accepts your health plan, answer questions about claims and help you get the most out of your benefits.
- Use DocFind, Aetna's online provider directory, to find information about doctors in your network including which languages they speak, which hospitals they work with and if they are accepting new patients.
- With the Informed Health Line, you can speak to a registered nurse about any health issue 24 hours a day, seven days a week. Call a nurse toll-free at 800-556-1555.
- Personal Health Record is an interactive online tool that helps you make informed decisions about your health care and can help you spot potential issues, such as drug reactions or gaps in care, and explains how to resolve those issues.
- Simple Steps to a Healthier Life provides members with helpful support and guidance on their individual health strengths and risks, and suggests opportunities to sustain or improve them.
- The Member Payment Estimator is a health care cost estimating tool that uses your own health plan details to tell you how much you will pay, how much Aetna will pay and how much you will save with your Aetna medical or dental plan.
- Fill and refill your maintenance medications from the comfort of your home with Aetna Rx Home Delivery – a mail-order pharmacy.

## Additional Perks

- Aetna Discount Programs
- Aetna Fitness<sup>SM</sup>
- Aetna Natural Products and Services<sup>SM</sup>
- Aetna Hearing<sup>SM</sup>
- Aetna Mobile App

# Compass is Here to be Your Health Care Partner

Compass Navigation Health Services is a no cost employee advocate for health services. In other words, they are a personal concierge that you can call on anytime you need them. You can reach them at 800-513-1667 or [StartWithCompass.com](http://StartWithCompass.com).

Compass is here to be your health care partner. Employees should feel free to contact Compass any time they want help with things like understanding healthcare billing or finding quality providers in-network.

Sometimes it can be impossible to make sense of medical treatment options and costs. One provider might charge \$1,500 for an MRI, while another charges \$500 — and that's why we offer Compass.

With so many challenges and inconsistencies existing throughout the health care system, you can rely on your Compass Health Pro<sup>®</sup> to make you an empowered health care consumer who takes control of health care options and costs. Your Compass Health Pro<sup>®</sup> is just a phone call or click away and can help with:

## Understanding Your Benefits

Your Compass Health Pro<sup>®</sup> will confirm your benefits coverage and coordinate complex issues between your insurance and doctor — explaining everything in plain and simple terms. You can even rely on your Compass Health Pro<sup>®</sup> to help you stay up-to-date on preventive tests, scheduling appointments and coordinating the transfer of medical records.

## Finding a Great Doctor

Whether you're searching for a new primary care physician or seeking out a specialist, let your Compass Health Pro<sup>®</sup> do the legwork. Your Compass Health Pro<sup>®</sup> will not only find a provider who meets your personal preferences but will also ensure you're maximizing your health care benefits by receiving highly-rated care with low out-of-pocket costs.

## Saving Money on Medical Costs and Prescriptions

Tell your Compass Health Pro<sup>®</sup> exactly what your health care needs are, and they will compare prices of in-network providers and help you find high-quality care at the right price. What's more, your Compass Health Pro<sup>®</sup> is equipped to locate the lowest-cost prescription drug options for you.

## Getting Help with Medical Bills

Your Compass Health Pro<sup>®</sup> is your health care advocate who will review your bills, confirm coverage and ensure you're not being overcharged. In fact, your CompassHealth Pro<sup>®</sup> will work on your behalf to make sure everything is resolved between your insurance and health care provider.





# Aetna Dental Plan

Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile — it's affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns and other dental services.

When you enroll in the dental plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

The amount you pay for your coverage is based on who you cover.

DPPO PLAN	
IN-NETWORK	
<b>Calendar Year Deductible</b>	
<b>Individual</b>	\$50
<b>Family</b>	\$150
<b>Calendar Year Out-of-Pocket Maximum</b>	
<b>Per Individual</b>	\$1,500 per individual (Basic, Preventive and Major Services combined)
<b>You Pay</b>	
<b>Preventive Care</b>	
<b>Exams, Cleanings, X-rays, Fluoride Treatments</b>	\$0
<b>Basic Services</b>	
<b>Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams</b>	20%*
<b>Major Procedures</b>	
<b>Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs</b>	50%*
<b>Orthodontia</b>	
24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding	
<b>Adults</b>	N/A
<b>Children (up to 20th birthday)</b>	50% after \$50 deductible, up to a lifetime maximum benefit of \$1,500 per individual; deductible waived

Aetna Dental Plan Rates				
	Monthly Rate	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
<b>Employee Only</b>	\$48.00	\$20.00	\$28.00	\$14.00
<b>Employee + Spouse</b>	\$66.00	\$20.00	\$46.00	\$23.00
<b>Employee + Child(ren)</b>	\$63.00	\$20.00	\$43.00	\$21.50
<b>Employee + Family</b>	\$95.00	\$20.00	\$75.00	\$37.50

\* After deductible

# Aetna Vision Preferred Plan

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in-network and out-of-network, your benefits are greater when you use in-network providers.

	Vision Plan			
	IN-NETWORK	OUT-OF-NETWORK		
	You Pay	Reimbursement		
<b>Cost</b>				
<b>Routine Eye Exam Benefit</b>	\$10 copay	\$25 Reimbursement		
<b>Exam Options</b> (fit and follow-up)	Member pays discounted fee of \$40	Not covered		
<b>Frames</b> (at provider location)	\$130 allowance then additional 20% off	\$65 Reimbursement		
<b>Covered Services – Standard Plastic Lenses</b>				
<b>Single Vision</b>	\$10 copay	\$20 Reimbursement		
<b>Bifocals</b>	\$10 copay	\$40 Reimbursement		
<b>Trifocals</b>	\$10 copay	\$65 Reimbursement		
<b>Lenticular</b>	\$10 copay	\$65 Reimbursement		
<b>Progressive Lenses – Standard</b>	\$75 copay	\$40 Reimbursement		
<b>Progressive Lenses – Premium</b>	\$75 copay, \$120 play allowance Additional 20% off balance over the allowance	\$40 Reimbursement		
<b>Covered Services – Lens Options</b>				
<b>UV Treatment</b>	\$15	Not covered		
<b>Tint</b> (solid and gradient)	\$15	Not covered		
<b>Standard Plastic Scratch Coating</b>	\$15	Not covered		
<b>Standard Polycarbonate</b>	\$40	Not covered		
<b>Standard Anti-Reflective Coating</b>	\$45	Not covered		
<b>Polarized</b>	80% of retail	Not covered		
<b>Covered Services – Contacts in lieu of Frames/Lenses</b>				
<b>Contact Exam – Standard or Premium</b>	Member pays discounted fee of \$40	Not covered		
<b>Conventional</b>	Member pays 85% of balance over \$130	\$90 Reimbursement		
<b>Disposable</b>	Member pays 100% of balance over \$130	\$90 Reimbursement		
<b>Medically Necessary</b>	\$0 copay	\$200 Reimbursement		
<b>Other</b>				
<b>Laser Vision Correction</b> <b>LASIK or PRK from US Laser Network</b>	15% off retail price or 5% off promotional price	Not covered		
<b>Benefit Frequency</b>				
<b>Comprehensive Exam</b>	Once every rolling 12 months			
<b>Lenses</b> (including contact lenses)	Once every rolling 12 months			
<b>Frames</b>	Once every rolling 12 months			
<b>Second Pair Discount</b>	Member can receive up to 40% off additional pairs of eyeglasses. Additional discounts are available on contact lens purchases. Use of this program is unlimited.	Not covered		
<b>Aetna Vision Plan Rates</b>				
	Monthly Rate	City Pays Per Month	Employee Pays Per Month	Employee Pays Semi-Monthly
<b>Employee Only</b>	\$7.00	\$6.00	\$1.00	\$0.50
<b>Employee + Spouse</b>	\$12.00	\$6.00	\$6.00	\$3.00
<b>Employee + Child(ren)</b>	\$12.70	\$6.00	\$6.70	\$3.35
<b>Employee + Family</b>	\$18.68	\$6.00	\$12.68	\$6.34

# Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) with Navia Benefits allow you to pay for eligible health care and dependent care expenses using tax-free dollars. **There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:**



## Health Care FSA

Used to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.



## Dependent Care FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

### Health Care FSA

VS

### Dependent Care FSA

Contribute up to **\$2,700** per year, pre-tax.

Receive a debit card to pay for eligible medical expenses (funds must be available in your account)

Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.

Submit claims up to **March 31** of the following year for expenses from January 1 to December 31.

If you do not spend all the money in this FSA by **March 31**, per IRS regulations, unused dollars will be forfeited for pre-tax contributions.



Contribute up to **\$5,000** per year, pre-tax, or **\$2,500** if married and filing separate tax returns.

You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.

Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.

Submit claims up to **March 31** of the following year for expenses from January 1 to December 31.

If you do not spend all the money in this FSA by **March 31**, per IRS regulations, unused dollars will be forfeited for pre-tax contributions.

## Access Your Benefits

Rather than filing a claim and waiting for reimbursement, you can use the debit card to pay your provider directly for qualified health care expenses. Funds come directly out of your Health Care FSA and are paid to the provider. Some swipes require Navia to verify the expense, so hang on to your receipts! If Navia needs to verify, they will send you an email or notification via the smartphone app.

You can also submit Health Care FSA and Dependent Care FSA claims online, through the smartphone app for Android and iPhone, email, fax or mail. Claims are processed within a few days and reimbursements are issued according to the City's reimbursement schedule. Be sure to include documentation that clearly shows the date, type and cost of the service.

Additional tools:

- **Online Account Access:** You can order additional debit cards, update bank and address information and see up to date details of your benefits.
- **Online Claims Submission:** Upload your documentation, complete the online wizard, and a reimbursement will be on its way within a few days.
- **Mobile App:** MyNavia allows you to simply snap a photo and submit for reimbursement direct from your mobile device.
- **Flexconnect:** Sync your various medical, dental and vision benefits with your FSA plan for a quick and easy reimbursement. No need to submit documentation, we'll get it from the insurance carrier. For additional information, please visit [www.naviabenefits.com/participants/resources/flex-connect/](http://www.naviabenefits.com/participants/resources/flex-connect/)

## Election and Claim Filing Period

Open Enrollment period is a great time to look at your benefits and estimate your out-of-pocket expenses. Be sure to only elect an amount that you know you will use during your plan year. At the end of the plan year you will have a claim filing period to turn in any leftover claims for your benefits.

## Carryover

Unused Health Care FSA balances up to \$500 can be carried over to the subsequent plan year. Health Care FSA funds in excess of \$500 is subject to the "use it or lose it" rule. The carryover feature does not apply to unused daycare FSA funds. Carryover amounts will be credited after your claim filing period.

## Contact Navia

- **Website:** [www.naviabenefits.com](http://www.naviabenefits.com)
- **Email:** [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com)
- **Phone:** 800-669-3539 | 425-452-3500





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

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, the City offers several different types of Life and AD&D insurance with Minnesota Life Insurance Company.

**Basic Life insurance.** This coverage is provided at no cost to you, and you are automatically enrolled even if you don't elect medical. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

**AD&D** is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Coverage Level	Coverage Amount
Employee	1x your basic annual earnings, rounded to the nearest \$1,000 to a maximum of \$100,000.

Age Reductions apply for 65+

## Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 is subject to federal income, Social Security, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

## Supplemental Death Benefit

The City provides a Supplemental Death Benefit in the retirement program. If you die while employed by the City, the Texas Municipal Retirement System (TMRS) will pay your beneficiary or estate a benefit approximately equal to your current annual salary. You are automatically enrolled, with no cost to you, for the Supplemental Death Benefit when you enroll with TMRS.

## Optional Life and AD&D Coverage

Optional Life insurance for you, your spouse and children with Minnesota Life Insurance Company can help protect your family during difficult times. Eligible employees may purchase Optional Life and AD&D for themselves and their family. Optional Life and AD&D insurance will be taken from your paycheck on a post-tax basis. Your spouse is not eligible for spouse voluntary life insurance if they are also eligible for employee voluntary life insurance with the City.

Coverage Level	Coverage Amount
Employee	Increments of \$10,000 up to 5 times your salary, not to exceed \$500,000.
Spouse	Increments of \$5,000 up to \$500,000, not to exceed 100% of Employee coverage.
Child(ren)	\$15,000 limited to 100% of the amount for which employee is eligible.
Age	Employee/Spouse Monthly Life Rate per \$1,000
<25	\$0.060
25–29	\$0.070
30–34	\$0.090
35–39	\$0.100
40–44	\$0.120
45–49	\$0.220
50–54	\$0.420
55–59	\$0.660
60–64	\$0.720
65–69	\$1.330
70–74	\$2.070
75–79	\$2.380
<b>Child Monthly Life Rate</b>	\$1.80 for \$15,000
<b>Employee Monthly Voluntary AD&amp;D Rate</b>	\$0.025/\$1,000
<b>Family Monthly Voluntary AD&amp;D Rate</b>	\$0.035/\$1,000

When you are first eligible for voluntary life insurance, you may purchase up to 5x your annual salary, not to exceed \$500,000. The first \$250,000 will be Guarantee Issue. For any amount that you elect greater than \$250,000, you will be required to complete an Evidence of Insurability (EOI). When your spouse is first eligible for voluntary life insurance, your spouse may elect 100% of what you elect. The first \$50,000 will be Guarantee Issue for your spouse. For any amount that your spouse elects greater than \$50,000, an EOI will be required. Any increases made during Open Enrollment to currently enrolled amounts will require EOI.





# Disability Insurance

If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance with Madison National Life replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury. Disability insurance is with Madison National Life.

## Short-Term Disability (STD)

Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

STD is a voluntary benefit. If you do not enroll within 30 days of first becoming eligible, Evidence of Insurability (EOI) is required.

Coverage	Benefit
<b>Short-Term Disability</b>	<ul style="list-style-type: none"> <li>60% of your weekly earnings to a \$1,000 maximum for 26 weeks</li> <li>Benefit begins after 14 days of disability, not to exceed 26 weeks</li> </ul>
<b>Rate</b>	<ul style="list-style-type: none"> <li>Monthly cost is \$0.34 per \$10 of covered benefit</li> </ul>

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

## Long-Term Disability (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply.

LTD is provided at no cost to you — you are automatically covered as a full-time employee and no enrollment is needed.

Coverage	Benefit
<b>Long-Term Disability</b>	<ul style="list-style-type: none"> <li>60% of your monthly earnings to a \$5,000 maximum</li> <li>Benefit begins after 180 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner</li> </ul>

## When Are You Disabled?

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do your job at the City, and;
- You must have lost 20% or more of your pre-disability income due to your illness or injury.



## An Example: How STD and LTD can Work Together

Let's say you have an accident on the ski slopes and you must be away from work due to your injuries. Here's how your disability benefits would work:

- For the first 14 days away from work you would use your accrued paid leave and receive your regular pay.
- For the next 26 weeks, you would receive STD benefits equal to 60% of your pay, up to \$1,000 per week.
- If you are out longer than 26 weeks and cannot perform your job, LTD benefits would begin and would replace 60% of your pay, up to a maximum of \$5,000 per month. These benefits would continue until you no longer meet the definition of disabled as defined by the insurance company.

## How STD and LTD Work Together







# Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. As a municipal employee, you are automatically required to participate in one system with city contributions on your behalf, and have the option to elect additional retirement savings options.

## Texas Municipal Retirement System (TMRS)

- Full-time employees automatically contribute 7% of their salary to TMRS.
- The City of Round Rock contributes 2:1 of the employee's fund after the employee is vested (5 years of service) AND retires. Retirement must occur after 20 years of service or at age 60 (with 5 years of service).
- Your amount earns a guaranteed 5% rate per year.

## 457 Deferred Compensation Plans

Employees are offered the opportunity to save more toward retirement than the mandatory 7% with TMRS. Under Section 457 of the Internal Revenue Code, employees may defer up to the maximum allowed depending upon their age. Participation is handled through payroll deduction so taxes are reduced each pay period. An employee may join the 457 plan with Nationwide Retirement Solutions anytime during the year.






- Standard Deferral: \$19,000
- Age 50+ Catch-up: Additional \$6,000
- Special 457 Catch-up to \$38,000

	Pre-Tax	Post-Tax (Roth)
<b>Max contribution per year</b>	\$19,000	\$19,000
<b>Max contribution per year (age 50 and over)</b>	\$25,000	\$25,000

- Minimum contribution per pay period is \$10.00
- Maximum contribution per year includes both plans. Example: if you are under age 50 and you contribute \$4,000 per year to the Roth plan, the maximum that you can contribute per year to the pre-tax plan is \$15,000.





# Accident Insurance

Just as it sounds, Accident insurance with MetLife can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).

 <b>Emergency Room Visits</b>	 <b>Medical Exams</b> – including major diagnostic exams
 <b>Hospital Stays</b>	 <b>Physical Therapy</b>
 <b>Fractures and Dislocations</b>	 <b>Transportation and Lodging</b> – if you are away from home when the accident happens

## How the Plan Works

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like, including deductibles, child care, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs.

			
On his way to work, John was in a car accident.	He was transported by ground ambulance to the emergency room and admitted to the hospital.	He had a dislocated hip and spent five days in the hospital. He had several physical therapy sessions before returning to work.	John submitted his accident claim and received \$5,850 from his accident insurance coverage. He used it towards his deductible, copay and supplemental income for his missed work days.

### John's Accident Insurance Benefits Paid a Total of \$5,850

<b>Ground Ambulance</b>	<b>\$300</b>	<b>MRI</b>	<b>\$150</b>	<b>Dislocated Hip</b>	<b>\$3,000</b>
<b>Emergency Room</b>	<b>\$150</b>	<b>Hospital Stay – Admission</b>	<b>\$1,000</b>	<b>Appliances</b>	<b>\$100</b>
<b>X-ray</b>	<b>\$50</b>	<b>Hospital Stay – Daily (5 days)</b>	<b>\$1,000</b>	<b>Physical Therapy (4 sessions)</b>	<b>\$100</b>

Please refer to the benefit summary for details of this coverage, including rates.





# Critical Illness Insurance

Critical illnesses with MetLife can have a huge impact on your life. A critical illness can keep you from working and can make it difficult to do simple, everyday things. Critical Illness insurance can help reduce your stress – financially and mentally — while you recover from your illness. These illnesses can include, but are not limited to, the following:

 <b>Heart Attack</b>	 <b>Alzheimer's Disease</b>
 <b>Multiple Sclerosis</b>	 <b>Parkinson's Disease</b>
 <b>Stroke</b>	 <b>Major Organ Failure</b>

## How the Plan Works

Critical Illness insurance pays a fixed one-time benefit amount if you are diagnosed with a covered disease or illness after your coverage effective date. You can use this money for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs or any of your regular household expenses.

 Tom suffered a relatively small stroke.	 He was hospitalized for five days.	 He began rehab to get back to where he was physically before the stroke.	 Tom submitted his claim and received a lump-sum payment of \$10,000.
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Total Critical Illness Benefit Paid: \$10,000		
Benefit Amount		Guaranteed Issue Amount
<b>Employee</b>	\$5,000, \$10,000, \$15,000	All Guaranteed Issue
<b>Spouse</b>	50% of employee amount	All Guaranteed Issue
<b>Children</b>	50% of employee amount	All Guaranteed Issue

Please refer to the benefit summary for details of this coverage, including rates.

## Additional Benefits

### Employee Assistance Program

Everyone may need a little help from time to time. That's why we offer you and your eligible family members access to licensed counselors through our Employee Assistance Program (EAP). The EAP is available to you whether or not you elect other benefits coverage through the City.

You can contact the EAP for help with the following:

- Stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues — including identifying schools, daycare, tutors, and more
- Aging parents
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities

Through the EAP, you and your family can receive immediate support and guidance, as well as assessments and referrals for further services.

Note- the EAP is not available for children under age 7.

It's important to note that all EAP conversations are voluntary and strictly confidential. In addition, there's never a cost to you when you contact an EAP counselor; the City pays the full cost. You have a benefit of 6 covered sessions per issue per year. However, if you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

### iConnectYou: Your EAP on the Go

iConnectYou is an app that instantly connects you with professionals for instant support and help finding resources for you and your family.

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode below. For additional information, you may access your EAP's website following the details listed below.

**iConnectYou Passcode:** 52291

**Toll Free:** 866-327-2400

**Website:** [www.deeroakseap.com](http://www.deeroakseap.com)

**Website Username/Password:**  
roundrocktexas





## Legal Assistance Program

Whether you need a simple will or your legal needs are more extensive, Texas Legal has you covered. They offer services for a wide variety of legal matters, and you'll have access to a network of more than 500 licensed high-quality attorneys across the state of Texas. Legal insurance covers the fees of working with in-network attorneys, ensuring the resolution of personal legal matters is always affordable, accessible, and convenient.

Choose either the Select Plan or Preferred Plan, both of which include pre-paid legal benefits and identity theft protection. Will preparation is also covered at no additional cost, which can you give peace of mind when estate planning. Your coverage is portable, so you can continue to take advantage of low rates even if you leave the Company.

Legal services provided with Texas Legal:

- General attorney Access and Discounts
- Estate Planning
- Family Law
- Civil Law
- Criminal Law
- Real Estate and Financial

Visit [TexasLegal.org](https://www.texaslegal.org) or call 800-252-9346.



## Tuition Assistance

Financial assistance is available to employees who are seeking education for career and/or job related development and who are taking for-credit courses through an academic institution. Regular full-time employees with six or more months of service may be eligible for education assistance. The City provides up to \$2,000 in education assistance per fiscal year to eligible employees. These funds are allocated on a first-come, first-served basis. Classes must be offered by an accredited school or university and must have the opportunity to be taken for a grade.

## Clay Madsen Recreation Center

All employees receive either a free individual membership to the Clay Madsen Recreation Center OR a discounted family membership (immediate family members only).

## City Pool Passes

All employees are eligible for free passes for admittance to all City-owned pools (excluding RockNRiver). This benefit is available to employees and their immediate family members.

## Round Rock Public Library Card

All employees, regardless of residence, may apply for a free Round Rock Public Library card.

# Important Notices

## 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 employment-based 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 9.86% 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.

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 Tyler Jarl at [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov).

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

## 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.

<b>Company Name</b>	The City of Round Rock
<b>Employer Identification Number (EIN)</b>	74-6017485
<b>Employer address</b>	231 E Main Street, Ste 100 Round Rock, TX 78664
<b>Employer phone number</b>	512-218-5490
<b>Who can we contact about employee health coverage at this job?</b>	Tyler Jarl
<b>Phone number (if different from above)</b>	512-341-3143
<b>Email address</b>	<a href="mailto:tjarl@roundrocktexas.gov">tjarl@roundrocktexas.gov</a>

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

- As your employer, we offer a health plan to: All employees. Eligible employees are full time employees working at least 30 hours per week.
- With respect to dependents: We do offer coverage. Eligible dependents are: Your legal spouse, a child under the limiting age shown in your schedule of coverage, a child of your child who is your dependent for federal income tax purposes at the time application for coverage of the child is made, and any other child included as an eligible dependent under the plan.

If checked, 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](http://HealthCare.gov) will guide you through the process.

## Medicare Prescription Drug Notice

### Important Notice from The City of Round Rock About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it.**

**This notice has information about your current prescription drug coverage with the City of Round Rock 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 Round Rock has determined that the prescription drug coverage offered by the City of Round Rock 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 decide to join a Medicare drug plan, your current City of Round Rock coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Round Rock coverage, be aware that you and your dependents may not be able to get this coverage back.

#### 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 Round Rock and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Round Rock 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](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

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

October 1, 2019

The City of Round Rock  
Tyler Jarl

231 E Main Street  
Round Rock, TX 78664  
512-341-3143 — [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)

#### 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.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group 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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The City of Round Rock, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### 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;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- 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 Human Resources.

### 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 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](http://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 Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://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

October 1, 2019  
The City of Round Rock  
Tyler Jarl  
231 E Main Street  
Round Rock, TX 78664  
512-341-3143 – [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)

### Other Notices

#### Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the City of Round Rock's medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the City's medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact the City of Round Rock's Human Resources Department.

### 60-Day Special Enrollment Period

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

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) 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.

### Women's Health and Cancer Rights Act of 1998

If you have had or are going 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 consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Human Resources or your medical plan administrator.

### 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 Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information which is maintained by and for the plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources.

### Expanded Coverage for Women’s Preventive Care

Under the Affordable Care Act, the City of Round Rock provides female plan participants with expanded access to recommended preventive services, including contraceptives, without cost sharing. Additional women’s preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

### Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from the City of Round Rock your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2018. Contact your State for more information on eligibility.**

ALABAMA – Medicaid
Website: <a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a> Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>

ARKANSAS – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (1-855-692-7447)
COLORADO – Medicaid and CHP+
Medicaid Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943 TTY: State Relay 711 CHP+: <a href="http://www.Colorado.gov/HCPF/Child-Health-Plan-Plus">www.Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991 TTY: State Relay 711
FLORIDA – Medicaid
Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864
IOWA – Medicaid
Website: <a href="http://www.dhs.iowa.gov/hawk-i">http://www.dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563
KANSAS – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 785-296-3512
KENTUCKY – Medicaid
Website: <a href="http://chfs.ky.gov">http://chfs.ky.gov</a> Phone: 1-800-635-2570
LOUISIANA – Medicaid
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
MAINE – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid
Website: <a href="http://www.mass.gov/eohhs/gov/departments/mashealth/">http://www.mass.gov/eohhs/gov/departments/mashealth/</a> Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: <a href="http://www.mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">http://www.mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.dhhs.nh.gov/ombp/nhhpp/">http://www.dhhs.nh.gov/ombp/nhhpp/</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
NEW JERSEY – Medicaid and CHIP
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
OREGON – Medicaid
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
SOUTH CAROLINA – Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

SOUTH DAKOTA- Medicaid
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
VIRGINIA – Medicaid
Medicaid and CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll Free Phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
WYOMING – Medicaid
Website: <a href="https://www.wyequalitycare.acs-inc.com">https://www.wyequalitycare.acs-inc.com</a> Phone: 307-777-7531

To see if any other States have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, Ext. 61565**



# Notes

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## Important Contacts

Coverage	Contact	Phone	Website/Email
<b>Medical</b>	Aetna	855-339-9406	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Pharmacy</b>	Aetna	888-792-3862	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Dental</b>	Aetna Dental	877-238-6200	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Vision</b>	EyeMed	877-973-3238	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Compass Navigation Health Services</b>	Health Pro	800-513-1667	<a href="http://StartWithCompass.com">StartWithCompass.com</a> <a href="mailto:answers@compassphs.com">answers@compassphs.com</a>
<b>Flexible Spending Accounts</b>	Navia Benefit Solutions	800-669-3539 425-452-3500	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a> <a href="mailto:customerservice@naviabenefits.com">customerservice@naviabenefits.com</a>
<b>Life and AD&amp;D</b>	Minnesota Life	651-665-3789	<a href="mailto:apals@ochsinc.com">apals@ochsinc.com</a>
<b>Disability</b>	Madison National Life	651-665-3789	<a href="mailto:apals@ochsinc.com">apals@ochsinc.com</a>
<b>Retirement</b>	Texas Municipal Retirement System (TMRS)	512-476-7555	<a href="http://www.TMRS.com">www.TMRS.com</a>
<b>Accident &amp; Critical Illness Insurance</b>	MetLife	800-GET-MET-8	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
<b>Employee Assistance Program</b>	Deer Oaks EAP Services	866-327-2400	<a href="http://www.deeroaks.com">www.deeroaks.com</a> <a href="mailto:eap@deeroaks.com">eap@deeroaks.com</a>
<b>Deferred Compensation (Voluntary Retirement)</b>	Nationwide Insurance Sarita Null, Retirement Specialist	512-497-1666	<a href="http://www.nrsforu.com">www.nrsforu.com</a> <a href="mailto:sarita.null@nationwide.com">sarita.null@nationwide.com</a>
<b>Legal Assistance</b>	LegalShield Jim Holliday, Account Manager	512-567-4969	<a href="http://www.legalshield.com">www.legalshield.com</a>
	Texas Legal	512-327-1372	<a href="http://www.TLPP.com">www.TLPP.com</a>
<b>Employee Medical Clinic</b>	RockCare	800-993-8244	Employee Net
<b>Teladoc</b>	Teladoc	855-835-2362	<a href="http://teladoc.com">teladoc.com</a>
<b>Human Resources</b>	Tyler Jarl, Benefits Manager	512-341-3143	<a href="mailto:tjarl@roundrocktexas.gov">tjarl@roundrocktexas.gov</a>
	Sharon Callis, Benefits Specialist	512-671-2701	<a href="mailto:scallis@roundrocktexas.gov">scallis@roundrocktexas.gov</a>

This benefits guide highlights the main features of the Round Rock Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The City of Round Rock reserves the right to change or discontinue its employee benefits plans at any time.

