

2021 EMPLOYEE BENEFITS GUIDE



Life in Balance



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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 the benefits available to you. Please review it carefully and make your elections before the deadline. All elections you make during Open Enrollment will be effective on January 1, 2021. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

Full benefits information, including forms, is available online at EmployeeNet. Please visit employees.roundrocktexas.gov.

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 so you can be sure to have the benefits you need.

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Eligibility



If you are a full-time or part-time employee and 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 Open Enrollment. 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
Change in marital status	<ul style="list-style-type: none">• Marriage• Divorce/Legal Separation• Death	<ul style="list-style-type: none">• Copy of marriage certificate• Copy of divorce decree• Copy of death certificate
Change in number of dependents	<ul style="list-style-type: none">• Birth or adoption• Step-child• Death	<ul style="list-style-type: none">• Copy of birth certificate or copy of legal adoption papers• Copy of birth certificate plus a copy of the marriage certificate between employee and spouse• Copy of death certificate
Change in employment	<ul style="list-style-type: none">• Change in your eligibility status (i.e., full-time to part-time)• Change in spouse's benefits or employment status	<ul style="list-style-type: none">• Notification of increase or reduction of hours that changes coverage status• Notification of spouse's employment status that results in a loss or gain of coverage

Life Event Enrollment Process

1. Submit a Life Event request in ESS.
2. Provide required documentation to Human Resources.
3. Complete your benefits enrollment in ESS.

If you do not contact Human Resources and complete your enrollment in ESS 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 and Prescription (Rx)	City of Round Rock/You	Pretax
RockCare	City of Round Rock	N/A
Alight Health Navigation	City of Round Rock	N/A
Dental	City of Round Rock/You	Pretax
Vision	City of Round Rock/You	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	City of Round Rock	N/A
Voluntary 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	Pretax
457(b) Deferred Compensation	You	Pretax or After-tax
Employee Assistance Plan	City of Round Rock	N/A
Accident + Critical Illness	You	After-tax
Prepaid Legal + ID Theft Prevention	You	After-tax
Pet Insurance	You	N/A (Direct Bill)

Medical Plans



Our medical plans with Aetna provide 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 Plans Comparison

This is a summary. Please reference plan documents for full information.

Cost Sharing Provisions	Aetna Choice Plan		Aetna Whole Health Seton Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Calendar Year Deductible			
Individual	\$1,000	\$2,000	\$500
Family	\$3,000	\$6,750	\$1,500
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$5,000	\$12,000	\$2,500
Family	\$14,500	\$36,000	\$5,000
	You Pay		You Pay
Coinsurance			
Preventive Care	\$0 copay	50% *	\$0 copay
Primary Care Physician	\$25 copay	50% *	\$25 copay
Specialist	\$45 copay	50% *	\$35 copay
Urgent Care	\$35 copay	50% *	\$35 copay
Allergy Injections	20% *	50% *	10% *
Diabetes Education and Counseling	\$45 copay	50% *	\$35 copay
Inpatient	20% *	50% *	10% *
Outpatient	20% *	50% *	10% *
Hospital & Physician Services – Emergency	\$300 copay + 20% *	\$300 copay + 50% *	\$300 copay + 10% *
Hospital Services – Non Emergency	Not covered	Not covered	Not covered
Ambulance Services (Ground & Air)	20% *	50% *	10% *
Outpatient Diagnostic Service (CT scans, PET scans, MRI, nuclear medicine)	20% *	50% *	10% *
Outpatient Therapeutic Treatments (dialysis, intravenous chemotherapy or infusion therapy)	20% *	50% *	10% *
Spinal Treatment / Chiropractic Care	100% at Airrosti \$45 copay all others	50% *	100% at Airrosti \$35 copay all others
Durable Medical Equipment, Prosthetic Devices, Orthopedic Appliances	20% *	50% *	10% *
Orthotic Devices	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
Cost Sharing Provisions			
Home Health Care	20% * (120 visits per year)	50% *	\$0* (60 visits per year)
Hospice Care	20% *	50% *	\$0 copay
Occupational, Speech and Cardiac Therapy	20% * (combined 60 visits per year)	50% *	\$35 copay (combined 60 visits per year)
Skilled Nursing Facility – Inpatient Rehab Facility (90 days per year maximum)	20% *	50% *	0% *
Organ or Tissue Transplant Services (must be pre-certified)	20% *	50% *	10% * (must be performed at a Preferred Transplant Center) ¹
Travel, Lodging and Meals Benefit	20% *	50% *	\$0* ²
Outpatient Mental Illness	\$45 copay	50%*	\$35 copay
Outpatient Substance Abuse	\$45 copay	50% *	\$35 copay
Outpatient Chemical Dependency	\$45 copay	50% *	\$35 copay
Inpatient Mental Illness	20% *	50% *	10% *
Inpatient Substance Abuse	20% *	50% *	10% *
Inpatient Chemical Dependency	20% *	50% *	10% *
Hearing Aids	20% * up to \$4,000 per year	50% *	10% * up to \$4,000 over 36 months
Radial Keratotomy LASIK Procedure	50% * \$1,500 lifetime limit	Not covered	50% * \$1,500 lifetime limit
Newborn Inpatient Care	20% *	50%*	10% *
Wig (when prescribed by MD or DO as a result of hair loss due to chemotherapy or radiation)	20% *, not to exceed \$1,000 per 365 days ³	Not covered	10% *, not to exceed \$1,000 per 365 days ³

* You pay after deductible.

¹Preferred 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.

² \$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.

³ If medical criteria is met.

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



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 dependents enrolled with the City's medical plans may receive treatment at Airrosti for a \$0 copay (not to exceed 20 visits per member per year).

Contact: 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 cost to employees and their dependents enrolled with the City's medical plans.

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 in-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 CVS Rx Home Delivery – a mail-order pharmacy.

Additional Perks

- Aetna Discount Programs
- Aetna FitnessSM
- Aetna Natural Products and ServicesSM
- Aetna HearingSM
- Aetna Mobile App

RockCare — Provided by CareATC



All employees, and their dependents age 5 and above, enrolled with the City's medical plans may receive primary care at 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. Monday – Thursday.

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, call the scheduling line at 800-993-8244.

How to access the CareATC Mobile App

Securely activate your account by downloading the CareATC app or visiting www.careatc.com/activate.

4 Easy Steps:

1. **Tell Us About Yourself** – Provide personal details. It is important you double check that this matches your employer records.
2. **Verify Your Identity** – Complete a short verification quiz.
3. **Create Your Account** – Set up your username and password.
4. **Set Up Your Recovery Options** – Provide a phone number and/or email address to recover login information.

For more information, visit the RockCare webpage on Employee Net.



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

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

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 in-network with both medical plans, 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:

- Upper respiratory infections, strep throat, flu symptoms
- Sprains, strains, minor cuts, burns, bruises, blisters
- Diabetes, cholesterol, high blood pressure
- Athlete's foot, chicken pox, canker sores, poison ivy
- Travel Health: Typhoid, malaria, pre-travel consultation
- Vaccinations: Tetanus shots, flu shots
- Wellness and Physicals: Sports physicals, TB testing
- Pregnancy tests, bladder infections, birth control

Visit www.cvs.com/minuteclinic and search for MinuteClinics in your area by ZIP code.

Seton Express Care

Primary Care copayment. Staffed with doctors and advanced practitioners, and in-network with both health plans. Open 7 days a week and walk-ins welcome.

Clinic Hours

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.

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

Round Rock Location

Seton Family of Doctors at Round Rock
201 University Oaks Blvd., Suite 1260
Round Rock, TX 78665

512-324-4780

seton.net/expresscare – for more information and locations

Alight — Health Pro Consultants



Let us handle the health care stuff.

Health benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming. We are here to simplify your health care experience and help you take control of health care costs. Your personal Health Pro® consultant will take care of you, so you can spend more time on what matters most. We can help you...

How Alight Takes Care of You



Understand your benefits

Clear up any confusion about your health plan.



Pay less for prescriptions

Get recommendations for lower-cost medications.



Find great doctors

Locate highly-rated doctors, dentists and eye care professionals.



Resolve billing errors

Over 30% of medical bills are wrong. Don't get overcharged.



Save money on health care

Compare prices and choose more cost-effective options.



Schedule appointments

Have your appointments scheduled at times most convenient for you.

Get Started – Member Portal: member.alight.com

Health Pro: Damonti.Battonjackson@alight.com | 800-513-1667

Health Care Support for You and Your Family



Simply visit member.alight.com and click on "Register" to get started. Note: All contact with Alight is strictly confidential.

Health Care Help on the Go



Whether you need help finding a great doctor or lowering health care costs, you can make smarter, in-the-moment health care decisions with the Health Pro Cloud app. Get instant answers to health care questions 24/7.



Testimonials

James — Savings of \$800

"When I hurt my shoulder, my doctor told me I needed a CT Scan. Luckily, I used Alight to check prices first because the hospital was going to charge me \$1,500. Alight found an imaging center near my home that only charged \$700."

Sarah — Savings of \$600

"After my surgery, I wanted to check my various bills and charges to make sure I wasn't being overcharged. I had absolutely no time to do this, so I called Alight and they found several mistakes. They worked everything out between the hospital and the insurance company and it saved me \$600."



Teladoc Telemedicine

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 24/7/365 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](https://www.teladoc.com) for a complete list.**

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

Aetna Dental Plan



Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

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

Aetna Dental Plan Rates				
	RATE	CITY PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	EMPLOYEE PAYS SEMI-MONTHLY
Employee Only	\$48.00	\$20.00	\$28.00	\$14.00
Employee + Spouse	\$66.00	\$20.00	\$46.00	\$23.00
Employee + Child(ren)	\$63.00	\$20.00	\$43.00	\$21.50
Employee + Family	\$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. 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	You Pay (Reimbursement Only)
Cost		
Routine Eye Exam Benefit	\$10 copay	\$25 Reimbursement
Exam Options (fit and follow-up)	Member pays discounted fee of \$40	Not covered
Frames (at provider location)	\$130 allowance then additional 20% off	\$65 Reimbursement
Covered Services – Standard Plastic Lenses		
Single Vision	\$10 copay	\$20 Reimbursement
Bifocals	\$10 copay	\$40 Reimbursement
Trifocals	\$10 copay	\$65 Reimbursement
Lenticular	\$10 copay	\$65 Reimbursement
Progressive Lenses – Standard	\$75 copay	\$40 Reimbursement
Progressive Lenses – Premium	\$75 copay, \$120 allowance Additional 20% off balance over the allowance	\$40 Reimbursement
Covered Services – Lens Options		
UV Treatment	\$15	Not covered
Tint (solid and gradient)	\$15	Not covered
Standard Plastic Scratch Coating	\$15	Not covered
Standard Polycarbonate	\$40	Not covered
Standard Anti-Reflective Coating	\$45	Not covered
Polarized	80% of retail	Not covered
Covered Services – Contacts in lieu of Frames/Lenses		
Contact Exam – Standard or Premium	Member pays discounted fee of \$40	Not covered
Conventional	Member pays 85% of balance over \$130	\$90 Reimbursement
Disposable	Member pays 100% of balance over \$130	\$90 Reimbursement
Medically Necessary	\$0 copay	\$200 Reimbursement
Other		
Laser Vision Correction LASIK or PRK from US Laser Network	15% off retail price or 5% off promotional price	Not covered
Benefit Frequency		
Comprehensive Exam	Once every rolling 12 months	
Lenses (including contact lenses)	Once every rolling 12 months	
Frames	Once every rolling 12 months	
Second Pair Discount	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

Aetna Vision Plan Rates				
	MONTHLY RATE	CITY PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	EMPLOYEE PAYS SEMI-MONTHLY
Employee Only	\$7.00	\$6.00	\$1.00	\$0.50
Employee + Spouse	\$12.00	\$6.00	\$6.00	\$3.00
Employee + Child(ren)	\$12.70	\$6.00	\$6.70	\$3.35
Employee + Family	\$18.68	\$6.00	\$12.68	\$6.34

Flexible Spending Accounts (FSAs)



Flexible Spending Accounts (FSAs) with Navia Benefit Solutions, 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	VS	Dependent Care FSA
<p>Contribute up to \$2,750 per year, pretax 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.</p>		<p>Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns 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.</p>
<p>Receive a debit card to pay for eligible medical expenses (funds must be available in your account).</p>		<p>Receive a debit card to pay for eligible expenses (funds must be available in your account).</p>
<p>Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications (must be prescribed by your doctor).</p>		<p>Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.</p>
<p>Submit claims up to February 28 of the following year for expenses from January 1 to December 31. Per IRS regulations, \$500 and less may be rolled over to the next calendar year.</p>		<p>Submit claims up to February 28 of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by December 31, per IRS regulations, unused dollars will be forfeited.</p>

If you are contributing to a Health Savings Account (HSA), you are not eligible for the Health Care FSA.



Access Your FSA 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/.

Election and Claim Filing Period

Open Enrollment 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 | **Email:** customerservice@naviabenefits.com

Phone: 800-669-3539 | 425-452-3500



Life and 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 all benefits eligible employees. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

AD&D is provided in addition to 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 annual salary, rounded to the nearest \$1,000 (up 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 and is subject to federal income and Social Security taxes. 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 through the City's 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. If you die during retirement, the benefit is \$7,500. You are automatically enrolled, with no cost to you, in the Supplemental Death Benefit with your TMRS membership.

Voluntary Life and AD&D Coverage

Voluntary 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 Voluntary Life and AD&D for themselves and their family. Voluntary Life and AD&D insurance will be deducted 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.

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 new enrollments and increases made during Open Enrollment to currently enrolled amounts will require EOI.

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
Child Monthly Life Rate	\$1.80 for \$15,000
Employee Monthly Voluntary AD&D Rate	\$0.025/\$1,000
Family Monthly Voluntary AD&D Rate	\$0.035/\$1,000

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.

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. Certain exclusions and pre-existing condition limitations may apply.

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

Coverage	Benefit
Short-Term Disability	<ul style="list-style-type: none">• 60% of your weekly earnings up to a \$1,000 weekly maximum for 24 weeks• Benefit begins after 14 days of disability, not to exceed 24 weeks
Rate	<ul style="list-style-type: none">• Monthly cost is \$0.34 per \$10 of covered benefit

A qualifying disability is a sickness or injury that causes you to be unable to perform any 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 all eligible employees. No enrollment is needed.

Coverage	Benefit
Long-Term Disability	<ul style="list-style-type: none">• 60% of your monthly earnings up to a \$5,000 monthly maximum• 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



When Are You Disabled?

To be considered disabled and eligible for LTD benefits, you must be approved by Madison National Life and seeing a doctor regularly for treatment. In addition:

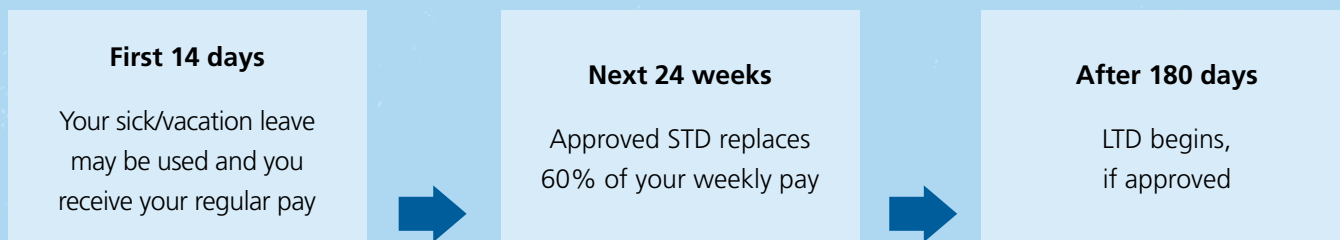
- Your doctor must certify that you are not able to do your job at the City, and;
- You must have lost 20% or more of your pre-disability income due to your illness or injury.

An Example: How STD and LTD can Work Together

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

- For the first 14 calendar days you miss work, you may use your accrued paid leave and receive your regular pay.
- For the next 24 weeks, you would receive STD benefits equal to 60% of your pay, up to \$1,000 per week.
- If you are out longer than 24 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 Madison National Life.

How STD and LTD Work Together



Accident Insurance



Accident insurance with MetLife can help you pay for costs you may incur after an accidental injury, illness or hospitalization. This is a voluntary benefit.

Accident insurance pays a fixed, one-time benefit amount which you can use 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, childcare, travel to and from treatment, home health care costs or any of your regular household expenses. Pre-existing conditions are excluded.

Eligible Expenses



Emergency Room Visits



Medical Exams – including major diagnostic exams



Fractures and Dislocations



Hospital Stays



Physical Therapy



Transportation and Lodging – if you are away from home when the accident happens

How the Plan Works







- 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 \$5,800 from his accident insurance coverage.
- He used it towards his deductible, copay and supplemental income for his missed work days.

Sample Reimbursements

Ground Ambulance	\$300
Emergency Room	\$100
X-ray	\$50
MRI	\$150
Hospital Stay – Admission + 5 days	\$2,000
Dislocated Hip	\$3,000
Appliances	\$100
Physical Therapy (4 sessions)	\$100
Total Benefit Paid	\$5,800





Critical Illness Insurance

Critical Illness insurance 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:

 Heart Attack	 Parkinson's Disease
 Multiple Sclerosis	 Stroke
 Alzheimer's Disease	 Major Organ Failure

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. Pre-existing conditions are excluded.

 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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Critical Illness Benefit Options

Coverage Level	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$15,000	All Guaranteed Issue
Spouse	50% of employee amount	All Guaranteed Issue
Children	50% of employee amount	All Guaranteed Issue

Please refer to the benefits summary for more information, including rates.

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. Employees are required to participate with TMRS, and you have the option to elect additional retirement savings options.

Texas Municipal Retirement System (TMRS)

- Benefits eligible employees automatically contribute 7% of their salary to TMRS.
- Your account earns a guaranteed 5% interest rate per year.
- The City of Round Rock contributes 2:1 of an employee's fund when the employee retires. Retirement may occur after 20 years of service or at age 60 (with 5 years of service).

457(b) Deferred Compensation Plans

Employees may save more toward retirement than the mandatory 7% with TMRS. Under Section 457 of the Internal Revenue Code, employees may defer pretax, post-tax or both, up to the maximum allowed depending upon their age. Participation is handled through payroll deduction each pay period. An employee may join the 457 plan with Nationwide Retirement Solutions anytime during the year. Contribution changes must be submitted to Nationwide Retirement Solutions and are effective the first paycheck of the following month.

- Standard Deferral: \$19,500
- Age 50+ Catch-up: Additional \$6,500
- Special 457 Catch-up to \$39,000

	Pre-Tax	Post-Tax (Roth)
Max contribution per year	\$19,500	\$19,500
Max contribution per year (age 50 and over)	\$26,000	\$26,000

- 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 \$15,500.



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 | **Website Username/Password:** roundrocktexas





Pre-Paid Legal and Identity Theft Prevention

Pre-paid legal and identity theft prevention are voluntary benefits and are administered by both Texas Legal and LegalShield/IDShield.

Texas Legal:

Texas Legal, a nonprofit founded by the State Bar of Texas, provides inexpensive, convenient access to high quality attorneys, then keeps you and your family safe with insurance for the vast majority of life's personal legal needs. Included in your Texas Legal membership is access to Experian, an identity theft prevention benefit. Full benefits summaries are on EmployeeNet.

Plan	Employee-Monthly	Family Monthly
Select	\$7.00	\$9.00
Preferred	\$12.00	\$16.00

LegalShield:

Summary: enrollment with LegalShield gains you access to an entire law firm for assistance with a wide variety of legal matters. Enrollment with IDShield gains you access to comprehensive monitoring of your most personal data, consultation and full restoration if your identity is stolen or compromised. Full benefits summaries are on EmployeeNet.

Plan	Employee-Monthly	Family Monthly
LegalShield	\$16.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$25.90	\$33.90



Tuition Assistance

Tuition 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 tuition assistance. The City provides up to \$2,000 in tuition 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 employees must submit their application to Human Resources prior to the start of their class(es).

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.

To get a library card, apply in person at the library.

The following documentation is required when applying for a Round Rock Public Library card:

- A valid Texas issued ID with current address. OR
- A valid government issued ID and printed official document with current Texas address. Examples of official documents to prove Texas residency are: lease, recent bill, insurance card, check from bank, etc.

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.

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

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.

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

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 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.
- 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, 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, 2020
City of Round Rock
Tyler Jarl
231 E Main Street, Ste. 100
Round Rock, TX 78664
512-341-3143 — 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.

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. (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.

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, 2020
City of Round Rock
Tyler Jarl
231 E Main Street, Ste. 100
Round Rock, TX 78664
512-341-3143 – 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.

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

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

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: http://www.myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)
COLORADO – Medicaid and CHP+
Medicaid Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 TTY: State Relay 711 CHP+: www.Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991 TTY: State Relay 711
FLORIDA – Medicaid
Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid
Website: http://www.dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 785-296-3512
KENTUCKY – Medicaid
Website: http://chfs.ky.gov Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: http://www.mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Website: http://dhcfp.nv.gov Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/ombp/nhhipp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid
Medicaid and CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/ Toll Free Phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://www.wyequalitycare.acs-inc.com Phone: 307-777-7531

To see if any other States have added a premium assistance program since **July 31, 2020**, 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
1-866-444-EBSA (3272)

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

Notes

Important Contacts

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



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