Amendment No. 2
to
Contract No. MA 5800 NA210000132
for
Fully Insured Stand-Alone Vision Plan
between
Avesis Third Party Administrators Inc., dba Avesis Ins.
and the
City of Austin, Texas

1.0 The City hereby exercises this extension option for the subject contract. This extension option will be effective January 1, 2024, to December 31, 2024.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

BY THE SIGNATURE affixed below, this Amendment is hereby incorporated and made a part of the above referenced contract.

Signature & Date: Beatrice Washington Digitally signed by Beatrice Washington Date: 2023.11.01 14:03:58 -05'00'
Authorized Representative

Beatrice Washington,
Contract Management Specialist III
City of Austin

Signature & Date: Susan Arbuckle 11/01/2023
Authorized Representative

Susan Arbuckle
Procurement Specialist III
Financial Services Department

Amendment No. 1
of
Contract No. MA 5800 NA210000132
For
Fully Insured Stand-Alone Vision Plan
between
Avesis Third Party Administrators, Inc. D/B/A Avesis, Inc. ("Contractor")
and
the City of Austin

1.0 The City hereby amends the above referenced Contract to decrease monthly rate for "Surviving Child(ren) Only" item from $8.12 to $3.96. To address this change, "Price Sheet Best and Final Offer" has been replaced in its entirety with the attached "Price Sheet - Updated 11/5/21".

2.0 MBE/WBE goals were not established for this contract.

3.0 By signing this Amendment, the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

4.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced contract.

Avesis Third Party Administrators, Inc. D/B/A Avesis, Inc.

Michael Reamer

Signature

Title: Chief Marketing Office

Date: 11/30/2021

CITY OF AUSTIN

Cyrenthia Ellis

Cyrenthia Ellis Digitally signed by Cyrenthia Ellis DN: cn=Cyrenthia Ellis, o=City of Austin, ou=Purchasing Office, email=Cyrenthia.Ellis@austintexas.gov, c=US Date: 2021.12.08 08:57:58 -06'00'

Signature

Title: Procurement Manager

Date: 12/8/2021

Leyla Mammadova

Signature

Leyla Mammadova Digitally signed by Leyla Mammadova Date: 2021.12.07 09:49:07 -06'00'

Title: Procurement Specialist IV

Date: 12.7.2021

PRICE SHEET - Updated on 11/5/2021

COMPANY NAME: Avesis Third Party Administrators, Inc

RFP 5800 LMI 3000 - Vision Services

The rates contained herein are based on the following assumptions:

1. The rates are calculated on a per Employee/Retiree per month.
2. The Contractor shall quote rates out to two (2) decimal points and shall be divisible by two (2).
3. The rates include all costs for the requirements listed in this RFP, including, but not limited to labor, materials, supplies, printing, postage, travel, and all costs and fees including administrative burden.
4. The rates are guaranteed for the initial 24-month period.
5. If the rates are not guaranteed for the three (3), 12-month extension option periods, rate caps (fees with a maximum percentage increase) shall be provided.
6. The rates are guaranteed regardless of actual enrollment

VISION SERVICES	# of Participants	INITIAL CONTRACT - GUARANTEED RATES				OPTION - YEAR 1		OPTION - YEAR 2		OPTION - YEAR 3	
		2022		2023		2024		2025		2026	
Coverage Levels	**As of December 1, 2020**	**Monthly Rate**	**Annual Premium** (monthly rate x 12)	**Monthly Rate**	**Annual Premium** (monthly rate x 12)	**Monthly Rate**	**Annual Premium** (monthly rate x 12)	**Monthly Rate or Max % increase**	**Annual Premium** (monthly rate x 12)	**Monthly Rate or Max % increase**	**Annual Premium** (monthly rate x 12)
Employee Only	4,792	$3.96	$227,715.84	$3.96	$227,715.84	$3.96	$227,715.84	$3.96	$227,715.84	$3.96	$227,715.84
Employee & Spouse or DP	1,323	$8.56	$135,898.56	$8.56	$135,898.56	$8.56	$135,898.56	$8.56	$135,898.56	$8.56	$135,898.56
Employee & Child(ren)	1,388	$8.12	$135,246.72	$8.12	$135,246.72	$8.12	$135,246.72	$8.12	$135,246.72	$8.12	$135,246.72
Employee & Family or DP & Child(ren)	2,105	$12.94	$326,864.40	$12.94	$326,864.40	$12.94	$326,864.40	$12.94	$326,864.40	$12.94	$326,864.40
Retiree Only	1,645	$3.96	$78,170.40	$3.96	$78,170.40	$3.96	$78,170.40	$3.96	$78,170.40	$3.96	$78,170.40
Retiree & Spouse or DP	1,220	$8.56	$125,318.40	$8.56	$125,318.40	$8.56	$125,318.40	$8.56	$125,318.40	$8.56	$125,318.40
Retiree & Child(ren)	148	$8.12	$14,421.12	$8.12	$14,421.12	$8.12	$14,421.12	$8.12	$14,421.12	$8.12	$14,421.12
Retiree & Family or DP & Child(ren)	378	$12.94	$58,695.84	$12.94	$58,695.84	$12.94	$58,695.84	$12.94	$58,695.84	$12.94	$58,695.84
Surviving Spouse	139	$3.96	$6,605.28	$3.96	$6,605.28	$3.96	$6,605.28	$3.96	$6,605.28	$3.96	$6,605.28
Surviving Spouse & Child(ren)	5	$8.12	$487.20	$8.12	$487.20	$8.12	$487.20	$8.12	$487.20	$8.12	$487.20
Surviving Child(ren) Only	3	$3.96	$142.56	$3.96	$142.56	$3.96	$142.56	$3.96	$142.56	$3.96	$142.56
Total	**13,146**		$1,109,566.32		$1,109,566.32		$1,109,566.32		$1,109,566.32		$1,109,566.32
										Contract Total*	**$5,547,831.60**

*requires rate on all 5 fields

CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
and
Avesis Third Party Administrators, Inc. D/B/A Avesis, Inc. ("Contractor")
for
Fully Insured Stand-Alone Vision Plan

Contract Number: MA 5800 NA210000132

The City accepts the Contractor's Offer for the above requirement and enters into the following Contract. This Contract is between Avesis Third Party Administrators, Inc. D/B/A Avesis, Inc. having offices at 10400 N. 25th Avenue, Suite 200, Phoenix, AZ85021 and the City, a home-rule municipality incorporated by the State of Texas. Capitalized terms used but not defined herein have the meanings given in the Solicitation.

1.1 **This Contract is composed of the following documents in order of precedence:**

1.1.1 This Document;

1.1.2 The City's Solicitation RFP 5800 LMI3000 including all documents incorporated by reference;

1.1.3 Contractor's Offer, dated March 11, 2021, incorporated herein and attached hereto.

1.2 **Term of Contract.** This Contract shall remain in effect for an initial term of 24-months or the City terminates the Contract. This Contract may be extended beyond the initial term for up to three additional 12-month periods at the City's sole option.

1.3 **Designation of Key Personnel.** The City and the Contractor resolve to keep the same key personnel assigned to this engagement throughout its term. In the event that it becomes necessary for the Contractor to replace any key personnel, the replacement will be an individual having equivalent experience and competence in executing projects such as the one described herein. Additionally, the Contractor shall promptly notify the City and obtain approval for the replacement. Such approval shall not be unreasonably withheld. The Contractor's and City's key personnel are identified as follows:

	Name	Phone Number	Email Address
Contractor Contract Manager	Rusty Rice	210-384-8103	Russell_Rice@avesis.com
City Contract Manager	Andrew Merville	512-974-3409	Andrew.Merville@austintexas.gov
City Contract Administrator, Procurement Specialist	Leyla Mammadova	512- 978-1519	leyla.mammadova@austintexas.gov

1.4 **Invoices.** The City self-bills and will calculate monthly rates owed to Contractor for Employees and Retirees using enrollment information as of the first day of each month, provided by the City's Third-Party Eligibility Administrator (TPA). Contractor shall honor the enrollment dates of Employees and Retirees who enroll after the first day of each month. Contractor will be paid for these persons beginning the following month. Refer to Section 5.4.6 of this Scope.

This Contract (including any Exhibits and referenced Documents) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

Avesis Third Party Administrators, Inc. D/B/A Avesis, Inc.	**CITY OF AUSTIN**
Michael Reamer	
	Cyrenthia Ellis
Michael Reamer	Cyrenthia Ellis Digitally signed by Cyrenthia Ellis DN: cn=Cyrenthia Ellis, o=City of Austin, ou=Purchasing Office, email=Cyrenthia.Ellis@austintexas.gov, c=US Date: 2021.06.11 15:14:06 -05'00'
Signature	Signature
Chief Marketing Officer	
Title	Title: Procurement Manager
May 12, 2021	6.11.2021
Date	Date:

Solicitation
COVER SHEET

IDENTIFICATION	
Number	RFP 5800 LMI3000
Title	Vision Benefit Services
Summary	The City of Austin seeks to establish a contract for Stand Alone Vision Benefit Services
Type	Request for Proposals (RFP)
Version (Addenda)	0

AUTHORIZED CONTACT PERSONS	
Primary	Leyla Mammadova, Procurement Specialist IV; (512) 978-1519; leyla.mammadova@austintexas.gov
Secondary	Marian Moore, Procurement Specialist IV; (512) 974-2062; marian.moore@austintexas.gov
Subcontractor Questions	Small Minority Business Resources Department; (512) 974-7600; SMBRComplianceDocuments@austintexas.gov
Notes	See Solicitation Instructions, 3.1 Authorized Contact Persons.

IMPORTANT DATES	
OFFERS DUE	
Date and Time	Tuesday, February 23, 2021 at 2:00 PM CST
Notes	See Solicitation Instructions, 5 Offer Submission.
OFFER OPENING	
Date and Time	Tuesday, February 23, 2021 at 3:00 PM CST
Notes	See Solicitation Instructions, 5 Offer Submission.
QUESTIONS DUE	
Date and Time	Tuesday, February 16, 2021 at 3:00 PM CST
Submission Method	Email Only
Notes	See Solicitation Instructions, 3.2 Questions.

PRE-OFFER CONFERENCE

Conference (Yes/No)	Yes
Mandatory (Yes/No)	No
Date and Time	Tuesday, February 11, 2021 at 1:00 PM CST
Location	**Microsoft Teams Meeting**
Notes	**Join on your computer or mobile app** Click here to join the meeting **Or call in (audio only)** +1 512-831-7858,250941797# United States, Austin Phone Conference ID: 250 941 797#

PUBLISHED

Date	Monday, February 1, 2021
Available Online	https://www.austintexas.gov/financeonline/account_services/solicitation/solicitations.cfm
Available Hardcopy	Purchasing Office; 124 w. 8th Street, Suite 300; Austin, TX 78701

SOLICITATION DOCUMENTS

Document name	Pages	Date
Solicitation Packet – RFP 5800 LMI3000 Includes the following:		02/01/2021
Solicitation Cover Sheet	3	02/01/2021
Solicitation Instructions	12	02/01/2021
Terms and Conditions	22	02/01/2021
Scope of Work	6	02/01/2021
Exhibit 1 – 2021 Employee Benefits Guide	64	02/01/2021
Exhibit 2 – 2021 Retiree Benefits Guide	40	02/01/2021
Exhibit 3 – Vision Flyer	2	02/01/2021
Exhibit 4 –Claims and Premiums	4	02/01/2021
Exhibit 5 – Active and Retiree Demographics Data	281	02/01/2021
Exhibit 6 – Vision Program Experience	5	02/01/2021
Exhibit 7 – Service Level Agreement	1	02/01/2021
Attachment 1: Business Organization Questionnaire – Complete and return	1	02/01/2021
Attachment 2: References Questionnaire – Complete and return	1	02/01/2021
Attachment 3: Account Team Information – Complete and return	2	02/01/2021
Attachment 4: Customer Service Questionnaire – Complete and return	1	02/01/2021

Attachment 5: System Capabilities Questionnaire – Complete and return	1	02/01/2021
Attachment 6: Administration Questionnaire – Complete and return	1	02/01/2021
Attachment 7: Vision Retail Provider List – Complete and return	1	02/01/2021
Attachment 8: Vision Provider List – Complete and return	1	02/01/2021
Attachment 9: Plan Design Variance – Complete and return	1	02/01/2021
Price Sheet – RFP 5800 LMI3000 – Complete and return	1	02/01/2021
SDVBE Preference Form - Complete and return	1	02/01/2021
Offer and Certifications – RFP 5800 LMI3000– Complete and return	**15**	02/01/2021

NIGP CODES

COMMODITY CODES

Code	Description
95348	Health/Hospitalization (incl.Dental and Vision)
95861	Insurance and Risk Management Services

Solicitation
INSTRUCTIONS

Solicitation No.
RFP 5800 LMI3000

1 REQUEST FOR PROPOSALS

1.1 Invitation. The City of Austin invites all Responsible Offerors to submit Proposals to provide the goods and/or services described in this Solicitation.

1.2 Documents. This Request for Proposals ("RFP" or "Solicitation") is composed of all documents listed in the Attachments section of the Solicitation Cover Sheet.

1.3 Process. The process described in this RFP is the Competitive Sealed Proposals process. This process is procedurally compliant with the competitive proposal processes prescribed by Texas Local Government Code Ch. 252 and Ch. 271.

1.4 Changes. The City may change or revise any of the contents of this Solicitation through the issuance of a written Addendum. Any Addenda issued will be added to the Attachments section of the Solicitation Cover Sheet. The Version number displayed in the Solicitation Cover Sheet will indicate the number of Addenda issued. Any explanation, clarification, interpretation or change to the Solicitation made in any other manner is not binding upon the City, and Offerors shall not rely upon such explanation, clarification, interpretation or change. Oral explanations or instructions given before the award of the Contract are not binding.

1.5 Review of Documents. Offerors shall review the entire Solicitation, as revised. Offerors shall notify the Authorized Contact Person(s) listed on the Solicitation Cover Sheet in writing of any omissions, ambiguities, inconsistencies or errors in the Solicitation prior to the Offer Due Date and Time displayed in the Important Dates section of the Solicitation Cover Sheet. Offerors shall also notify the City of any Solicitation contents the Offeror believes may be unreasonably restrictive.

1.6 Cancellation. The City reserves the right to cancel this Solicitation at any time for any reason and to resolicit the goods and services included in this Solicitation.

2 PUBLICATION AND NOTICES

2.1 Publication. This Solicitation was published in the City's financial services website, Austin Finance Online, as of the Published date displayed in the Solicitation Cover Sheet section.

2.2 Email Notices. On the Solicitation's Published date, email notices regarding this Solicitation were issued to all vendors registered in Austin Finance Online that had previously selected the NIGP Codes displayed in the Solicitation Cover Sheet section. All subsequent email notices regarding this Solicitation will be limited to those vendors or other persons that subscribe to this Solicitation in Austin Finance Online.

2.3 Newspaper Notices. If applicable, one or more notices of this Solicitation were published in the newspaper as required by statute.

2.4 Third-Party Notices. Austin Finance Online is the only source of official notices regarding this Solicitation. Prospective Offerors shall not rely on any notices concerning this Solicitation received from sources other than Austin Finance Online.

3 COMMUNICATIONS AND MEETINGS

3.1 Authorized Contact Persons. The names and contact information for the authorized contact persons for this Solicitation are displayed in the Solicitation Cover Sheet. Offerors needing assistance contacting an Authorized Contact Person regarding this Solicitation may also contact the Purchasing Office's main line at (512) 974-2500 and request assistance from any member of the Purchasing Office's management team. Offerors may direct specific questions concerning subcontractors and responding to the Minority-owned Business Enterprise and Women-owned Business Enterprise Procurement Program requirements to the SMBR contact, also listed on the Solicitation Cover Sheet.

3.2 Questions. Offerors shall submit any questions concerning this Solicitation in writing via e-mail to the Authorized Contact Persons displayed on the Solicitation Cover Sheet. The City will respond to all questions received by the Questions Due Date and Time displayed on the Solicitation Cover Sheet. The City will publish one or more Addenda displaying all timely received questions and the City's responses to each for any information not already contained in the solicitation.

3.3 Vendor Help Desk. For general questions concerning the City's online financial services system, Austin Finance Online, Vendor Connection ("Vendor Connection"), Offerors may contact the Vendor Help Desk at (512) 974-2018. Assistance from the Vendor Help Desk is limited to navigating and using Vendor Connection only. The Vendor Help Desk will not respond to any questions concerning a specific Solicitation.

3.4 No-Lobbying. This Solicitation is subject to City Code, Ch. 2-7, Article 6, Anti-Lobbying and Procurement.(https://assets.austintexas.gov/purchase/downloads/New_ALO_Ordinance_No_20180614-056.pdf) The No-Lobbying period for this Solicitation starts on the Published Date displayed on the Solicitation Cover Page. The No-Lobbying Period continues through the earliest of the following: (i) the Solicitation is cancelled, (ii) the last of any resulting contract(s) are executed, or (iii) 60-days following Council authorization of the last contract resulting from this Solicitation. The No-Lobbying Period continues throughout the completion of the solicitation process. During the No-Lobbying Period, Offerors, Respondents and/or their Agents shall not make any prohibited communications to City Officials or City employees other than the Authorized Contact Persons. Respondents includes both prospective and actual Offerors.

3.5 Pre-Offer Conferences. The City may hold one or more pre-offer conferences to review the Solicitation and to receive verbal questions. The Solicitation Cover Sheet will display if a Pre-Offer Conference is being held and if attendance at this meeting is mandatory. If a Pre-Offer Conference is planned, the date, location, time and any other necessary information regarding this meeting will also be displayed in the Solicitation Cover Sheet. Attendance at any Pre-Offer Conference will be recorded and will be included in an Addendum published following the meeting. As the Solicitation is subject to changes (See Solicitation Instruction, 1.4 Changes.) Offerors shall not rely on verbal exchanges that may occur at a Pre-Offer Conference. Offerors shall continue to submit all questions in writing (See Solicitation Instructions, 3.2 Questions.)

3.6 Site Visits. The City may hold one or more site visits to allow prospective Offerors to inspect the location(s) where work under any resulting contract will be performed and to receive verbal questions. The Solicitation Cover Sheet will display if a Site Visit is being held and if attendance at this meeting is mandatory. If a Site Visit is planned, the date, location, time and any other necessary information regarding this meeting will also be displayed in the Solicitation Cover Sheet. Attendance at any Site Visit will be recorded and will be included in an Addendum published following the meeting. As the Solicitation is subject to changes (See Solicitation Instruction, 1.4 Changes.) Offerors shall not rely on verbal exchanges that may occur at a Pre-Offer Conference. Offerors shall continue to submit all questions in writing (See Solicitation Instructions, 3.2 Questions.)

4 OFFER PREPARATION

4.1 Offer Submittals. Offerors intending to respond to this Solicitation shall download and complete each of the Submittal documents listed in the Solicitation Cover Sheet. Submittal documents will include additional Solicitation instructions specific to its contents. Offerors will complete each Submittal in accordance with the instructions in the submittal. At a minimum, submittals will include a Price Offer, a Technical Offer, and an Offer and Certifications submittal.

4.2 Alternate Offers. Alternate or multiple offers will not be accepted

4.3 Exceptions. Offerors shall indicate if they take exception to any portions of the Solicitation in their Proposal. Any exceptions included in the Proposal may negatively impact the City's evaluation of the Proposal or may cause the City to reject the Proposal entirely.

4.4 Proposal Acceptance Period. All proposals are valid for a period of one hundred and eighty (180) calendar days subsequent to the RFP closing date unless a longer acceptance period is offered in the proposal

4.5 Proprietary and Confidential Information. All Offers received and opened by the City are subject to the Texas Government Code, Ch. 552, and will be made available to the public. Offerors seeking to keep any portions of their Offer confidential shall mark each such portion as "Proprietary". The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The City may request a review and determination from the Attorney General's Office of the State of Texas, of any Proposal contents marked as "Proprietary". A copyright notice or symbol is insufficient to identify proprietary or confidential information.

4.6 Cost of Offer Preparation and Participation. Offerors are responsible for all costs related to the preparation of their Offer and incurred while participating in this Solicitation process.

4.7 Minority and Women Owned Business Enterprise (MBE/WBE) Procurement Program. If the solicitation includes an MBE/WBE Program Compliance Plan or Offeror intends to subcontract, the Offeror shall comply with the provisions of Chapters 2-9A, 2-9B, 2-9C, and 2-9D, as applicable, of the Austin City Code and the terms of the Compliance Plan or Subcontractor Utilization Plan as approved by the City (the "Plan").

5 OFFER SUBMISSION

Offers in response to this Solicitation may be submitted using one of the following methods.

5.1 Electronic Offers. Electronic Offers (electronic documents) shall be submitted to the City of Austin using the Solicitation's eResponse function, available through the City's online financial system, Austin Finance Online. To submit Electronic Offers using the eResponse function, Offeror's must first be registered as a vendor with the City of Austin in Austin Finance Online. See Instructions, Submitting Offers in Austin Finance Online.

5.1.1 Due Date and Time for Electronic Offers. Electronic Offers in response to this Solicitation shall be submitted via eResponse by the Offer Due Date and Time displayed in the Important Dates section of the Solicitation Cover Sheet. The system time within Austin Finance Online shall be the official time of record for Electronic Offers.

5.1.2 Withdrawing Electronic Offers. Electronic Offers submitted online in response to this Solicitation may be withdrawn, revised and resubmitted using the eResponse function any time prior to the Solicitation's Due Date and Time. Withdrawn Electronic Offers may be resubmitted, with or without modifications, up to the Solicitation's Due Date and Time.

5.1.3 Late Electronic Offers. The Solicitation's eResponse function in Austin Finance Online will not allow Electronic Offers to be submitted past the Solicitation's Due Date and Time.

5.1.4 Opening Electronic Offers. The information regarding Electronic Offers will become available on or shortly after the Offer Opening Date and Time stated on the Solicitation's Cover Sheet. When Electronic Offers are opened, the names of each Offeror would be displayed within the Solicitation's eResponse section. For Solicitations conducted via Competitive Sealed Bidding, the Price Offer for each Offeror will also be displayed in the eResponse section.

5.2 Hardcopy Offers. Hardcopy Offers (physical documents including paper and flash drives) shall be delivered to the City of Austin's Purchasing Office at one of the following addresses, depending on the delivery method:

Deliveries by US Mail	**Deliveries by Courier Services (e.g., Fedex, UPS, etc.) and In-Person Deliveries**
City of Austin Purchasing Office Response to Solicitation: [Insert Solicitation Number] P.O. Box 1088 Austin, Texas 78767-8845	City of Austin, Municipal Building Purchasing Office Response to Solicitation: [Insert Solicitation Number] 124 W 8th Street, Rm 310 Austin, Texas 78701 Reception Phone: (512) 974-2500

5.2.1 **Due Date and Time for Hardcopy Offers**. Hardcopy Offers in response to this Solicitation shall be received by the City via one of the aforementioned delivery methods by the Offer Due Date and Time displayed in the Important Dates section of the Solicitation Cover Sheet. The time stamp clock at the Purchasing Office reception desk shall be the official time of record for Hardcopy Offers.

5.2.2 **Withdrawing Hardcopy Offers.** Hardcopy Offers submitted may be withdrawn in writing, in person, or by email at any time prior to the Solicitation's Due Date and Time. When a Hardcopy Offer is withdrawn, the Purchasing Office will provide the Offeror with a receipt documenting the withdrawal, which must be acknowledged in writing by the Offeror.

5.2.3 **Late Hardcopy Offers.** All Hardcopy Offers received after the Solicitation's Due Date and Time will be rejected. Late Hardcopy Offers that are inadvertently received by the City shall be returned to the Offeror. It is the responsibility of the Offeror to ensure that their Offer arrives at the proper location by the Solicitation's Due Date and Time. Arrival at the City's mailroom, mail terminal, or post office box will not constitute the Hardcopy Offer arriving on time. The City may, at its sole discretion, receive a late Hardcopy Offer if the City's misdirection or mishandling was the sole or main cause for the Hardcopy Offer's late receipt at the designated location.

5.2.4 **Opening Hardcopy Offers.** The City will open Hardcopy Offers on or shortly after the Offer Opening Date and Time stated on the Solicitation's Cover Sheet. When Hardcopy Offers are opened, the names of each Offeror would be read aloud. For Solicitations conducted via Competitive Sealed Bidding, the Price Offer for each Offeror will be available to read aloud. If no one is in attendance at the Solicitation Opening, the aggregate price will be read aloud, with the remaining Price Offer available for public inspection immediately following the Solicitation opening.

5.3 **Solicitation Openings – Special procedures due to 2020 COVID-19 Pandemic.** Due to the current Pandemic circumstances, the City is not facilitating public attendees at Solicitation openings. Instead, the City will conduct this Solicitation opening via live webcast at the following website: https://www.austintexas.gov/financeonline/afo_content.cfm?s=66 .

When conducting a Solicitation opening via webcast, the City will read the applicable information from Hardcopy Offers aloud and will referring the public to the Solicitation's eResponse section to view the remaining Electronic Offers.

6 OFFER EVALUATION

6.1 **Basis of Competition.** The City may compare Offers based on groups or categories and will choose the basis of competition that best meets the City's needs for the resulting contracts. The basis of competition for each RFP will be described in section 11, Evaluation of Offers below.

6.2 **Minimum Responsiveness.** Proposals are Minimally Responsive when they include all of the Submittals listed in this Solicitation, completed and with sufficient detail in each to evaluate the Proposal in accordance with the Solicitation's Instructions. Proposals that are not Minimally Responsive may be deemed non-responsive and rejected.

6.3 **Responsibility.** An Offeror is responsible if they have the financial and practical ability, resources, expertise, past performance and positive compliance history with all City ordinances. An Offer may be rejected if an Offeror is determined to not be responsible.

6.4 **Clarifications.** Any time after the opening of Proposals, the City may contact Offerors to ask questions about their Proposal's contents in order to better understand these contents as-written. Responses to clarification questions, whether done verbally or submitted in writing, do not change the Proposal's contents. Clarifications are not to be confused with Discussions as described herein.

6.5 **Evaluation.** Proposals that are Minimally Responsive will be evaluated based on the Evaluation Factors listed in Section 11.1 of the Solicitation Instructions. Evaluation Factors correspond to their specified Submittals and shall indicate their respective weighting next to each. Proposal submittals not identified as Evaluation Factors will be

evaluated on a pass / fail basis in accordance with the Solicitation's Instructions and any further instructions within each Solicitation. Although minimum responses are required in all Submittals, the Submittals identified as Evaluation Factors will be used to differentiate the Proposals and to identify which Proposal(s) represent the Best Value to the City. The City's evaluation may be made without Clarifications or Discussions with Offerors. Proposals should, therefore, include the Offeror's most favorable terms.

6.6 **Discussions and Proposal Revisions.** After completing initial evaluations, the City may enter into Discussions (communications which may include negotiations and feedback about the Proposal submitted) with one or more Offerors submitting the highest rated Proposal(s). Following the completion of Discussions, the City may request Proposal revisions from these Offerors. The City may seek multiple rounds of Discussions and Proposal revisions as deemed necessary by the City. The City may revise its initial evaluations depending on the contents of any Proposal revisions received following these Discussions.

6.7 **Interviews/Presentations.** The City may require that one or more Offeror submitting the highest rated Proposals participate in interviews and/or presentations.

7 CONTRACT AWARD AND EXECUTION

7.1 **Award Determination.** City staff will recommend Contract award to the Offeror(s) submitting the highest rated Proposal(s) based on the Evaluation Factors set forth in this Solicitation. The Award Determination will be published to Austin Finance Online and notice will be sent to all Offerors subscribed to the Solicitation.

7.2 **Multiple Awards.** If the City determines that multiple contracts are needed, the City will award one or more additional contracts to the Offeror(s) submitting the next highest rated Proposal(s).

7.3 **Contract Execution.** Contracts within the City Manager's authority will be awarded and executed simultaneously. Contracts above the City Manager's authority will be executed following their authorization by the Austin City Council.

8 ADMINISTRATIVE MATTERS

8.1 **Solicitation File.** All documents included in this Solicitation, and all timely received Offers in response to this Solicitation, except for Offer contents deemed by Offerors to be proprietary and confidential, will be available for public inspections upon the execution of the contract.

8.2 **Debriefings.** Offerors may request a debriefing meeting to ask any questions concerning the Solicitation's contents, process or the evaluation of their Offer. Debriefing meetings are informal exchanges and may be requested anytime following the earlier of (i) after the contract resulting from this Solicitation is executed, or in the case of multiple awards, the last contract is executed; (ii) the date the Solicitation is cancelled. Debriefings are not public called meetings in accordance with the Texas Open Meetings Act and are usually limited to a single Offeror and any of their representatives. Only information regarding the Solicitation documents and the Offeror's Offer (including City's evaluation of the Offer) in response to the Solicitation will be discussed.

8.3 **Reservations.** The City reserves the right to: (i) specify approximate quantities in the Solicitation; (ii) extend the Solicitation due date and time; (iii) add additional terms or modify existing terms in the Solicitation; (iv) reject an Offer containing exceptions, additions, qualifications or conditions not called for in the Solicitation; (v) reject an Offer received from an Offeror who is currently debarred or suspended by the City, State, or Federal Government; (vi) reject an Offer that contains fraudulent information; (vii) reject an Offer that has material omissions; (viii) reject any or all Offers; (ix) procure any goods or services included in this Solicitation by other means; (x) consider and accept alternate Offers, if specified in the Solicitation, when most advantageous to the City; (xi) reject an Offer if prices in the Offer are unbalanced (some prices are significantly high and other prices are significantly low) and/or (xii) waive any minor informality in any Offer or procedure so long as the deviation does not affect the competitiveness of the Solicitation process.

8.4 **Protests.** The Purchasing Officer has the authority to settle or resolve any claim of an alleged deficiency or protest. The procedures for notifying the City of Austin of an alleged deficiency or filing a protest are listed below.

If you fail to comply with any of these requirements, the Purchasing Officer may dismiss your complaint or protest.

8.4.1 Protest regarding the Solicitation (Pre-Submittal Protest). Any protest regarding the Solicitation by the City shall be filed no later than five (5) days prior to the due date and time for proposals. Any protest filed after that date which raises issues regarding the Solicitation will not be considered.

8.4.2 Protests regarding the evaluation of Proposals. Any protest regarding the evaluation of Proposals by the City shall be filed with the City no later than five (5) days after the notification of award recommendation is posted on Austin Finance Online, or notification that the protestor's status as a Offeror has changed, such as notification that an Offer has been found to be non-responsive or an Offeror has been found to be non-responsible. Any protest filed after such date which raises issues regarding the evaluation will not be considered. Offerors may only protest the evaluation of their Proposal.

8.4.3 Protest Regarding Award of Contract (Post-Award Protest). Any protest regarding the award of the contract shall be filed no later than ten (10) days after the date of award. Any protest regarding the award of the contract filed after such date will not be considered.

8.4.4 You shall submit your protest in writing and it shall include the following information: (i) your name, address, telephone, and email address; (ii) the Solicitation number; (iii) the specific facts and/or law upon which the protest of the Solicitation or the award is based, including all pertinent documents and evidence thereto; and (iv) the form of relief requested.

8.4.5 Your protest shall be concise and presented logically and factually to help with the City's review.

8.4.6 When the City receives a timely written protest, the Purchasing Officer will determine whether the grounds for your protest are sufficient. If the Purchasing Officer decides that the grounds are sufficient, the Purchasing Office will schedule a protest hearing, usually within five (5) working days. If the Purchasing Officer determines that your grounds are insufficient, the City will notify you of that decision in writing.

8.4.7 The protest hearing is informal and is not subject to the Open Meetings Act. The purpose of the hearing is to give you a chance to present your case, it is not an adversarial proceeding. Those who may attend from the City are: representatives from the department that requested the purchase, the Department of Law, the Purchasing Office, and other appropriate City staff. You may bring a representative or anyone else that will present information to support the factual grounds for your protest with you to the hearing.

8.4.8 A decision will usually be made within fifteen (15) calendar days after the hearing.

8.4.9 The City will send you a copy of the hearing decision after the appropriate City staff has reviewed the decision.

8.4.10 When a protest is filed, the City usually will not make an award until a decision on the protest is made. However, the City will not delay an award if the City Manager or the Purchasing Officer determines that the City urgently requires the supplies or Services to be purchased, or failure to make an award promptly will unduly delay delivery or performance. In those instances, the City will notify you and make every effort to resolve your protest before the award.

8.5 Interested Parties Disclosure. As a condition to entering the Contract, the Business Entity constituting the Offeror must provide the following disclosure of Interested Parties to the City prior to the award of a contract with the City on Form 1295 "Certificate of Interested Parties" as prescribed by the Texas Ethics Commission for any contract award requiring council authorization. The Certificate of Interested Parties Form must be completed on the Texas Ethics Commission website, printed, and signed by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury. The City will submit the "Certificate of Interested Parties" to the Texas Ethics Commission within 30 days of receipt from the successful Offeror. The Offeror is reminded that the provisions of Local Government Code 176, regarding conflicts of interest between the bidders and local officials remains in place. Link to Texas Ethics Commission Form 1295 process and procedures below:

https://www.ethics.state.tx.us/File/

9.0 DEFINITIONS

Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Contract, the UCC definition shall control, unless otherwise defined in the Contract.

"Addendum" means a written instrument issued by the Contract Awarding Authority that modifies or clarifies the Solicitation prior to the Due Date. "Addenda" is the plural form of the word.

"Best Offer" means the best evaluated Offer in response to a Request for Proposals or Request for Qualifications/Statements.

"Best Offeror" means the Offeror submitting the Best Offer.

"City" means the City of Austin, a Texas home-rule municipal corporation.

"Contractor" means a person, firm or entity that supplies or provides goods and/or services to the City by contract.

"Covered Persons" means City employees, as well as employees of Affiliated Employers.

"Offer" means a complete signed response to a Solicitation including, but not limited to, a Request for Proposals.

"Offeror" means a person, firm, or entity that submits an Offer in response to this Solicitation. Any Offeror may be represented by an agent after submitting evidence demonstrating the agent's authority. The agent cannot certify as to his own agency status.

"Proposal" means a complete, properly signed Offer to a Request for Proposals.

"Proposer" means a person, firm, or entity that submits an Offer in response to a Request for Proposals.

"Purchasing Office" refers to the Purchasing Office in the Financial Services Department of the City.

"Purchasing Officer" means the director of the Purchasing Office and the principle recipient of procurement authority from the City Manager.

"Request for Proposals" means all documents utilized for soliciting Proposals.

"Responsible Offeror" means the financial and practical ability of the Offeror to perform the Contract and takes into consideration resources, expertise, and past performance of the Offeror as well as compliance with all City ordinances concerning the purchasing process.

"Responsive" means meeting all the requirements of a Solicitation.

"Solicitation" means this Request for Proposals or RFP.

10. PROPOSAL SUBMITTALS

Guidelines for assembling submittal. Please include the following information in your proposal:

1. Provide a Table of Contents
2. Proposal shall be organized in a single PDF submittal with all data:
    a. Insert Footer on each PDF page with pages numbered sequentially
    b. Submittal bookmarked identify all required documents for the submittal, identify each Section 10.1 through Section 10.10 including all requested documents within each section.

10.1 Special Instructions. The City will accept Proposals from qualified Firms. Proposals will not be accepted from agents or brokers. Firms are not required to have a broker represent them; the City will contract directly with the

firm, not the agent/broker. However, if the City receives more than one Proposal from any given firm, all proposals from that firm will be rejected and the Proposer will be deemed non-responsive. No commissions or fees shall be paid to agents and brokers by the City.

Proposers are expected to closely read this Request for Proposal (RFP) and provide complete responses to each section along with a binding signature of intent to comply with the terms and conditions outlined herein. Proposers should review each section carefully as their response will become part of the final Contract. Rejection of or requesting exceptions to the provisions outlined in this RFP may be cause for rejection of a Proposer's Proposal.

10.2 **Executive Summary**. Provide an Executive Summary of three (3) pages or less, that summarizes your RFP response and confirms that the Proposer will comply with the requirements, provisions, terms, and conditions specified in this solicitation. The Executive Summary should be in the form of a standard business letter on official business letterhead and signed by an authorized representative of Proposer. Include the complete name and address of your firm, telephone number, and email address of the person the City of Austin should contact regarding your firm's response.

The Executive Summary shall include:

1. Organization chart of the team servicing this Contract, including contact information
2. Years in business
3. Summary of your company's history and experience
4. Address your organizations commitment to serving the City of Austin's needs relative to the needs of your other clients/customers.
5. Your organization's ability to exceed the performance of other vendors in relation to:
   a. Cost
   b. Financial strength
   c. Customer service
   d. Services and programs

10.3 **Business Organization.** Provide full name and address of your company and identify parent company if you are a subsidiary. Indicate whether you operate as a partnership, corporation, or individual. Include the State(s) in which incorporated or licensed to operate. State how long your company has been in business.

Authorized Negotiator: Include name, address, and telephone number of persons in your organization authorized to negotiate Contract terms and render binding decisions on Contract matters. The City prefers this representative to be the CEO, COO, Executive Officer, Underwriter or Legal Counsel.

Describe your company's organizational capacity to fulfill the requirements contained within the Scope of Work and Solicitation Instructions. Include your company's mission, financial resources, organizational stability, dedicated resources, industrial knowledge, and unique knowledge, skills, and abilities.

Provide your company's organizational structure, including contact information. Provide an organizational chart which identifies leadership and reporting responsibilities, and which describes how your team will interface with the City's Contract Manager. If partnerships/subcontractors are proposed, identify their placement in the organizational structure and provide internal management description for each subcontractor.

A diagram illustrating the legal relationship between all the organizations involved in your proposed solution. Provide at a minimum, the name of the organization, legal relationship, and length of the relationship.

A statement on company letterhead that your company is in good standing with all relevant licensing and regulatory agencies with no unresolved complaints, history of suspension, fines or other disciplinary actions, and has continuously maintained your license for the past five years. If the Proposer is a partnership/joint venture, this information shall be submitted for each partner.

A copy of any applicable State of Texas licenses.

Attachment 1: Business Organization Questionnaire

10.4 Proposer Experience, Qualifications and References. Provide your company's relevant experience, qualifications, and expertise providing services described in the Scope of Work. If partnerships/subcontractors are proposed, describe your company's experience in managing these relationships. Letters of Recommendation that your company has received may be included.

Provide reference information for those clients listed in Attachment 2. All reference information must be supported and verified. Reference contacts must be aware that they are being used and should be agreeable to City to interview for follow-up. References shall include the following:

- Agency
- Number of Employees
- Year contract was awarded and length of contract
- Agency contract manager and title
- Direct telephone number and email address

Attachment 2 – References Questionnaire. References will only be contacted in the Proposer is selected as a finalist.

10.5 Account Team. Identify key person names, titles, and qualifications of all employees (including the Single Point of Contact) who will be actively engaged in this project and provide resumes for all employees that will perform work under the resulting Contract (limit 1 page per person) on a regular basis. Do not include the experience of employees who will not actively engaged. All employees shall have a minimum of five (5) years of relevant experience. Include the following for each key person:

- Name and title
- Office location
- Qualifications/Experience
- Total number of accounts currently assigned
- Percent of time dedicated to the City of Austin

Attachment 3 – Account Team Information Questionnaire.

10.6 Compliance. Provide a statement of your compliance with all applicable rules and regulations of Federal, State and Local governing entities as it relates to the requirement of this solicitation.

10.7 General Requirements and Requested Services. Restate and confirm acceptance of each requirement in these Instructions, the Terms and Conditions, and the Scope of Work. Refer to Exhibits in Section 3.3 of the Scope of Work when completing the attachments listed below:
Attachment 4 – Customer Service Questionnaire
Attachment 5 – System Capabilities Questionnaire
Attachment 6 – Administration Questionnaire

10.8 HIPAA Business Associate Agreement. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the City to have a signed agreement with any contractor who is considered a business associate.

A business associate is a third party who perform services or functions that require the use of or access to protected health information (PHI) to an entity covered by HIPAA. It can also be a subcontractor of someone who does business with the City, when that subcontractor might have access to this same information. Any Contractors or service providers who may have access to protected health information is considered a business associate. This can also include non-medical entities, such as lawyers, accountants, and IT providers.

The agreement lists obligations and responsibilities of both organizations pertaining to the protection and use of the protected health information. Each entity covered by HIPAA is required to have such a contract for each organization they do business with that falls under the definition of business associate.

10.9 Price Proposal. All requirements included in this solicitation must be included in the quoted fee (price) to the City unless otherwise notated, and must be inclusive of labor, materials, supplies, printing, travel, and all costs and fees including administrative burden for providing these services.
Proposer shall submit a Price Proposal that includes services for all Employees and Retirees. Proposers shall indicate rates on the Price Sheet included in the Solicitation. Proposer shall quote Employee and Retiree rates separately. Rates shall be firm and guaranteed regardless of actual Employee enrollment per plan year for all vision services provided under the contract. The initial rates shall be firm and fixed for the initial 24-month period. Proposal shall include Guaranteed rates or rate caps (rates with a maximum percentage increase each of the three, 12-month extension periods. Rates proposed shall be based on the coverage levels shown on the **Price Sheet.**

Whichever Proposer offers the City the most competitive price will be awarded the maximum amount of points. Remaining points will be distributed on a pro-rated basis.

10.10 Exceptions. If any exceptions are taken to any portion of the Solicitation, the Proposer must clearly indicate the exceptions taken and include a full explanation as a separate attachment to the Proposal. The failure to identify exceptions or proposed changes with a full explanation will constitute acceptance by the Proposer of the Solicitation as proposed by the City. The City reserves the right to reject a proposal containing exceptions, additions, qualifications or conditions not called for in the solicitation.

10.11 Local Business Presence. The City seeks opportunities for businesses in the Austin Corporate City Limits to participate on City contracts. The Local Business Presence form in the Offer and Certifications section must be completed to be considered for Local Business Presence. Points will be awarded through a combination of the Offeror's Local Business Presence and/or the Local Business Presence of their subcontractors. Evaluation of the Team's Percentage of Local Business Presence will be based on the dollar amount of work as reflected in the Offeror's MBE/WBE Compliance Plan or MBE/WBE Utilization Plan. Any Offers with subcontracting not indicating specific percentages or dollar amounts will not receive Local Business Presence points for subcontracting.

10.12 Service-Disabled Veteran Business Enterprise ("SDVBE"). Pursuant to the interim Service-Disabled Veteran Business Enterprise (SDVBE) Program, Offerors submitting proposals in response to a Request for Proposals shall receive a three point (3 percent) preference if the Offeror, at the same time the proposal is submitted, is certified by the State of Texas, Comptroller of Public Accounts as a Historically Underutilized Business and is a Service-Disabled Veteran Business Enterprise. This preference does not apply to subcontractors. To receive this preference, Offerors shall complete the enclosed Section 0840 Service-Disabled Veterans Business Enterprise Preference Form, in accordance with the Additional Solicitation Instructions included therein.

11. Evaluation of Offers

11.1 Evaluation Factors. The City seeks opportunities for businesses in the Austin Corporate City Limits to participate on City contracts. The Local Business Presence form in the Offer and Certifications section must be completed to be considered for Local Business Presence. Points will be awarded through a combination of the Offeror's Local Business Presence and/or the Local Business Presence of their subcontractors. Evaluation of the Team's Percentage of Local Business Presence will be based on the dollar amount of work as reflected in the Offeror's MBE/WBE Compliance Plan or MBE/WBE Utilization Plan. Any Offers with subcontracting not indicating specific percentages or dollar amounts will not receive Local Business Presence points for subcontracting.

<table>
<tr><th>RFP Evaluation Factors</th><th>Maximum Points</th></tr>
<tr><td>Business Organization, Experience, Qualifications and References – Reference sections 10.2, 10.3, 10.4 , 10.5 and Attachments 1, 2, and 3</td><td>15</td></tr>
<tr><td>General Requirements and Requested Services of Scope of Work – Reference Section 10.7 Scope of Work and Attachments 4, 5, and 6</td><td>37</td></tr>
<tr><td>Exceptions, Compliance, HIPAA, Exceptions, and Terms and Conditions – Reference Sections 4.3, 10.6, 10.8, 10.10 and the Terms and Conditions</td><td>10</td></tr>
<tr><td>Price Sheet – Reference section 10.9</td><td>25</td></tr>
<tr><td>Service-Disabled Veteran Business Enterprise Preference- Reference section 10.12</td><td>3</td></tr>
<tr><td>Local Business Presence – Reference Section 10.11
<table>
<tr><th>Team's Local Business Presence</th><th>Points Awarded</th></tr>
<tr><td>Local business presence of 90% to 100%</td><td>10</td></tr>
</table>
</td><td>10</td></tr>
</table>

	Local business presence of 75% to 89%	8	
	Local business presence of 50% to 74%	6	
	Local business presence of 25% to 49%	4	
	Local presence of between 1 and 24%	2	
	No local presence	0	
Total			**100**

11.2 Interviews and/or presentations, Optional. The City will score proposals on the basis of the criteria listed above. The City may select a "short list" of Proposers based on those scores. "Short-listed" Proposers may be invited for presentations, demonstrations, or discussions with the City. The City reserves the right to re-score "short-listed" proposals as a result, and to make award recommendations on that basis.

CITY OF AUSTIN
TERMS AND CONDITIONS
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

The Contractor agrees that the Contract shall be governed by the following terms and conditions.

1 GENERAL

1.1 TERM OF CONTRACT:

A. The Contract shall commence upon execution unless otherwise specified and shall continue in effect until all obligations are performed in accordance with the Contract. Upon written notice to the Contractor from the City's Purchasing Officer or designee, the Contract may be extended beyond the initial term at the City's sole option unless the Contractor is notified 30 days prior to the expiration. If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period and the guarantee rates defined in the Price Sheet shall be applied to each extension period accordingly.

B. Upon expiration of the initial term or any period of extension, the Contractor agrees to holdover under the terms and conditions of this Contract for such a period as is reasonably necessary for the City to re-solicit and/or complete the Deliverables due under this Contract. Any holdover period will not exceed 365 calendar days unless mutually agreed on by both parties in writing.

1.2 INDEFINITE QUANTITY:

The quantities and/or services listed herein are estimates of the goods and services needed by the City for the period of the Contract. The City reserves the right to purchase more or less of these quantities and/or services as may be required during the Contract term. Quantities and/or services will be as needed and specified by the City for each order. Unless specified in the Contract, there are no minimum order quantities.

1.3 INVOICES:

A. City will calculate monthly fees owed to the Contractor for employees using enrollment information as of the first day of each month, provided by the City's Third-Party Administrator (TPA). Contractor shall honor the enrollment dates of employees who enroll after the first day of each month. The Contractor will be paid for these persons beginning the following month.

1.4 PAYMENT:

A. All proper Invoices prepared by the City will be paid no later than the 30th calendar day for the current month.

B. The City may withhold or set off the entire payment or part of any payment otherwise due the Contractor to such extent as may be necessary on account of:

i. Delivery of defective or non-conforming Deliverables by the Contractor;

ii. Third party claims, which are not covered by the insurance which the Contractor is required to provide under the terms of this Contract, are filed or there is reasonable evidence indicating probable filing of such claims;

iii. Failure of the Contractor to pay Subcontractors, or for labor, materials or equipment;

iv. Damage to the property of the City or the City's agents, employees or Contractors, which is not covered by insurance required to be provided by the Contractor;

v. Reasonable evidence demonstrates that the Contractor's obligations will not be completed within the time specified in the Contract, and that the unpaid balance would not be adequate to cover actual or liquidated damages for the anticipated delay;

vi. Failure of the Contractor to submit proper Invoices with all required attachments and supporting documentation; or

vii. Failure of the Contractor to comply with any material provision of the Contract Documents.

C. Notice is hereby given of Article VIII, §1 of the Austin City Charter which prohibits the payment of any money to any person, firm or corporation who is in arrears to the City for taxes, and of §2-8-3 of the Austin City Code concerning the right of the City to offset indebtedness owed the City.

D. The Contractor agrees to accept payment by either check or Electronic Funds Transfer for all goods and/or services provided under the Contract. The Contractor shall factor the cost of processing credit card payments into the Offer.

E. The awarding or continuation of this Contract is dependent upon the availability of funding. The City's payment obligations are payable only and solely from funds appropriated and available for this Contract. The absence of appropriated or other lawfully available funds shall render the Contract null and void to the extent funds are not appropriated or available and any Deliverables delivered but unpaid shall be returned to the Contractor. The City shall provide the Contractor written notice of the failure of the City to make an adequate appropriation for any fiscal year to pay the amounts due under the Contract, or the reduction of any appropriation to an amount insufficient to permit the City to pay its obligations under the Contract. In the event of inadequate appropriation of funds, there will be no penalty nor removal fees charged to the City. The City shall pay the Contractor, to the extent of funds appropriated or otherwise legally available for such purposes, for all goods delivered and services performed, and obligations incurred prior to the date of notice of non-appropriation.

1.5 FINAL PAYMENT AND CLOSE OUT:

A. If a Minority-Owned Business Enterprise/Women-Owned Business Enterprise (MBE/WBE) Program Compliance Plan is required by the Solicitation, and the Contractor has identified Subcontractors, the Contractor is required to submit a Contract Close-Out MBE/WBE Compliance Report to the Project Manager or Contract Manager no later than the 15th calendar day after completion of all work under the Contract. Final payment, retainage, or both may be withheld if the Contractor is not in compliance with the requirements of the Compliance Plan as accepted by the City.

B. The making and acceptance of final payment will constitute:

i. A waiver of all claims by the City against the Contractor, except claims (1) which have been previously asserted in writing and not yet settled, (2) arising from defective work appearing after final inspection, (3) arising from failure of the Contractor to comply with the Contract or the terms of any warranty specified herein, (4) arising from the Contractor's continuing obligations under the Contract, including but not limited to indemnity and warranty obligations, or (5) arising under the City's right to audit; and

ii. A waiver of all claims by the Contractor against the City other than those previously asserted in writing and not yet settled.

1.6 AUDITS AND RECORDS:

A. The Contractor agrees that the representatives of the Office of the City Auditor or other authorized representatives of the City shall have access to, and the right to audit, examine, or reproduce, any and all records of the Contractor related to the performance under this Contract, at the City's expense. The Contractor agrees to refund to the City any overpayments disclosed by any such audit. The City agrees to protect from disclosure Contractor's confidential and proprietary information disclosed during an audit to the same extent it protects its own confidential and proprietary information, subject to the requirements of the Texas Public Information Act, Chapter 2251, Texas Government Code.

B. Records Retention:

i. Contractor is subject to City Code Chapter 2-11 (Records Management), and as it may subsequently be amended.

ii. The Contractor shall retain all records for a period of three years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer.

1.7 FINANCIAL DISCLOSURES AND ASSURANCE:

The City may request and review financial information as the City requires to determine the credit worthiness of the Contractor, including but not limited to, annual reports, audited financial Statements and reports, bank letters of credit or other credit instruments. Failure of the Contractor to comply with this requirement shall be grounds for terminating the Contract.

1.8 RIGHT TO ASSURANCE:

Whenever one party to the Contract in good faith has reason to question the other party's intent to perform, demand may be made to the other party for written assurance of the intent to perform. If no assurance is given within the time specified after demand is made, the demanding party may treat this failure as an anticipatory repudiation of the Contract.

1.9 STOP WORK NOTICE:

The City may issue an immediate Stop Work Notice in the event the Contractor is observed performing in a manner that is in violation of Federal, State, or local guidelines, or in a manner that is determined by the City to be unsafe to either life or property. Upon notification, the Contractor will cease all work until notified by the City that the violation or unsafe condition has been corrected. The Contractor shall be liable for all costs incurred by the City as a result of the issuance of such Stop Work Notice.

1.10 DEFAULT:

The Contractor shall be in default under the Contract if the Contractor (a) fails to fully, timely and faithfully perform any of its material obligations under the Contract, (b) fails to provide adequate assurance of performance, (c) becomes insolvent or seeks relief under the bankruptcy laws of the United States or (d) makes a material misrepresentation in Contractor's Offer, or in any report or Deliverable required to be submitted by the Contractor to the City. The City shall be in default if it fails to make payment in accordance with the Payment terms of this Contract.

1.11 TERMINATION FOR CAUSE:

In the event of a default by either party, the non-defaulting party shall have the right to terminate the Contract for cause, by written notice effective ten 10 calendar days, unless otherwise specified, after the date of such notice, unless the defaulting party, within such 10 day period, cures such default, or provides evidence sufficient to prove to the non-defaulting party's reasonable satisfaction that such default does not, in fact, exist. Additionally, the City shall have the right to act in accordance with the terms defined by "City of Austin Purchasing Office Probation, Suspension and Debarment Rules for Vendors." In addition to any other remedy available under law or in equity, either party shall be entitled to recover all actual damages, costs, losses and expenses, incurred by the party as a result of the Contractor's default, including, without limitation, cost of cover, court costs, and prejudgment and post-judgment interest at the maximum lawful rate. All rights and remedies under the Contract are cumulative and not exclusive of any other right or remedy provided by law.

1.12 ATTORNEY'S FEES:

In consideration of the award and execution of this Contract and in consideration of the City's waiver of its right to attorney's fees, the Contractor knowingly and intentionally waives its right to attorney's fees under §271.153, Texas Local Government Code, in any administrative proceeding, alternative dispute resolution proceeding, or litigation arising out of or connected to this Contract.

1.13 TERMINATION WITHOUT CAUSE:

The City shall have the right to terminate the Contract, in whole or in part, without cause any time upon 30 calendar days' prior written notice. Upon receipt of a notice of termination, the Contractor shall promptly cease all further work pursuant to the Contract, with such exceptions, if any, specified in the notice of termination. The City shall pay the Contractor, to the extent of funds appropriated or otherwise legally available for such purposes, for all goods delivered and services performed, and obligations incurred prior to the date of termination in accordance with the terms hereof.

1.14 FRAUD:

Fraudulent Statements by the Contractor on any Offer or in any report or Deliverable required to be submitted by the Contractor to the City shall be grounds for the termination of the Contract for cause by the City and may result in legal action.

1.15 DELAYS:

The City may delay scheduled delivery or other due dates by written notice to the Contractor if the City deems it is in its best interest. If such delay causes an increase in the cost of the work under the Contract, the City and the Contractor shall negotiate an equitable adjustment for costs incurred by the Contractor in the Contract price and execute an amendment to the Contract. The Contractor must assert its right to an adjustment within 30 calendar days from the date of receipt of the notice of delay. Failure to agree on any adjusted price shall be handled under the Dispute Resolution Clause. However, nothing in this provision shall excuse the Contractor from delaying the delivery as notified.

1.16 FORCE MAJEURE:

Contractor may be excused from performance under the Contract for any period when performance is prevented as the result of an act of God, strike, war, civil disturbance, epidemic, pandemic, sovereign conduct, or court order provided that the Contractor experiences the event of force majeure and prudently and promptly acts to take any and all steps that are within the Contractor's control to ensure performance and to shorten the duration of the event of force majeure. Contractor shall provide notice of the force majeure event to the City within three (3) business days of the event or delay, whichever occurs later, to establish a mutually agreeable period of time reasonably necessary to overcome the effect of such failure to perform. Subject to this provision, such non-performance shall not be deemed a default or a ground for termination. However, the City may terminate an order under the Contract if it is determined by the City that the Contractor will not be able to deliver goods or services in a timely manner to meet the business needs of the City.

1.17 INDEMNITY:

A. IN THIS SECTION, THE FOLLOWING TERMS HAVE THE MEANINGS ASSIGNED BELOW:
   i. "INDEMNIFIED PARTY" IS THE CITY AND THE CITY'S OFFICERS, ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS.

(1) "INDEMNIFYING PARTY" IS THE CONTRACTOR, ITS OFFICERS, AGENTS, EMPLOYEES, SUBCONTRACTORS, SUCCESSORS AND ASSIGNS.

(2) THE INDEMNIFYING PARTY SHALL INDEMNIFY, HOLD HARMLESS, AND DEFEND THE INDEMNIFIED PARTY AGAINST ANY AND ALL LOSSES, DAMAGES, LIABILITIES, DEFICIENCIES, CLAIMS, CAUSES OF ACTION, JUDGMENTS, SETTLEMENTS, INTEREST, AWARDS, PENALTIES, FINES, COSTS OR EXPENSES, INCLUDING PROFESSIONAL FEES AND ATTORNEYS' FEES, THAT ARE INCURRED BY THE INDEMNIFIED PARTY ARISING OUT OF ANY DIRECT OR THIRD PARTY CLAIM OF:

ii. BREACH OR NON-FULFILLMENT OF ANY PROVISION OF THIS CONTRACT BY THE INDEMNIFYING PARTY;

iii. ANY FALSE REPRESENTATION OR WARRANTY MADE BY THE INDEMNIFYING PARTY IN THIS CONTRACT OR IN THE INDEMNIFYING PARTY'S PROPOSAL/RESPONSE LEADING TO THIS CONTRACT;

iv. ANY NEGLIGENT OR MORE CULPABLE ACT OR OMISSION OF THE INDEMNIFYING PARTY, INCLUDING ANY RECKLESS OR WILLFUL MISCONDUCT, RELATED TO THE PERFORMANCE OF ITS OBLIGATIONS UNDER THIS CONTRACT;

v. BODILY INJURY; DEATH OF ANY PERSON; OCCUPATIONAL ILLNESS OR DISEASE; LOSS OF SERVICES, WAGES, OR INCOME; OR DAMAGE TO REAL OR PERSONAL PROPERTY CAUSED BY THE NEGLIGENT OR MORE CULPABLE ACTS OR OMISSIONS OF INDEMNIFYING PARTY, INCLUDING ANY RECKLESS OR WILLFUL MISCONDUCT; OR

vi. ANY FAILURE OF THE INDEMNIFYING PARTY TO COMPLY WITH ANY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS, REGULATIONS, OR CODES RELATED TO THE PERFORMANCE OF ITS OBLIGATIONS UNDER THIS CONTRACT.

B. ***THE INDEMNIFYING PARTY'S OBLIGATIONS UNDER THIS SECTION ARE NOT EXCUSED IN THE EVENT A CLAIM IS CAUSED IN PART BY THE ALLEGED NEGLIGENCE OR MORE CULPABLE ACTS OR OMISSIONS OF THE INDEMNIFIED PARTY, INCLUDING ANY RECKLESS OR WILLFUL MISCONDUCT.***

C. THE INDEMNIFIED PARTY SHALL GIVE THE INDEMNIFYING PARTY WRITTEN NOTICE (A "CLAIM NOTICE") OF ANY CLAIM RECEIVED RELATED TO THIS CONTRACT. THE INDEMNIFYING PARTY'S DUTY TO DEFEND APPLIES IMMEDIATELY. THE INDEMNIFIED PARTY'S FAILURE TO PROVIDE A CLAIM NOTICE TO THE INDEMNIFYING PARTY DOES NOT RELIEVE THE INDEMNIFYING PARTY OF ITS DUTY TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE INDEMNIFIED PARTY.

D. THE INDEMNIFIED PARTY MAY SELECT ITS OWN LEGAL COUNSEL TO REPRESENT ITS INTERESTS. THE INDEMNIFYING PARTY SHALL:

i. REIMBURSE THE INDEMNIFIED PARTY FOR ITS COSTS AND ATTORNEY'S FEES IMMEDIATELY UPON REQUEST, AS THEY ARE INCURRED, AND

ii. REMAIN RESPONSIBLE TO THE INDEMNIFIED PARTY FOR ANY LOSSES INDEMNIFIED UNDER THIS SECTION.

E. THE INDEMNIFYING PARTY SHALL GIVE PROMPT, WRITTEN NOTICE TO THE INDEMNIFIED PARTY OF ANY PROPOSED SETTLEMENT OF A CLAIM THAT IS INDEMNIFIABLE UNDER THIS SECTION. THE INDEMNIFYING PARTY MAY NOT, WITHOUT THE INDEMNIFIED PARTY'S PRIOR, WRITTEN CONSENT, SETTLE OR COMPROMISE ANY CLAIM OR CONSENT TO THE ENTRY OF ANY JUDGMENT REGARDING WHICH INDEMNIFICATION IS BEING SOUGHT UNDER THIS SECTION.

F. MAINTENANCE OF THE INSURANCE REQUIRED BY THIS CONTRACT SHALL NOT LIMIT THE INDEMNIFYING PARTY'S OBLIGATIONS UNDER THIS SECTION. THE INDEMNIFYING PARTY SHALL REQUIRE ALL SUBCONTRACTORS TO INDEMNIFY THE CITY IN THE SAME MANNER AS PROVIDED IN THIS SECTION.

1.18 NOTICES:

Unless otherwise specified, all notices, requests, or other communications required or appropriate to be given under the Contract shall be in writing and shall be deemed delivered three business days after postmarked if sent by U.S. Postal Service Certified or Registered Mail, Return Receipt Requested. Notices delivered by other means shall be deemed delivered upon receipt by the addressee. Notices to the Contractor shall be sent to the address registered with the City. Notices to the City shall be addressed to the City at P.O. Box 1088, Austin, Texas 78767 and marked to the attention of the assigned Procurement Specialist.

1.19 CONFIDENTIALITY:

The Contractor may be granted access to certain of the City's or licensor's confidential information (including inventions, employee information, trade secrets, confidential know-how, confidential business information, and other information which City or its licensors consider confidential) (Confidential Information) to provide the Deliverables to the City. The Contractor acknowledges and agrees that the Confidential Information is the valuable property of the City and its licensors and any unauthorized use, disclosure, dissemination, or other release of the Confidential Information will substantially injure the City and its licensors. The Contractor (including its employees, Subcontractors, agents, or representatives) agrees it will maintain the Confidential Information in strict confidence and shall not disclose, disseminate, copy, divulge, recreate, or otherwise use the Confidential Information without prior written consent of City, or in a manner not expressly permitted under this Contract, unless the Confidential Information is required to be disclosed by law or an Order of a court or other governmental authority (including a Texas Attorney General opinion) with proper jurisdiction. In all cases, the Contractor agrees to promptly notify the City before disclosing Confidential Information to permit the City reasonable time to seek an appropriate protective Order. The Contractor agrees to use protective measures no less stringent than the Contractor uses in its business to protect its own most valuable information. In all circumstances, the Contractor's protective measures must be at least reasonable measures to ensure the continued confidentiality of the Confidential Information.

A. Confidential information includes, but is not limited to, all information regarding commercial data, customer information, financial data and projections, pricing proposals, and cost analyses, whether in tangible form or orally or visually conveyed to, or acquired by, the Contractor in the course of its work under the Contract. Confidential Information may be in any medium and may be written or oral.
B. The Contractor agrees: (i) not to use Confidential Information for any reason other than for the purpose of providing or receiving the Deliverables, (ii) not to disclose Confidential Information to any third party other than to its employees who have a need to know the Confidential Information for furtherance of providing the Deliverables, (iii) to promptly notify City of any request for Confidential Information to be disclosed under any law or Order of any court or other governmental authority with proper jurisdiction, so as to permit City reasonable time to seek an appropriate protective Order, and (iv) to use measures to protect the Confidential Information that are no less stringent than the Contractor uses within its own business to protect its own most valuable information, which protective measures shall under all circumstances be at least reasonable measures to ensure the continued confidentiality of the Confidential Information.
C. All Confidential Information and derivations thereof shall remain the sole and exclusive property of City, and no license or other right to the Confidential Information or intellectual property is granted or implied hereby. Upon the written request of City, the Contractor shall promptly return to City all tangible items of Confidential Information furnished by City and all copies thereof or certify in writing that all Confidential Information, including all copies, has been destroyed.

D. No expiration or termination of the Contract shall affect either party's rights or obligations with respect to Confidential Information.

E. The parties acknowledge and agree that any breach or threatened breach of the Contract could cause harm for which money damages may not provide an adequate remedy.
The parties agree that in the event of such a breach or threatened breach of the Contract, in addition to any other available remedies, City may seek temporary and permanent injunctive relief restraining the Contractor from disclosing or using, in whole or in part, any Confidential Information.

1.20 TEXAS PUBLIC INFORMATION ACT:

A. All material submitted by the Contractor to the City related to the Contract shall become property of the City upon receipt. Any portions of such material claimed by the Contractor to be proprietary must be clearly marked as such. Determination of the public nature of the material is subject to the Texas Public Information Act, Chapter 552, Texas Government Code.

B. In accordance with Texas Government Code §552.372, if this Contract has a stated expenditure of at least $1 million in public funds for the purchase of goods or services by the City or results in the expenditure of at least $1 million in public funds for the purchase of goods or services by the City in a fiscal year, Contractor agrees to:

i. Preserve all Contracting information related to the Contract as provided by the records retention requirements in the AUDITS AND RECORDS Section of the Contract;

ii. Promptly provide to the City any Contracting information related to the Contract that is in the custody or possession of Contractor on request of the City; and

iii. On completion of the Contract, either:

(1) Provide at no cost to the City all Contracting information related to the Contract that is in the custody or possession of Contractor; or

(2) Preserve the Contracting information related to the Contract as provided by the records retention requirements in the AUDITS AND RECORDS Section of the Contract.

C. The requirements of Subchapter J, Chapter 552, Texas Government Code, may apply to this Contract, and the Contractor agrees that the Contract can be terminated if the Contractor knowingly or intentionally fails to comply with a requirement of that Subchapter.

1.21 PUBLICATIONS:

All published material and written reports submitted under the Contract must be originally developed material unless otherwise specifically provided in the Contract. When material not originally developed is included in a report in any form, the source shall be identified.

1.22 ADVERTISING:

The Contractor shall not advertise or publish, without the City's prior written consent, the fact that the City has entered into the Contract, except to the extent required by law.

1.23 NO CONTINGENT FEES:

The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Contract upon any agreement or understanding for commission, percentage, brokerage, or contingent fee, excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the City shall have the right, in addition to any other remedy available, to cancel the Contract without liability and to deduct from any amounts owed to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

1.24 GRATUTIES:

The City may, by written notice to the Contractor, cancel the Contract without liability if it is determined by the City that gratuities were Offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the City of Austin with a view toward securing the Contract or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such Contract. In the event the Contract is canceled by the City pursuant to this provision, the City shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by the Contractor in providing such gratuities.

1.25 PROHIBITION AGAINST PERSONAL INTEREST IN CONTRACTS:

No officer, employee, independent consultant, or elected official of the City who is involved in the development, evaluation, or decision-making process of the performance of any Solicitation shall have a financial interest, direct or indirect, in the Contract resulting from that Solicitation. Any willful violation of this Section shall constitute impropriety in office, and any officer or employee guilty thereof shall be subject to disciplinary action up to and including dismissal. Any violation of this provision, with the knowledge, expressed or implied, of the Contractor shall render the Contract voidable by the City.

1.26 INDEPENDENT CONTRACTOR:

The Contract shall not be construed as creating an employer/employee relationship, a partnership, or a joint venture. The Contractor's services shall be those of an independent Contractor. The Contractor agrees and understands that the Contract does not grant any rights or privileges established for employees of the City.

1.27 ASSIGNMENT DELEGATION:

The Contract shall be binding upon and ensure to the benefit of the City and the Contractor and their respective successors and assigns, provided however, that no right or interest in the Contract shall be assigned and no obligation shall be delegated by the Contractor without the prior written consent of the City. Any attempted assignment or delegation by the Contractor shall be void unless made in conformity

with this Paragraph. The Contract is not intended to confer rights or benefits on any person, firm or entity not a party hereto; it being the intention of the parties that there be no third-party beneficiaries to the Contract.

1.28 WAIVER:

The claim or right arising out of a breach of the Contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party. No waiver by either the Contractor or the City of any one or more events of default by the other party shall operate as, or be construed to be, a permanent waiver of any rights or obligations under the Contract, or an express or implied acceptance of any other existing or future default or defaults, whether of a similar or different character.

1.29 MODIFICATIONS:

The Contract can be modified or amended only in writing and signed by both parties. No pre-printed or similar terms on any Contractor Invoice, Order, clickwrap agreement or other document shall have any force or effect to change the terms, covenants, and conditions of the Contract.

1.30 INTERPRETATION:

The Contract is intended by the parties as a final, complete and exclusive Statement of the terms of their agreement. No course of prior dealing between the parties or course of performance or usage of the trade shall be relevant to supplement or explain any term used in the Contract. Although the Contract may have been substantially drafted by one party, it is the intent of the parties that all provisions be construed in a manner to be fair to both parties, reading no provisions more strictly against one party or the other. Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Contract, the UCC definition shall control, unless otherwise defined in the Contract.

1.31 DISPUTE RESOLUTION:

A. If a dispute arises out of or relates to the Contract, or the breach thereof, the parties agree to negotiate prior to prosecuting a suit for damages. However, this Section does not prohibit the filing of a lawsuit to toll the running of a statute of limitations or to seek injunctive relief. Either party may make a written request for a meeting between representatives of each party within 14 calendar days after receipt of the request or such later period as agreed by the parties. Each party shall include, at a minimum, one senior level individual with decision-making authority regarding the dispute. The purpose of this and any subsequent meeting is to attempt in good faith to negotiate a resolution of the dispute. If, within 30 calendar days after such meeting, the parties have not succeeded in negotiating a resolution of the dispute, they will proceed directly to mediation as described below. Negotiation may be waived by a written agreement signed by both parties, in which event the parties may proceed directly to mediation as described below.

B. If the efforts to resolve the dispute through negotiation fail, or the parties waive the negotiation process, the parties may select, within 30 calendar days, a mediator trained in mediation skills to assist with resolution of the dispute. Should they choose this option, the City and the Contractor agree to act in good faith in the selection of the mediator and to consider qualified individuals nominated to act as mediator. Nothing in the Contract prevents the parties from relying on the skills of a person who is trained in the subject matter of the dispute or a Contract interpretation expert. If the parties fail to agree on a mediator within 30 calendar days of initiation of the mediation process, the mediator shall be selected by the Travis County Dispute Resolution Center. The parties agree to participate in

mediation in good faith for up to 30 calendar days from the date of the first mediation session. The City and the Contractor will share the mediator's fees equally and the parties will bear their own costs of participation such as fees for any consultants or attorneys they may utilize to represent them or otherwise assist them in the mediation.

1.32 JURISDICTION AND VENUE:

The Contract is made under and shall be governed by the laws of the State of Texas, including, when applicable, the Uniform Commercial Code as adopted in Texas, Bus. & Comm. Code, Chapter 1, excluding any rule or principle that would refer to and apply the substantive law of another State or jurisdiction. All issues arising from this Contract shall be resolved in the courts of Travis County, Texas and the parties agree to submit to the exclusive personal jurisdiction of such courts. The foregoing, however, shall not be construed or interpreted to limit or restrict the right or ability of the City to seek and secure injunctive relief from any competent authority as contemplated herein.

1.33 INVALIDITY:

The invalidity, illegality, or unenforceability of any provision of the Contract shall in no way affect the validity or enforceability of any other portion or provision of the Contract. Any void provision shall be deemed severed from the Contract and the balance of the Contract shall be construed and enforced as if the Contract did not contain the particular portion or provision held to be void. The parties further agree to reform the Contract to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this Section shall not prevent this entire Contract from being void should a provision which is the essence of the Contract be determined to be void.

1.34 HOLIDAYS:

The following holidays are observed by the City:

Holiday	Date Observed
New Year's Day	January 1
Martin Luther King, Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November

Friday after Thanksgiving	Friday after Thanksgiving
Christmas Eve	December 24
Christmas Day	December 25

If a Legal Holiday falls on Saturday, it will be observed on the preceding Friday. If a Legal Holiday falls on Sunday, it will be observed on the following Monday.

1.35 SURVIVABILITY OF OBLIGATIONS:

All provisions of the Contract that impose continuing obligations on the parties, including but not limited to the warranty, indemnity, and confidentiality obligations of the parties, shall survive the expiration or termination of the Contract.

1.36 COOPERATIVE CONTRACT:

A. The City has entered into Interlocal Purchasing Agreements with other governmental entities, for the purpose of accessing their cooperative contracts and making available our cooperative contracts, pursuant to the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code. The Contractor agrees to offer the same prices and terms and conditions of this cooperative contract to other eligible governmental agencies that have entered into an interlocal agreement with the City for the purpose of accessing the City's cooperative contracts.
B. The City does not accept any responsibility or liability for the purchases by other governmental entities made under a separate contract based on this cooperative contract.

1.37 NON-DEBARMENT CERTIFICATION:

When using Federal funds, the City of Austin does not Contract with or make prime or sub-awards to parties that are debarred or whose principals are debarred from Federal Contracts. By accepting a Contract with the City, the Vendor certifies that its firm and its principals are not currently debarred from doing business with the Federal Government, as indicated by the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs. The Contractor shall notify the Procurement Specialist within five business days if they become debarred from doing business with the Federal Government during the term of the Contract.

1.38 EQUAL OPPORTUNITY:

A. **Equal Employment Opportunity**: No Contractor, or Contractor's agent, shall engage in any discriminatory employment practice as defined in Chapter 5-4 of the City Code. No Offer submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Offeror has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the Contract and the Contractor's suspension or debarment from participation on future City Contracts until deemed compliant with Chapter 5-4.
B. **Non-Retaliation**: The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.
C. **Americans with Disabilities Act (ADA) Compliance**: No Contractor, or Contractor's agent, shall engage in any discriminatory practice against individuals with disabilities as defined in the ADA, including but

not limited to: employment, accessibility to goods and services, reasonable accommodations, and effective communications.

1.39 MANDATORY ANTI-ISRAEL BOYCOTT PROVISION:

Pursuant to Amawi v. Pflugerville Independent School District, 373 F.Supp.3d 717 (W.D. Texas 2019), the State of Texas is preliminarily enjoined from enforcing this provision. However, if that injunction is lifted, this provision may apply to the Contract:

Pursuant to Texas Government Code §2271.002, the City is prohibited from contracting with any "company" for goods or services unless the following verification is included in this Contract.

A. For the purposes of this Section only, the terms "company" and "boycott Israel" have the meaning assigned by Texas Government Code §2271.001.

B. If the Contractor qualifies as a "company", then the Contractor verifies that he:

i. does not "boycott Israel"; and

ii. will not "boycott Israel" during the term of this Contract.

C. The Contractor's obligations under this Section, if any exist, will automatically cease or be reduced to the extent that the requirements of Texas Government Code Chapter 2271 are subsequently repealed, reduced, or declared unenforceable or invalid in whole or in part by any court or tribunal of competent jurisdiction or by the Texas Attorney General, without any further impact on the validity or continuity of this Contract.

1.40 PROHIBITION ON LGBTQ+ CONVERSION THERAPY:

The Contractor certifies that it is aware of City Council Resolution No. 20191114-056, which prohibits the City from Contracting with entities that engage in certain practices related to conversion therapy. By accepting this Contract, the Contractor agrees that: (1) its firm and its principals are not currently and will not during the term of the Contract engage in practicing LGBTQ+ conversion therapy; referring persons to a healthcare provider or other person or organization for LGBTQ+ conversion therapy; or Contracting with another entity to conduct LGBTQ+ conversion therapy; and (2) if the City determines in its sole discretion that Contractor has during the term of this Contract engaged in any such practices, the City may terminate this Contract without penalty to the City.

1.41 SUBCONTRACTORS:

A. If the Contractor identified Subcontractors in an MBE/WBE Program Compliance Plan or Subcontractor Plan the Contractor shall comply with the provisions of Chapters 2-9A, 2-9B, 2-9C, and 2-9D, as applicable, of the Austin City Code and the terms of the Compliance Plan or Subcontractor Plan as approved by the City (the "Plan"). The Contractor shall not initially employ any Subcontractor except as provided in the Contractor's Plan. The Contractor shall not substitute any Subcontractor identified in the Plan, unless the substitute has been accepted by the City in writing in accordance with the provisions of Chapters 2-9A, 2-9B, 2-9C and 2-9D, as applicable. No acceptance by the City of any Subcontractor shall constitute a waiver of any rights or remedies of the City with respect to defective Deliverables provided by a Subcontractor. If a Plan has been approved, the Contractor is additionally required to submit a monthly Subcontract Awards and Expenditures Report to the Contract Manager no later than the 10th calendar day of each month.

B. Work performed for the Contractor by a Subcontractor shall be pursuant to a written Contract between the Contractor and Subcontractor. The terms of the Subcontract may not conflict with the terms of the Contract and shall contain provisions that.
   i. Require that all Deliverables and services to be provided by the Subcontractor be provided in strict accordance with the provisions, Specifications and terms of the Contract;
   ii. Prohibit the Subcontractor from further Subcontracting any portion of the Contract without the prior written consent of the City and the Contractor. The City may require, as a condition to such further Subcontracting, that the Subcontractor post a payment bond in form, substance and amount acceptable to the City;
   iii. Require Subcontractors to submit all Invoices and applications for payments, including any claims for additional payments, damages or otherwise, to the Contractor in sufficient time to enable the Contractor to include same with its Invoice or application for payment to the City in accordance with the terms of the Contract;
   iv. Require that all Subcontractors obtain and maintain, throughout the term of their Contract, insurance in the type and amounts specified for the Contractor, with the City being a named insured as its interest shall appear; and
   v. Require that the Subcontractor follow terms as defined in section, AUDITS AND RECORDS and City Code Chapter 2-11

C. The Contractor shall be fully responsible to the City for all acts and omissions of the Subcontractors just as the Contractor is responsible for the Contractor's own acts and omissions. Nothing in the Contract shall create for the benefit of any such Subcontractor any Contractual relationship between the City and any such Subcontractor, nor shall it create any obligation on the part of the City to pay or to see to the payment of any moneys due any such Subcontractor except as may otherwise be required by law.

D. The Contractor shall pay each Subcontractor its appropriate share of payments made to the Contractor not later than 10 calendar days after receipt of payment from the City.

1.42 REIMBURSEMENT OF ASSESSMENT ACCORDING TO SERVICE LEVEL AGREEMENT

Upon notice from the City, the Contractor will reimburse the City in the amount of the Assessment percentage identified in the Service Level Agreement (Exhibit 7), for each failure to meet the identified Acceptable Service Level. Reimbursement payments shall be made within 30 calendar days of the date the City notifies Contractor of the reimbursement request. Failure to reimburse the City may result in a default or breach of contract by the Contractor. Payment of the Assessment by the Contractor shall not constitute nor be deemed a waiver or release by the City of any of its rights and remedies against the Contractor for recovery of amounts improperly invoiced or for defective, incomplete or non-conforming work under the Contract.

1.43 INSURANCE:

A **GENERAL INSURANCE REQUIREMENTS**:

   i. The Contractor shall provide a Certificate of Insurance as verification of coverages and endorsements required in Section B., Specific Insurance Requirements, to the City prior to Contract

execution and within 14 calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or hold over period is exercised, as verification of continuing coverage.

ii. All endorsements naming the City as additional insured, waivers, and notices of cancellation shall indicate, and the Certificate of Insurance shall be mailed to the following address:

City of Austin Purchasing Office
P.O. Box 1088
Austin, Texas 78767
OR
PURInsuranceCompliance@austinTexas.gov

iii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.

iv. The City may request that the Contractor submit certificates of insurance to the City for all Subcontractors prior to the Subcontractors commencing work on the project.

v. The Contractor's and all Subcontractors' insurance coverage shall be written by companies authorized to do business in the State of Texas and have an A.M. Best rating of B+VII or better.

vi. The "other" insurance clause shall not apply to the City where the City is an additional insured shown on any policy. It is intended that policies required in the Contract, covering both the City and the Contractor, shall be considered primary coverage as applicable.

vii. If insurance policies are not written for amounts specified in Section B., Specific Insurance Requirements, the Contractor shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it shall follow the form of the primary coverage.

viii. The City shall be entitled, upon request, at an agreed upon location, and without expense, to review certified copies of policies and endorsements thereto and may make any reasonable requests for deletion or revision or modification of particular policy terms, conditions, limitations, or exclusions except where policy provisions are established by law or regulations binding upon either of the parties hereto or the underwriter on any such policies.

ix. The City reserves the right to review the insurance requirements set forth during the effective period of the Contract and to make reasonable adjustments to insurance coverage, limits, and exclusions when deemed necessary and prudent by the City based upon changes in exposure, statutory law, court decisions, the claims history of the industry or financial condition of the insurance company as well as the Contractor.

x. The Contractor shall not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Contract or as required in the Contract.

xi. The Contractor shall be responsible for premiums, deductibles and self-insured retentions, if any, stated in policies. Self-insured retentions greater than $499,999 shall be disclosed on the Certificate of Insurance.

xii. If any required insurance is written on a claims-made basis, the Certificate of Insurance shall state that the coverage is claims-made and the retroactive date shall be prior to or coincident with the

date of the Contract and the coverage continuous and shall be provided for 24 months following the completion of the Contract.

xiii. The insurance coverages specified in Section B., Specific Insurance Requirements, are required minimums and are not intended to limit the responsibility or liability of the Contractor.

B. **Specific Insurance Coverage Requirements**: The Contractor, consistent with its status as an independent Contractor shall carry and will cause its Subcontractors to carry, at a minimum insurance in the types and amounts indicated below for the duration of the Contract, including extension options and hold over periods, and during any warranty period.

i. **Worker's Compensation and Employers' Liability Insurance**: Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are $100,000 bodily injury each accident, $500,000 bodily injury by disease policy limit and $100,000 bodily injury by disease each employee.

(1) The Contractor's policy shall apply to the State of Texas and include these endorsements in favor of the City of Austin:
   a. Waiver of Subrogation, Form WC420304, or equivalent coverage;
   b. 30 Days' Notice of Cancellation, Form WC420601, or equivalent coverage.

ii. **Commercial General Liability Insurance**: Coverage with minimum bodily injury and property damage per occurrence limits of $500,000 for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injury).

(1) The policy shall contain the following provisions:
   a. Contractual liability coverage for liability assumed under the Contract and all other Contracts related to the project;
   b. Independent Contractors coverage (Contractor/Subcontracted work);
   c. Products/Completed Operations Liability for the duration of the warranty period;
   d. If the project involves digging or drilling, provide Explosion, Collapse, and Underground (X, C, & U) Coverage.

(2) The policy shall also include these endorsements in favor of the City of Austin:
   a. Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage;
   b. 30 Day's Notice of Cancellation, Endorsement CG 0205, or equivalent coverage;
   c. The City of Austin listed as an additional insured, Endorsement CG 2010, or equivalent coverage**.**

iii. **Business Automobile Liability Insurance**: Coverage f or all owned, non-owned and hired vehicles with a minimum combined single limit of $500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are $250,000 bodily injury per person, $500,000 bodily injury per occurrence and at least $100,000 property damage liability per accident.

(1) The policy shall include these endorsements in favor of the City of Austin:
   a. Waiver of Subrogation, Endorsement CA0444, or equivalent coverage;
   b. 30 Days' Notice of Cancellation, Endorsement CA0244, or equivalent coverage;
   c. The City of Austin listed as an additional insured, Endorsement CA2048, or equivalent coverage**.**

iv. **Professional Liability**: Contractor shall provide Professional Liability coverage, at a minimum limit of $1,000,000 per occurrence, to pay on behalf of the assured all sums which the assured shall become legally obligated to pay as damages by reason of any negligent act, error, or omission arising out of the performance of professional services under this Agreement.

v. **Cyber Liability Insurance**: Coverage of not less than $2,000,000 each claim and $4,000,000 annual aggregate providing coverage for damages and claims expenses, including notification expenses,

arising from (1) breach of network security, (2) alteration, corruption, destruction or deletion of information stored or processed on a computer system, (3)invasion of privacy, including identity theft and unauthorized transmission or publication of personal information, (4) unauthorized access and use of computer systems, including hackers (5) the transmission of malicious code, and (6) website content, including claims of libel, slander, trade libel, defamation, infringement of copyright, trademark and trade dress and invasion of privacy.

Policy shall be endorsed to name City of Austin, its Affiliates, and their respective directors, officers, employees, and agents, as additional insureds.

C. **Endorsements**: The specific insurance coverage endorsements specified above, or their equivalents must be provided. If endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.

2 SERVICES

2.1 ACCEPTANCE OF INCOMPLETE OR NON-CONFORMING DELIVERABLES AND/OR SERVICES:

If, instead of requiring immediate correction or removal and replacement of defective or non-conforming Deliverables or Services, the City prefers to accept it, the City may do so. The Contractor shall pay all claims, costs, losses and damages attributable to the City's evaluation of and determination to accept such defective or non-conforming Deliverables or Services. If any such acceptance occurs prior to final payment, the City may deduct such amounts as are necessary to compensate the City for the diminished value of the defective or non-conforming Deliverables or Services. If the acceptance occurs after final payment, such amount will be refunded to the City by the Contractor within 30 calendar days of notification provided by the City.

2.2 WORKFORCE:

A. The Contractor shall employ only orderly and competent workers, skilled in the performance of the services which they will perform under the Contract.
B. The Contractor, its employees, Subcontractors, and Subcontractor's employees may not while engaged in participating or responding to a Solicitation or while in the course and scope of delivering goods or services under a City of Austin Contract or on the City's property:
   i. Illegally use or possess a firearm, except as required by the terms of the Contract; or
   ii. Use or possess alcoholic or other intoxicating beverages, illegal drugs or controlled substances, nor may such workers be intoxicated, or under the influence of alcohol or drugs, on the job.
C. If the City or the City's representative notifies the Contractor that any worker is incompetent, disorderly or disobedient, has knowingly or repeatedly violated safety regulations, has illegally possessed any firearms, or has possessed or was under the influence of alcohol or drugs on the job, the Contractor shall immediately remove such worker from Contract services, and may not employ such worker again on Contract services without the City's prior written consent.

2.3 GUARANTEE – SERVICES:

The Contractor warrants and represents that all services to be provided to the City under the Contract will be fully and timely performed in a good and workmanlike manner in accordance with generally accepted

industry standards and practices following the terms, conditions, and covenants of the Contract, and all applicable Federal, State and local laws, rules or regulations.

A. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law, and any attempt to do so shall be without force or effect.
B. Unless otherwise specified in the Contract, the warranty period shall be at least one year from final acceptance. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand perform the services again in accordance with the services warranty standard at no additional cost to the City. All costs incidental to such additional performance shall be borne by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within 30 calendar days of discovery of the breach of warranty, but failure to give timely notice shall not impair the City's rights under this Section.
C. If the Contractor is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be required to purchase under the Contract from the Contractor and purchase conforming services from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such services from another source.

2.4 DATA SECURITY:

In the course of providing services to the City, the Contractor may gain access to City-owned and City-maintained information. If so, the City and the Contractor desire to keep such information appropriately protected. The Contractor will handle information it receives from the City in compliance with this provision.

A. Definitions. Capitalized terms used in this Section shall have the meanings set forth, below:
"Authorized Persons" means (i) the Contractor's employees; and (ii) the Contractor's Subcontractors and agents who have a need to know or otherwise access Personal Information to enable the Contractor to perform its obligations under this Contract, and who are bound in writing by confidentiality and other obligations sufficient to protect Personal Information in accordance with the terms and conditions of this Contract.

"Highly Sensitive Personal Information" means an (i) individual's government-issued identification number (including Social Security number, driver's license number, or state-issued identification number); (ii) financial account number, credit card number, debit card number, or credit report information, with or without any required security code, access code, personal identification number, or password that would permit access to an individual's financial account; or (iii) biometric, genetic, health, medical, or medical insurance data.

"Personal Information" means information provided to the Contractor by or at the direction of the City, information which is created or obtained by the Contractor on behalf of the City, or information to which access was provided to the Contractor by or at the direction of the City, in the course of the Contractor's performance under this Contract that: (i) identifies or can be used to identify an individual (including, without limitation, names, signatures, addresses, telephone numbers, email addresses, and other unique identifiers); or (ii) can be used to authenticate an individual (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or PINs, user identification and account access credentials or passwords, financial account numbers, credit report information, student information, biometric, health, genetic, medical, or medical insurance data,

answers to security questions, and other personal identifiers), in case of both subclauses (i) and (ii), including, without limitation, all Highly Sensitive Personal Information.

"Security Breach" means (i) any act or omission that compromises either the security, confidentiality, or integrity of Personal Information or the physical, technical, administrative, or organizational safeguards put in place by the Contractor or any Authorized Persons, or by the City should the Contractor have access to the City's systems, that relate to the protection of the security, confidentiality, or integrity of Personal Information, or (ii) receipt of a complaint in relation to the privacy and data security practices of the Contractor or any Authorized Persons or a breach or alleged breach of this Contract relating to such privacy and data security practices.

Without limiting the foregoing, a compromise shall include any unauthorized access to or disclosure or acquisition of Personal Information.

B. Standard of Care

i. The Contractor acknowledges and agrees that, during the term of this Contract, the Contractor may create, receive, or have access to Personal Information. For any Personal Information, the Contractor shall comply with this Section in its creation, collection, receipt, transmission, storage, disposal, use, and disclosure of such Personal Information and be responsible for any unauthorized creation, collection, receipt, transmission, access, storage, disposal, use, or disclosure of Personal Information under its control or in its possession by all Authorized Persons. The Contractor shall be responsible for, and remain liable to, the City for the actions and omissions of all Authorized Persons concerning the treatment of Personal Information.

ii. Personal Information is deemed to be Confidential Information of the City and is not Confidential Information of the Contractor. In the event of a conflict or inconsistency between this Section and any other Section of this Contract, the terms and conditions of this Section shall govern and control.

iii. The Contractor agrees and covenants that it shall:

iv. Keep and maintain all Personal Information in strict confidence, using such degree of care as is appropriate to avoid unauthorized access, use, or disclosure;

   a. Not create, collect, receive, access, or use Personal Information in violation of law;
   b. Use and disclose Personal Information solely and exclusively for the purposes for which the Personal Information, or access to it, is provided pursuant to the terms and conditions of this Contract, and not use, sell, rent, transfer, distribute, or otherwise disclose or make available Personal Information for the Contractor's own purposes or for the benefit of anyone other than the City, in each case, without the City's prior written consent; and
   c. Not directly or indirectly, disclose Personal Information to any person other than Authorized Persons, without the City's prior written consent.

v. The Contractor represents and warrants that its creation, collection, receipt, access, use, storage, disposal, and disclosure of Personal Information does and shall comply with all applicable federal and state privacy and data protection laws, as well as all other applicable regulations and directives.

vi. The Contractor shall implement and maintain a written information security program, including appropriate policies, procedures, and risk assessments that are reviewed and updated at least annually.

vii. Without limiting the Contractor's obligations under this Section, the Contractor shall implement administrative, physical, and technical safeguards to protect Personal Information from unauthorized access, acquisition, or disclosure, destruction, alteration, accidental loss, misuse, or

damage that are no less rigorous than the National Institute of Standards and Technology ("NIST") Cybersecurity Framework and shall ensure that all such safeguards, including the manner in which Personal Information is created, collected, accessed, received, used, stored, processed, disposed of, and disclosed, comply with applicable data protection and privacy laws, as well as the terms and conditions of this Contract.

viii. If the Contractor has access to or will collect, access, use, store, process, dispose of, or disclose credit, debit, or other payment cardholder information, the Contractor shall, at all times, remain in compliance with the Payment Card Industry Data Security Standard ("PCI DSS") requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing all procedures and practices as may be necessary to remain in compliance with the PCI DSS, in each case, at the Contractor's sole cost and expense.

ix. At a minimum, the Contractor's safeguards for the protection of Personal Information shall include: (i) limiting access of Personal Information to Authorized Persons; (ii) securing business facilities, data centers, paper files, servers, backup systems, and computing equipment, including, but not limited to, all mobile devices and other equipment with information storage capability; (iii) implementing network, application, database, and platform security; (iv) securing information transmission, storage, and disposal; (v) implementing authentication and access controls within media, applications, operating systems, and equipment; (vi) encrypting Highly Sensitive Personal Information stored on any media; (vii) encrypting Highly Sensitive Personal Information transmitted over public or wireless networks; (viii) strictly segregating Personal Information from information of the Contractor or its other customers so that Personal Information is not commingled with any other types of information; (ix) conducting risk assessments, penetration testing, and vulnerability scans and promptly implementing, at the Contractor's sole cost and expense, a corrective action plan to correct any issues that are reported as a result of the testing; (x) implementing appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks consistent with applicable law; and (xi) providing appropriate privacy and information security training to Authorized Persons.

x. The Contractor shall, at all times, cause Authorized Persons to abide strictly by the Contractor's obligations under this Contract. The Contractor further agrees that it shall maintain a disciplinary/sanctions process to address any unauthorized access, use, or disclosure of Personal Information by any Authorized Person. Upon the City's written request, the Contractor shall promptly identify for the City, in writing, all Authorized Employees as of the date of such request. Upon the City's written request, the Contractor shall provide the City with a network diagram that outlines the Contractor's information technology network infrastructure and all equipment used in relation to fulfilling its obligations under this Contract, including, without limitation: (i) connectivity to the City and all third parties who may access the Contractor's network to the extent the network contains Personal Information; (ii) all network connections, including remote access services and wireless connectivity; (iii) all access control measures (for example, firewalls, packet filters, intrusion detection and prevention services, and access-list-controlled routers); (iv) all backup or redundant servers; and (v) permitted access through each network connection.

C. Security Breach Procedures:

i. The Contractor shall:

a. Provide the City with the name and contact information for an employee of the Contractor who shall serve as the City's primary security contact and shall be available to assist the City 24 hours per day, seven days per week as a contact in resolving obligations associated with a Security Breach;
b. Notify the City of a Security Breach as soon as practicable, but no later than 24 hours after the Contractor becomes aware of it; and
c. Notify the City of any Security Breaches by telephone at 512-974-4357 and email at cybersecurity@austintexas.gov

ii. Immediately following the Contractor's notification to the City of a Security Breach, the parties shall coordinate with each other to investigate the Security Breach. The Contractor agrees to fully cooperate with the City in the City's handling of the matter, including, without limitation: (i) assisting with any investigation; (ii) providing the City with physical access to the facilities and operations affected; (iii) facilitating interviews with the Contractor's employees, Authorized Persons, and others involved in the matter; and (iv) making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law, regulation, industry standards, or as otherwise required by the City.

iii. The Contractor shall, at its own expense, use best efforts to immediately contain and remedy any Security Breach and prevent any further Security Breach, including, but not limited to taking any and all action necessary to comply with applicable privacy rights, laws, regulations, and standards. The Contractor shall reimburse the City for all actual costs incurred by the City in responding to, and mitigating damages caused by, any Security Breach, including all costs of notice and/or remediation.

iv. The Contractor agrees that it shall not inform any third party of any Security Breach without first obtaining the City's prior written consent, other than to inform a complainant that the matter has been forwarded to the City's Attorney. Further, the Contractor agrees that the City shall have the sole right to determine: (i) whether notice of the Security Breach is to be provided to any individuals, regulators, law enforcement agencies, consumer reporting agencies, or others as required by law or regulation, or otherwise in the City's discretion; and (ii) the contents of such notice, whether any type of remediation may be Offered to affected persons, and the nature and extent of any such remediation.

v. The Contractor agrees to maintain and preserve all documents, records, and other data related to any Security Breach.

vi. The Contractor agrees to fully cooperate, at its own expense, with the City in any litigation, investigation, or other action deemed necessary by the City to protect its rights relating to the use, disclosure, protection, and maintenance of Personal Information.

vii. In the event of any Security Breach, the Contractor shall promptly use its best efforts to prevent a recurrence of any such Security Breach.

D. Oversight of Security Compliance

Upon the City's written request to confirm the Contractor's compliance with this Contract, as well as any applicable laws, regulations, and industry standards, the Contractor grants the City or, upon the City's election, a third party on the City's behalf, permission to perform an assessment, audit, examination, or review of all controls in the Contractor's physical and/or technical environment in relation to all Personal Information being handled and/or services being provided to the City under this

Contract. The Contractor shall fully cooperate with such assessment by providing access to knowledgeable personnel, physical premises, documentation, infrastructure, and application software that processes, stores, or transports Personal Information for the City pursuant to this Contract.

In addition, upon the City's written request, the Contractor shall provide the City with the results of any audit performed by or on behalf of the Contractor that assesses the effectiveness of the Contractor's information security program as relevant to the security and confidentiality of Personal Information shared during the course of this Contract.

i. Return or Destruction of Personal Information. At any time during the term of this Contract, at the City's written request or upon the termination or expiration of this Contract for any reason, the Contractor shall, and shall instruct all Authorized Persons to, promptly return to the City all copies, whether in written, electronic, or other form or media, of Personal Information in its possession or the possession of such Authorized Persons, or securely dispose of all such copies, and certify in writing to the City that such Personal Information has been returned to the City or disposed of securely. The Contractor shall comply with all directions provided by the City with respect to the return or disposal of Personal Information.

ii. Equitable Relief. The Contractor acknowledges that any breach of its covenants or obligations set forth in this Section may cause the City irreparable harm for which monetary damages would not be adequate compensation and agrees that, in the event of such breach or threatened breach, the City is entitled to seek equitable relief, including a restraining order, injunctive relief, specific performance, and any other relief that may be available from any court, in addition to any other remedy to which the City may be entitled at law or in equity. Such remedies shall not be deemed to be exclusive but shall be in addition to all other remedies available at law or in equity, notwithstanding to any exclusions or limitations in this Contract to the contrary.

iii. Material Breach. The Contractor's failure to comply with any of the provisions of this Section is a material breach of this Contract. In such event, the City may terminate the Contract effective immediately upon written notice to the Contractor without further liability or obligation to the Contractor.

iv. INDEMNIFICATION. THE CONTRACTOR SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY AND ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS (EACH, A "CITY INDEMNITEE") FROM AND AGAINST ALL LOSSES, DAMAGES, LIABILITIES, DEFICIENCIES, ACTIONS, JUDGMENTS, INTEREST, AWARDS, PENALTIES, FINES, COSTS, OR EXPENSES OF WHATEVER KIND, INCLUDING REASONABLE ATTORNEYS' FEES, THE COST OF ENFORCING ANY RIGHT TO INDEMNIFICATION HEREUNDER, AND THE COST OF PURSUING ANY INSURANCE PROVIDERS, ARISING OUT OF OR RESULTING FROM ANY THIRD-PARTY CLAIM AGAINST ANY CUSTOMER INDEMNITEE ARISING OUT OF OR RESULTING FROM SERVICE PROVIDER'S OR AUTHORIZED PERSON'S FAILURE TO COMPLY WITH ANY OF THE OBLIGATIONS OF THIS SECTION.

2.5 TRAVEL EXPENSES:

All travel, lodging and per diem expenses in connection with the Contract are included to the quoted fee and reimbursement for these expenses should not be claimed by the Contractor.

2.6 COMPLIANCE WITH HEALTH, SAFETY, AND ENVIRONMENTAL REGULATIONS:

The Contractor, its Subcontractors, and their respective employees, shall comply fully with all applicable Federal, State, and local health, safety, and environmental laws, ordinances, rules and regulations in the performance of the services, including but not limited to those promulgated by the City and by the Occupational Safety and Health Administration (OSHA). In case of conflict, the most stringent safety requirement shall govern. The Contractor shall indemnify and hold the City harmless from and against all claims, demands, suits, actions, judgments, fines, penalties and liability of every kind arising from the breach of the Contractor's obligations under this Paragraph.

2.7 WORKFORCE SECURITY CLEARANCE AND IDENTIFICATION (ID):

A. Access to the Human Resources Department building by the Contractor, all Subcontractors and their employees will be strictly controlled, at all times, by the City. Security badges will be issued by the Department for this purpose. The Contractor shall submit a complete list of all persons requiring access to the Human Resources Department building at least 30 days in advance of their need for access. The City reserves the right to deny a security badge to any Contractor personnel for reasonable cause. The City will notify the Contractor of any such denial no more than 20 days after receipt of the Contractor's submittal.

B. Where denial of access by a particular person may cause the Contractor to be unable to perform any portion of the work of the Contract, the Contractor shall so notify the City's Contract Manager, in writing, within 10 days of the receipt of notification of denial.

C. Contractor personnel will be required to check in at the security desk when entering or leaving the Human Resources Department building and security badges must be on display, at all times, when in the building. Failure to do so may be cause for removal of Contractor Personnel from the worksite, without regard to Contractor's schedule. Security badges may not be removed from the premises.

D. The Contractor shall provide the City's Contract Manager with a list of personnel scheduled to enter the building, seven days in advance. The list shall identify the persons by name, date of birth, driver's license number, the times that they will be inside the building and the areas where they will be working. Only persons previously approved by the City for the issuance of security badges will be admitted to the building.

E. The Contractor shall comply with all other security requirements imposed by the City and shall ensure that all employees and Subcontractors are kept fully informed as to these requirements.

SCOPE OF WORK
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

1.0 PURPOSE

The City of Austin, hereinafter referred to as the "City," seeks a qualified firm with public sector experience to provide the requested services in this Scope of Work. The City will award one contract for the service below. The contract will commence upon execution by the City. Stand Alone Vision Plan coverage shall commence on January 1, 2022.

The requested service shall be provided to City of Austin eligible covered persons, hereinafter referred to as "Employees" listed below:

- Employees of the City of Austin
- Employees of four Affiliated Employers
- Eligible Dependents
- Participants of Consolidated Omnibus Budget Reconciliation Act (COBRA)

The requested service shall be provided to City of Austin eligible covered persons, hereinafter referred to as "Retirees" listed below:

- Retirees and Surviving Dependents of the City of Austin
- Retirees and Surviving Dependents of four Affiliated Employers
- Eligible Dependents
- Participants of Consolidated Omnibus Budget Reconciliation Act (COBRA)

2.0 TERM OF CONTRACT:

This Contract shall remain in effect for an initial term of 24-months or the City terminates the Contract. This Contract may be extended beyond the initial term for up to three additional 12-month periods at the City's sole option.

3.0 BACKGROUND

Requested Service	Current Vendor
Fully Insured Stand-Alone Vision Plan	Davis Vision

The City's benefit plan year is January 1 to December 31. Open Enrollment begins mid-October and ends mid-November of each year. Davis Vision is the current stand-alone vendor. The current contract began January 1, 2016 and will end December 31, 2021.

3.1 As of December 1, 2020 there were 13,228 eligible Employees and of those 9,608 are enrolled in the Vision Plan; there were 5,914 eligible Retirees and of those 3,538 are enrolled in the Vision Plan; and 21 COBRA participants.
3.2 The City's medical plans provide coverage for one annual routine vision exam per calendar year.
3.3 Refer to the Exhibits to this RFP for further information:

- Exhibit 1 – 2021 Employee Benefits Guide
- Exhibit 2 – 2021 Retiree Benefits Guide
- Exhibit 3 – Vision Flyer

- Exhibit 4 – Claims and Premiums
- Exhibit 5 – Active & Retiree Demographic Data
- Exhibit 6 – Vision Program Experience
- Exhibit 7 – Service Level Agreement

4.0 VISION PLAN

The Contractor shall provide Vision coverage which meets or exceeds the following requirements.

4.1 Program Coverage

4.1.1 Contractor shall provide a plan similar to the current plan design, as outlined in Exhibit 1 and Exhibit 3.

4.1.2 Contractor shall provide a detailed summary plan description complete with a description of the schedule of benefits, along with exclusions and limitations for each plan.

4.1.3 Contractor shall allow Employees and Retirees to access a vision provider under their medical plan and also access the Vision Plan for eyeglasses and contact lenses at their discretion.

4.1.4 Contractor shall allow eyeglasses or contact lenses to be purchased once per calendar year, with benefits resetting January 1 of each year.

4.2 In-Network Providers

4.2.1 Employees and Retirees may choose in-network vision providers.

4.2.2 In-network vision providers are reimbursed using Contractor's contracted rates.

4.2.3 Contractor shall provide a national network with a strong presence in the Central Texas area (Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson Counties).

4.2.4 Contractor shall report any network provider changes.

4.3 Out–of–Network Providers

4.3.1 Employees and Retirees may seek services utilizing out-of-network providers.

4.3.2 Out-of-network providers are reimbursed up to the Contractor's schedule.

4.3.3 Contractor will provide a claim form for reimbursements.

4.4 Identification Cards

4.4.1 Contractor shall assign a unique member ID number that is not the Employee's and Retiree's Social Security Number.

4.4.2 Contractor shall mail Cards to Employees and Retirees mailing address no later than ten business days from notice of eligibility.

4.4.3 Contractor shall mail replacement Cards to Employees and Retirees mailing address no later than ten business days from date of request.

4.4.4 Contractor shall mail enrollment cards to Open Enrollment participants (Employees and Retirees) mailing address no later than December 31.

4.4.5 Employees and Retirees have the option to request additional cards for no additional fee.

5.0 GENERAL REQUIREMENTS FOR SERVICES

5.1 Contractor shall comply with the performance standards outlined in the Service Level Agreement – Exhibit 7.

5.2 Contractor shall have a process to work with any third-party vendors contracted by the City.

5.3 Federal, State, and Local Law

5.3.1 Contractor shall administer the plan in strict compliance with applicable federal, state, and local laws.

5.3.2 All coverage provided shall ensure compliance with the Federal Family and Medical Leave Act of 1993. Specifically, the coverage shall allow Employees to continue coverage while on Family Medical Leave.

5.3.3 Contractor shall notify the City of changes in law, regulations, or other requirements that affect the vision plan offered by the City within 30 days of enactment.

5.3.4 Facilities and equipment shall be accessible and in compliance with Americans with Disabilities Act (ADA) requirements.

5.3.5 If a federal, state, or local law requires distribution of information to Employees and Retirees, Contractor shall distribute such information directly to their mailing addresses.

5.4 Contractor shall understand that the City self-bills and will calculate monthly rates owed to Contractor for Employees and Retirees using enrollment information as of the first day of each month, provided by the City's Third-Party Eligibility Administrator (TPA). Contractor shall accept the enrollment dates of Employees and Retirees who enroll after the first day of each month. Contractor will be paid for these persons beginning the following month.

5.5 Eligibility

5.5.1 The City determines eligibility, and Contractor shall abide by the City's policies and procedures regarding eligibility and effective dates. Refer to Exhibit 1 and Exhibit 2.

5.5.2 The City reserves the right to determine late entrants.

5.5.3 The City allows Employees and Retirees to enroll in the Vision Plan during the following events:

a. Annual Open Enrollment.
b. Within 31 calendar days of employment or a job status change.
c. Within 31 calendar days of an Internal Revenue Services (IRS) qualifying event.

5.5.4 Contractor shall not impose any minimum enrollment requirements.

5.5.5 Contractor shall work with the City's TPA regarding the Enrollment Data File layout and transmittal of the Employee and Retiree Enrollment Data File.

5.5.6 Contractor shall be able to accept the Employee and Retiree Enrollment Data File electronically on a bi-weekly basis in the 834-file layout format required by Health Insurance Portability and Accountability Act (HIPAA).

5.5.7 Contractor shall receive the Employee and Retiree Enrollment Data File seven business days after the bi-weekly pay period ends.

5.5.8 Contractor shall within one business day notify the City if the Enrollment Data File is not received by the due date.

5.5.9 Contractor shall update their enrollment system within two business days of receiving the Enrollment Data File.

5.5.10 Contractor shall provide an enrollment error report to the City and its TPA within two business days.

5.5.11 Contractor shall reconcile and resolve transmission errors within two business days.
5.5.12 Contractor shall maintain eligibility and claims records/history on each Employee and Retiree according to industry standards.
5.5.13 Contractor shall accept the Employee's and Retiree's Social Security Number.
5.5.14 Contractor shall assign an identifier other than Employee's and Retiree's Social Security Number.

5.6 Customer Service
5.6.1 Contractor shall have a toll–free telephone number for English and Spanish speaking Employees and Retirees and a relay service line.
5.6.2 Customer service line must be fully operational on January 1, 2022.
5.6.3 Contractor shall have customer service staff available to answer questions Monday through Friday, from 8 am to 5 pm Central Standard Time.
5.6.4 Contractor's telephone system shall have the capability to prompt-out to speak to a customer service representative.
5.6.5 Contractor's customer service shall include, at a minimum: verification of eligibility and benefits, claims inquiries, problem resolution, education of the plan, and provider information.
5.6.6 Contractor shall assign designated staff to the City's account.
5.6.7 Contractor shall have a primary contact for the City's benefits staff.
5.6.8 Contractor shall respond to telephone calls and email from City benefits staff or Employees and Retirees within one business day.
5.6.9 Contractor shall provide the City benefits staff online administrative access.
5.6.10 Contractor shall provide secured email portal for confidential transmissions.
5.6.11 Contractor shall resolve customer inquiries or complaints within two business days.
5.6.12 Contractor shall provide web access that allows Employees and Retirees to access eligibility, claims information, and order ID cards.

5.7 Account Management
5.7.1 The designated account representative or Account Team shall be available during regular business hours, 8 am to 5 pm Central Standard Time.
5.7.2 The Account Team shall respond to telephone calls and emails from City benefits staff within one business day.
5.7.3 The Account Team shall participate in annual review meetings with the City.

5.8 Open Enrollment
5.8.1 Open Enrollment occurs mid-October through mid-November of each year.
5.8.2 Contractor shall prepare and deliver up to 9000 copies of Open Enrollment materials, as specified by the City, by September 3, 2021, and annually as requested for the entire term of the contract. The City prefers that the enrollment materials be printed on recycled paper following EPA guidelines (reference Solicitation Instructions).
5.8.3 Contractor shall provide the City with all materials and communications for approval before distribution.
5.8.4 Contractor will prepare for and attend all employer requested meetings and presentations. This includes approximately 100 presentations during the annual Open Enrollment period. Requested meetings may be held onsite at a City worksite or virtually.

5.8.5 Contractor shall provide vision screenings at Open Enrollment presentations, Health Expos, and other events as requested by the City.
5.8.6 Contractor shall have a customer service line operational during Open Enrollment.
5.8.7 Should the City extend the contract to a subsequent renewal period, Contractor shall meet the same timeline requirements for each succeeding renewal period.
5.8.8 Contractor shall work with the City's TPA regarding the Enrollment Data File layout and transmittal of the Employee and Retiree Enrollment Data File.
5.8.9 Contractor shall be able to accept Employee and Retiree Enrollment Data File electronically on an annual basis in the 834-file layout format required by HIPAA.
5.8.10 Contractor shall receive the Employee and Retiree Enrollment Data File in December after Open Enrollment ends.
5.8.11 Contractor shall immediately (within one business day) notify the City if the Enrollment Data File is not received by the due date.
5.8.12 Contractor shall update their enrollment system to verify eligibility by January 1 of each year.
5.8.13 Contractor shall provide an enrollment error report to the City and its TPA within two business days.
5.8.14 Contractor shall reconcile and resolve transmission errors within two business days.

5.9 Transition and Implementation Timelines
5.9.1 Implementation meetings will begin no later than August 1, 2021.
5.9.2 Contractor shall meet with the City on a schedule as determined by the City.
5.9.3 Contractor shall meet with the City to finalize administrative procedures, expectations and program implementation.
5.9.4 Contractor shall provide the City with one electronic pdf copy and five copies of an administrative manual detailing the plan design, administrative procedures and expectations as agreed upon during the meeting.
5.9.5 Contractor shall work with the City's TPA regarding Open Enrollment Data File layout and Open Enrollment data file.
5.9.6 Contractor shall provide training and education sessions at locations as determined by the City for City benefits staff concerning program administration.
5.9.7 Contractor shall be fully operational, including ability to verify eligibility, benefits, and process claims, on January 1, 2022.
5.9.8 Should the City extend the contract to a subsequent renewal period; Contractor shall meet the same timeline requirements for each succeeding renewal period.

5.10 Auditing
5.10.1 Contractor shall have a separate unit or individual, not involved in claims processing, perform fraud investigations when necessary.

5.11 Maintenance of Records
5.11.1 Contractor shall maintain all manual and automated records/files according to industry standards during the life of the contract and after the termination or expiration of the Contract.

5.12 Reporting
5.12.1 Contractor will provide monthly and year-end reports within 30 calendar days after a reporting period ends.

5.12.2 At a minimum, the reports should include Utilization showing exam only, materials only, exam and materials, and the total of both. Number of claims paid in network, out-of-network and the total of both Enrollment showing Subscribers, Dependents and total Lives. Overall City member satisfaction. Percentage of Customer Service calls resolved during the first call.

5.12.3 Contractor shall provide ad hoc reports as requested by the City at no additional cost.

5.12.4 Contractor shall submit all reports/files containing social security numbers or protected health information through secured email or uploaded to a secured website.

5.12.5 Contractor shall provide all reports, as determined by the City, in Excel, PowerPoint, or Word format.

6.0 SPECIFIC INVOICE REQUIREMENTS

6.1 The City self-bills and will calculate monthly rates owed to Contractor for Employees and Retirees using enrollment information as of the first day of each month, provided by the City's Third-Party Eligibility Administrator (TPA). Contractor shall honor the enrollment dates of Employees and Retirees who enroll after the first day of each month. Contractor will be paid for these persons beginning the following month. Refer to Section 5.4.6 of this Scope.

6.2 A monthly invoice will be created by the City.

7.0 DESIGNATION OF KEY PERSONNEL

8.1 The City and the Contractor resolve to keep the same key personnel assigned to this engagement throughout its term. In the event that it becomes necessary for the Contractor to replace any key personnel, the replacement will be an individual having equivalent experience and competence in executing projects such as the one described herein. Additionally, the Contractor shall promptly notify the City and obtain approval for the replacement. Such approval shall not be unreasonably withheld. The Contractor's and City's key personnel are identified as follows:

	Name/Title	Phone Number	Email Address
Contractor Contract Manager	TBD		
City Contract Manager	Lynnette Hicks	512- 974-3395	lynnette.hicks@austintexas.gov
City Contract Administrator, Procurement Specialist	Leyla Mammadova	512- 978-1519	leyla.mammadova@austintexas.gov
Contractor's Key Personnel	TBD		
Contractor's Key Personnel	TBD		

CITY OF AUSTIN
2021 EMPLOYEE BENEFITS GUIDE

Our Benefits Revolve Around You

Medical | Vision | Dental | Life Insurance | Disability | FSA | Wellness

Table of Contents

HRD HUMAN RESOURCES DEPARTMENT

Contact Information 1
Benefits Guide Information 3
Benefits Eligibility 4
Employee Eligibility 5
Dependent Eligibility 6
Dependent Documentation 7
Persons Not Eligible 7
Coverage Information 8
Plan Choices 10
Medical Plans and Rates 11
CDHP w/HSA 12
CDHP w/HSA Schedule of Benefits 14
CDHP Vision Benefits 14
CDHP Pharmacy Benefits 14
PPO & HMO Schedule of Benefits 15
PPO & HMO Vision Benefits 17
PPO & HMO Pharmacy Benefits 17
Using Mail Order 18
Diabetic Bundling 18
HEB Prescription Delivery Service 18
Medical Programs 19
Vision Plan 20
BlueCare Dental PPO 21
BlueCare Dental PPO Schedule of Benefits 21
Group Term Life Insurance 23
Basic Life Insurance 23
Supplemental Life Insurance 23
Dependent Life Insurance 25
Supplemental Life Insurance Worksheet 26
Disability 27
Short Term Disability (STD) 27
Long Term Disability (LTD) 28
Long Term Disability Worksheet 29
Flexible Spending Accounts (FSA) 30
Health Care FSA 30
Dependent Care FSA 30
Health Care FSA Worksheet 32
Dependent Care FSA Worksheet 33
Legal Insurance Plan 34
Employee Wellness 35
HealthyConnections 36
Additional Benefits 39
Employee Assistance Program 40
Employee Communications 41
Tuition Reimbursement Program 41
Service Incentive Pay 41
Direct Deposit 41
Employee Discount Page 42
Smart Commute Rewards 42
Affordable Small Dollar Loans 42
Homebuyer Assistance Program 42
Child Care Program 43
Maternity & Lactation Support 43
Commuter Program 43
Leave Programs 44
Veterans Services Office 47
Workers' Compensation 48
Employee Retirement Systems 49
Deferred Compensation Plan (457 Plan) 49
Social Security 49
Important Benefits Information 50
Summary of Benefits and Coverage (SBC) 51
ADA Compliance 51
Governing Plan 51
HIPAA 51
The Women's Health and Cancer Rights 52
Patient Protection and Affordable Care Act 52
COBRA 52
Continuation of Coverage for Domestic Partners 53
USERRA Continuation of Coverage 53
Surviving Dependent Coverage 53
Surviving Family/Work-Related Coverage 53
Your Prescription Drug Coverage and Medicare 54
Health Insurance Marketplace 55
Notice to Enrollees 57
Premium Assistance Under Medicaid and CHIP 57
Corporate Human Resources Department 58

The City of Austin is committed to compliance with the Americans with Disabilities Act.
Call the Human Resources Department at *512-974-3400* (Voice) or *800-735-2989* (Relay Texas TTY number) for more information.

Contact Information

City of Austin
Human Resources Department
Employee Benefits Division

Benefits staff are available by phone or in person to discuss benefits questions. For your convenience, please make an appointment before visiting our office.

Phone Number: *512-974-3284*
Outlook Email: HRD, Benefits
Email: Benefits.HRD@austintexas.gov
Fax Number: *512-974-3420*

Office Hours: 7:30 a.m. to 5 p.m.
Office Location: 505 Barton Springs Road, Suite 600

Online Resources
Resources are available at cityspace, the City's intranet website, or on the Internet at austintexas.gov/benefits.

Scan the QR code below for easy access to the Employee Benefits website.

BlueCross BlueShield
Medical Plans & BlueCare Dental PPO

Member Service Phone Number: *888-907-7880*
24/7 NurseLine Phone Number: *800-581-0368*
HSA Bank Phone Number: *855-731-5220*

To view the prescription formulary, Explanation of Benefits, and print a temporary ID card, visit bcbstx.com/coa.
To register, follow these steps:

1. Click ***Log in***.
2. Click ***Register Now***.
3. Follow the prompts to register.
4. Enter information from your ID card. If you do not have your ID card, you can call *888-907-7880*.

To find a medical provider, visit bcbstx.com/coa.
1. Under "Find a Doctor," click on ***View provider information***.
2. Under "Provider Finder," click on ***HMO Plan***, ***PPO Plan***, or ***HSA Plan***.
3. Click on ***Browse by Category*** and select the type of medical care you are searching for: Medical Care, Urgent Care Center, or Behavioral Health.

To find a dental provider, visit bcbstx.com/coa.
1. Click on ***Dental Benefits*** tab.
2. Click on ***Search a Dentist near your home or office***.
3. Select **BlueCare Dental PPO**.
4. Select the criteria by which you want to search for an in-network dentist:
   - Search by Name
   - Search by Location
   - Search by County
   - Search by Center Name

Retirement Systems

City of Austin Employees' Retirement System (COAERS)	Austin Fire Fighters Relief and Retirement Fund (AFRS)	City of Austin Police Retirement System (PRS)
6836 Austin Center Blvd., Suite 190 Austin, TX 78731	4101 Parkstone Heights Dr., Suite 270, Austin, TX 78746	2520 South IH-35, Suite 100 Austin, TX 78704
Phone Number: *512-458-2551*	Phone Number: *512-454-9567*	Phone Number: *512-416-7672*
Fax Number: *512-458-5650*	Fax Number: *512-453-7197*	Fax Number: *512-416-7138*
Website: coaers.org	Website: afrs.org	Website: ausprs.org

Davis Vision

Vision Plan

Toll-Free Number: *888-445-2290*

To view benefits, locate a provider, and check claim status, visit davisvision.com. To register, follow these steps:

1. Click ***Member***.
2. Click ***Register new account***.
3. Enter information from your ID card.
4. Create a username, password, and security question.
5. Click ***Register***.

For non-members, click the ***Member*** link and enter **2481** for Client Code.

CompuSys/Erisa Group Inc. (Erisa)

– COBRA Administration
– Child Care Reimbursements

Phone Number: *512-250-9397*
Toll-Free Number: *800-933-7472*
Fax Number: *512-250-2937*
Child Care Assistance Email: COADCAA@cserisa.com

Austin Deferred Compensation Plan

457 Plan (Empower Retirement)

Toll-Free Number: *866-613-6189*
Email: dcaustin@empower-retirement.com

To view and manage your account, visit dcaustin.com.
To enroll, click ***Register***.

Deer Oaks

Employee Assistance Program

Toll-Free Number: *866-228-2542*
Relay Texas Number: *800-735-2989*
Toll-Free Teen Helpline: *866-228-2542*

To view a list of free webinars and counseling services, visit deeroakseap.com. To access, follow these steps:

1. Click ***Member Login***.
2. Type **austintexas.gov** for the username and password.
3. Click ***Login***.

ARAG

Group Legal Plan

Toll-Free Number: *800-247-4184*
Relay Texas Number: *800-383-4184*

To view covered services and to locate a participating attorney, visit ARAGlegal.com/myinfo. To register, follow these steps:

1. Click ***Member Login***.
2. Click ***Create account***.
3. Enter your member ID number from your ID card and your home address ZIP code and click ***Continue***.
4. Enter your email address twice and click ***Continue***.
5. Enter the verification code sent to your email and click ***Submit Code***.
6. Create a password and click ***Login***.

For non-members, enter **17886COA** for Access Code.

Total Administrative Services Corporation (TASC)

Flexible Spending Accounts (FSA) & Debit Card

Phone Number: *800-422-4661*
Fax Number: *608-661-9601*

To view activity, visit tasconline.com. To register:

1. Click ***Sign in to Universal Benefit Account***.
2. Under the Participants sign in, click ***Sign up*** to establish your new account.
3. Enter your email and create a password.
4. Enter the verification code sent to your email and click ***Verify***.
5. Confirm your name and email address and click ***Continue***.
6. Agree to the Terms of Use.
7. Enter your mobile number. Enter the authentication code sent to your phone and click ***Verify***.

Benefits Guide Information

City of Austin employees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or end at any time. These benefits are not a guarantee of your employment with the City.

This Guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Your rights are governed by each Plan Instrument, which may be a plan document, evidence of coverage, certificate of coverage or contract. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern.

For detailed information about the plans, refer to each plan instrument, contact the Employee Benefits Division of the Human Resources Department or the vendor.

City Benefits

The City is concerned for the health, welfare, and safety of its employees and is committed to providing cost-effective, sustainable benefits that assist employees in being physically and mentally healthy. The benefits offered require employees to assume responsibility for the choices they make and to be informed on how to use their benefits effectively.

As part of this philosophy, the City is committed, as resources permit, to making available a comprehensive benefits program that includes plans for:

- Health care
- Wellness
- Disability income
- Income replacement
- Death benefits
- Education and training
- Paid time away from work
- Childcare

The City will explore other areas of benefits to the extent they fill a need of a major portion of the workforce and to the extent they can be provided cost-effectively and efficiently on a group basis.

Cost-wise Consumerism

Since rising health care costs affect both the City and its employees, the City will continue to study new coverage options that help control health care costs. The program is designed to be cost-effective, for both the short term and the long term.

The cost of the program is determined in a realistic fashion and does not vary with short term financial considerations. Employee contributions are required to help finance the cost of parts of the program.

Administration

The overall administration of the benefits program is re-evaluated and revised periodically to ensure it is simple, efficient, cost-effective, and satisfies overall goals.

HRD HUMAN RESOURCES DEPARTMENT

Joya Hayes, Director of Human Resources & Civil Service

Communications

A variety of media is used to communicate the benefits program to employees and their dependents. Methods used include presentations, newsletters, the City's website, video on demand, and *CitySource Today*. In addition, benefits staff are available by phone or in person to discuss benefits questions with employees and their families. Communication goals of the benefits program include:

- Educating employees on how to use their benefits.
  - ❖ Employees should understand their responsibility for the choices they make.
  - ❖ Employees should follow the requirements of the plans.
- Educating employees on how to be better consumers of all benefits.
  - ❖ Employee choices should be appropriate for their needs.
  - ❖ Employees should contribute to the fiscal integrity and cost-effectiveness of the plans by making informed choices when using their benefits.
- Increasing employee understanding of the value of their benefits.

BENEFITS ELIGIBILITY

- **Employee Eligibility**
- **Dependent Eligibility**
- **Persons Not Eligible**
- **Dependent Documentation**
- **Coverage Information**

"I choose to work for the City of Austin because I appreciate its commitment to accessibility under the Americans with Disabilities Act. One of the programs I use is the Metro Access Program. This program is an on-demand rideshare program for persons who qualify based on disability. The service provided is reliable, affordable, and convenient when you know where you need to go the day before. It provides me with curbside service when I am dealing with unfamiliar areas or inclement weather."

-David Ondich
ADA Program Administrator

Employee Eligibility

As a City employee, including any person in the six-month probationary period, your work status is full-time, part-time, or temporary.

Full-Time Employees – 30 or more hours per week

If you are in a regular budgeted position, you are considered full-time and are eligible to participate in:

- Medical
- Vision
- Dental
- Life Insurance
- Short Term Disability
- Long Term Disability
- Health Care FSA
- Dependent Care FSA
- Group Legal Plan
- Wellness Program
- Employee Assistance Program
- Child Care Programs
- Commuter Program
- Retirement (Mandatory)
- Deferred Compensation

As a full-time employee, you are eligible for four types of coverage at no cost:

- CDHP w/HSA — Employee Only
- Dental — Employee Only
- Basic Life Insurance
- Short Term Disability

Part-Time Employees – 20 to 29 hours per week

If you are in a regular budgeted position, you are considered part-time and are eligible to participate in:

- Medical
- Vision
- Dental
- Life Insurance
- Short Term Disability
- Long Term Disability
- Health Care FSA
- Dependent Care FSA
- Group Legal Plan
- Wellness Program
- Employee Assistance Program
- Commuter Program
- Deferred Compensation

As a part-time employee, you are eligible for Short Term Disability coverage at no cost.

Part-Time Employees – Less than 20 hours per week

If you are in a regular budgeted position, you are considered part-time and are eligible to participate in:

- Medical
- Vision
- Dental
- Life Insurance
- Health Care FSA
- Dependent Care FSA
- Group Legal Plan
- Wellness Program
- Employee Assistance Program
- Commuter Program
- Deferred Compensation

Temporary Employees

If you are in a temporary position, you are eligible to participate in:

- Commuter Program
- Employee Assistance Program
- Medical – If employed continuously for more than 12 months
- Wellness Program
- Deferred Compensation

Dependent Eligibility

Enrolling Dependents for Benefits

If you are a full-time or part-time employee, your dependents are eligible for:

- Medical
- Vision
- Dental
- Life Insurance
- Health Care FSA
- Dependent Care FSA
- Group Legal Plan
- Wellness Program
- Employee Assistance Program

Eligible Dependents

- **Spouse:** Your legally married spouse.
- **Domestic Partner:** The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a City employee if, under Texas law, the individual would not be prevented from marrying the employee on account of age, consanguinity, or prior undissolved marriage to another person. A domestic partner may be of the same or opposite gender as the employee.
- **Children:** Your biological children, stepchildren, legally adopted children, children for whom you have obtained court-ordered guardianship or conservatorship, qualified children placed pending adoption, and children of your domestic partner, if you also cover your domestic partner for the same benefit. Your children must be under 26 years of age.
- **Dependent Grandchildren:** Your unmarried grandchild must meet the requirements listed above and must also qualify as a dependent (as defined by the Internal Revenue Service) on your or your spouse's federal income tax return.
- **Disabled Children:** To continue City coverage for an eligible dependent past the age 26, the child must be covered as a dependent at the time, unmarried, and must also meet the following definitions:
  - ❖ A disabled child must rely on you for more than 50 percent of support.
  - ❖ A child is considered disabled if they are incapable of earning a living at the time the child would otherwise cease to be a dependent and depend on you for principal support and maintenance, due to a mental or physical disability.
  - ❖ A disabled child continues to be considered an eligible dependent as long as the child remains incapacitated and dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the time they otherwise would lose dependent status.
  - ❖ A dependent child who loses eligibility and later becomes disabled is not eligible for coverage. A disabled child who was not covered as a dependent immediately prior to the time the child would otherwise cease to be a dependent is not eligible for coverage.
  - ❖ A disabled child dependent must be covered continuously on the medical and dental plans. If coverage is dropped, the disabled child will not be allowed to re-enroll.

Covering dependents who are not eligible for the City's insurance programs unfairly raises costs for all participants in the programs, as well as for the City.

Dependent Documentation

If you are adding a dependent under any of the City's benefits programs, you must provide documentation that supports your relationship to the dependent. **Social Security Numbers** must be provided for all eligible dependents.

Acceptable documents are listed below for the following dependents:

- **Spouse:** A marriage certificate which has been recorded as provided by law.
- **Domestic Partner:** A Domestic Partnership Affidavit and Agreement form signed by the employee and domestic partner. Also a Domestic Partnership Tax Dependent Status form signed by the employee.
- **Child:** A certified birth certificate, complimentary hospital birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship, or qualified medical child support order, or be the subject of an Administrative Writ.
- **Child of a Domestic Partner:** The documentation listed above must also be provided and the domestic partner must be covered for the same benefit in order to cover a child of a domestic partner.
- **Stepchild:** The documentation listed above must also be provided and a marriage certificate or declaration of informal marriage indicating the marriage of the child's parent and stepparent.
- **Dependent Grandchild:** The documentation listed above must also be provided and a marriage certificate or declaration of informal marriage that supports the relationship between you and your grandchild.
- **Disabled Child:** A completed Dependent Eligibility Questionnaire verifying an ongoing total disability, including written documentation from a physician verifying an ongoing total disability.
- **Qualified Child Pending Adoption:** For children already placed in your home, an agreement executed between you and a licensed child-placing agency, or the Texas Department of Family and Protective Services, meeting the requirements listed in Dependent Eligibility.

Persons Not Eligible

Dependents do not include:

- Individuals on active duty in any branch of military service (except to the extent and for the period required by law).
- Permanent residents of a country other than the United States.
- Parents, grandparents, or other ancestors.
- Grandchildren who do not meet the definition of dependent and who are not claimed on your or your spouse's federal income tax return.

An individual is not eligible to be covered:

- As both a City employee and a City retiree, for the same benefit.
- As both a City employee or City retiree and as a dependent of a City employee or City retiree, for the same benefit.
- As a dependent of more than one City employee, or City retiree, for the same benefit.

Coverage Information

Changing Your Benefits Coverage

To change your benefits coverage, you must call the Employee Benefits Division to schedule an appointment.
You can request changes to your coverage:

- Within 31 days of a Qualifying Life Event.
- Within 31 days of the date you initially become eligible for coverage.

If you miss the deadlines listed above, you must wait until next Open Enrollment. To drop coverage for dependents who no longer meet the eligibility requirements, you must call the Employee Benefits Division to schedule an appointment to complete a Benefits Enrollment Form.

Qualifying Life Events

You can add, drop, or change coverage for yourself and your dependents when you experience a Qualifying Life Event such as: marriage, divorce, birth, adoption of a child, death of a dependent, establishing a committed living arrangement as domestic partners, dissolution of domestic partnership, loss or gain of other coverage, or change in employment. You must call the Employee Benefits Division within 31 days of the Qualifying Life Event to schedule an appointment to complete a Benefits Enrollment Form.

In the case of a **newborn dependent**, your newborn is **temporarily covered** for medical for 31 days. After 31 days, if you do not complete a Benefits Enrollment Form and pay any required premiums to add your newborn, your newborn will no longer have coverage even if you have Employee and Children or Family coverage.

Coverage Effective Dates

When you complete a Benefits Enrollment Form, provide required documentation, and pay any premiums owed, coverage is effective for you and your dependents as follows:

- If you enroll within 31 days of the date you are first eligible, coverage for you and any dependents you enroll will be effective on the date you are first eligible.
- If you enroll within 31 days of a Qualifying Life Event, (except for the birth of a child or the court-ordered adoption, placement for adoption, guardianship or conservatorship of a child), coverage for you and any dependents you enroll will be effective either the first day of the following pay period or the first day of the month following the date you submit the Benefits Enrollment Form.
- If you enroll within 31 days of the birth of a child, coverage will be the effective on the date of the birth; even if you have Employee and Children or Family coverage, you must complete a Benefits Enrollment Form.
- If you enroll within 31 days of the court-ordered adoption, placement for adoption, guardianship or conservatorship of a child, coverage will be effective on the date of the adoption, placement for adoption, guardianship or conservatorship; even if you have family coverage, you must complete a Benefits Enrollment Form.
- If you enroll during Open Enrollment, coverage for you and any dependents you enroll will be effective on January 1 of the following year.

Coverage Ending Dates

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

- The date the plan in question ends.
- The date the coverage in question ended or is reduced.
- The date the plan is amended to end coverage for you or your class of dependents.
- The last day of the pay period in which you voluntarily drop coverage.
- The last day of the pay period in which you or your dependents no longer meet eligibility requirements.

Waiving Coverage

If you are a full-time or part-time employee declining or dropping medical and dental coverage for yourself, you must:

- Complete a Benefits Enrollment Form.
- Sign a waiver indicating you are aware that medical and dental coverage is available to you by the City of Austin.

If you later decide you want City provided coverage, you will not be able to enroll until the next Open Enrollment or within 31 days of a Qualifying Life Event.

Premium Information

For full or part-time (20-29 hours) employees, the City pays a portion of your dependent's medical and dental premiums. The amount paid by the City is not taxable to you if your dependent is a qualified dependent as defined by the Internal Revenue Service (IRS). You are responsible for determining whether your dependent meets the IRS dependent definition.

Premium Deduction Errors

It is your responsibility to verify that the premium deductions taken from your paycheck are correct. Any deduction errors must be reported immediately to the Employee Benefits Division at *512-974-3284*.

Enrollment Form Errors – It is your responsibility to ensure that information on the Benefits Enrollment Form is correct. If a premium deduction error occurs, notify the Employee Benefits Division immediately. If an underpayment occurs due to an error you made on the Benefits Enrollment Form, the City has the right to collect any additional premiums owed.

Data Entry Error/Delay – If a data entry error occurs or if data entry is delayed, it will not invalidate the coverage on your Benefits Enrollment Form. Upon discovery, an adjustment will be made to reflect the correct premium deduction. If underpayment of a premium occurs, the City has the right to collect any additional premiums owed by you. If overpayment occurs, the City will reimburse you any amount of overpaid premiums up to a maximum of two pay periods.

Taxable Fringe

If you choose benefits coverage for a dependent who does not qualify to be claimed on your federal income tax return, you may have to pay taxes on the amount of money the City contributes for the dependent's medical and dental benefits. This money is considered taxable income, and must be reported to the IRS. The City refers to this money as taxable fringe. A spouse is never subject to taxable fringe. If at least one of the children for whom you have elected medical or dental coverage is a child you claim as a dependent on your federal income tax return, the City's contribution will not be considered taxable income.

Retiring from the City of Austin

After you complete your retirement paperwork with the retirement system, you must call the Employee Benefits Division within 31 days from your retirement date to schedule an appointment to enroll in retiree benefits. If you miss this deadline, your next opportunity to enroll will be during Open Enrollment or within 31 days of a Qualifying Life Event. **To avoid a lapse in your benefits coverage** (from active employee benefits to retiree benefits), you must schedule your appointment no later than the last day of the month you are retiring in.

"To me the City of Austin benefits are all inclusive and extremely competitive with some of the best companies in the world."

-Bradley Jarrell
O&M Specialist

PLAN CHOICES

- Medical
  - Consumer Driven Health Plan with a Health Savings Account (CDHP w/HSA)
  - PPO
  - HMO
- Vision
- Dental
- Life Insurance
- Disability
- Flexible Spending Accounts (FSA)
- Legal

"I find it gratifying to serve the local community. Three years ago, I had a medical scare. During that time, I had a bunch of tests and appointments. Having City of Austin benefits has brought relief because I do not worry about going to my doctor in fear of a bill that I may not be able to afford. It takes a huge load off my mind, my finances, and most importantly my health."

-Ronnie Hawkins
Business Development Counselor II

CDHP w/HSA, PPO, and HMO Medical Plans

BlueCross BlueShield of Texas

As an employee, you choose the medical plan that best meets your needs. Provider and prescription information is available online at bcbstx.com/coa.

Things to consider when choosing a medical plan:

- Premium costs for dependent coverage.
- Amount of copays.
- Amount of out-of-pocket expenses.
- Freedom to not designate a Primary Care Physician.
- Freedom to seek services from a Specialist without a referral.
- Future expenses and the predictability of inpatient hospital expenses.

BlueCross BlueShield Medical Rates - Per Pay Period

Full-Time Employees 30 + hours per week	CDHP w/HSA	PPO	HMO
Employee Only	$ 0.00	$ 5.00	$ 10.00
Employee & Spouse or Domestic Partner	$ 91.78	$ 191.12	$ 196.12
Employee & Children	$ 45.52	$ 140.80	$ 145.80
Employee & Family or Domestic Partner & Children	$ 211.08	$ 320.87	$ 325.87

Part-Time Employees 20 - 29 hours per week	CDHP w/HSA	PPO	HMO
Employee Only	$ 131.55	$ 120.99	$ 125.99
Employee & Spouse or Domestic Partner	$ 340.99	$ 407.70	$ 412.70
Employee & Children	$ 274.50	$ 334.33	$ 339.33
Employee & Family or Domestic Partner & Children	$ 511.69	$ 602.30	$ 607.30

Part-Time Employees Less than 20 hours per week	CDHP w/HSA	PPO	HMO
Employee Only	$ 263.10	$ 340.03	$ 408.27
Employee & Spouse or Domestic Partner	$ 590.20	$ 763.00	$ 932.35
Employee & Children	$ 503.48	$ 651.63	$ 796.08
Employee & Family or Domestic Partner & Children	$ 812.30	$1,050.13	$1,283.03

CDHP w/HSA Calendar Year Savings

CDHP **Employee Only** coverage saves you:
$120 – switching from PPO Employee Only
$240 – switching from HMO Employee Only
City also contributes $500 into your HSA.

CDHP **Employee Family** coverage saves you:
$2,635 – switching from PPO Employee & Family
$2,755 – switching from HMO Employee & Family
City also contributes $1,000 into your HSA.

CDHP w/HSA – Is it right for you?

Benefits of the CDHP w/HSA:

- No cost for Employee Only coverage.
- Lower medical premiums if you cover dependents.
- Health Savings Account through HSA Bank established in your name with a HSA Bank debit card.
- City contribution into a Health Savings Account for Full-Time employees. If enrolling after July 1, 2021, City contribution is reduced to half. Part-Time employees (20-29 hours) receive a reduced contribution.
  - ❖ $500 for Employee Only Coverage.
  - ❖ $1,000 for Employee & Dependent Coverage.
- Ability to contribute money on a pretax basis into a Health Savings Account.
  - ❖ $129 maximum per pay period for Employee Only coverage.
  - ❖ $258 maximum per pay period for Employee & Dependent coverage.
- Ability to increase or decrease your HSA per pay period contributions any time during the year.
- 100 percent coverage for preventive services – such as annual physicals, well baby checks, well woman checks, mammograms, and colonoscopies.
- Once you meet your calendar year deductible, the plan will pay 80 percent of Tier 1 providers covered services and 70 percent of Network providers covered services.To reach your deductible, you can pay for expenses using your HSA Bank debit card.
- Affordable Care Act (ACA) Preventive Drug List – covered at 100 percent.
- CDHP w/HSA Preventive Drug List – No deductible. Plan pays 80 percent for medications for conditions such as heart disease, high blood pressure, high cholesterol, and asthma.
- Basic Drug List (Tier 1, 2 & 3 Drugs) – Plan pays 80 percent after you have met your calendar year deductible. To reach your deductible, you can pay your expenses with your HSA Bank debit card.
- Tier 1 and Network providers bill you for services after BlueCross BlueShield discounted rates.
- Use Health Savings debit card to meet your deductible and pay for eligible medical, pharmacy, dental, and vision expenses.

The chart below highlights how much a family may save if enrolled in the CDHP compared to the HMO, based on a 30+ hour work week.

CDHP Medical Plan		HMO Medical Plan	
Employee & Family premiums	$5,066/year	Employee & Family premiums	$7,821/year
Four primary care doctor visits	$ 600/year	Four primary care doctor visits	$ 100/year
Four prescriptions	$ 124/year	Four prescriptions	$ 40/year
Total employee paid for the year	$5,790	Total paid medical expenses for the year	$7,961
City's HSA contribution	***$1,000***	City's HSA contribution	No City contribution
Net paid medical expenses for the year	$4,790	Net paid medical expenses for the year	$7,961
A savings of	***$3,170***		

CDHP Health Savings Account Eligibility:

To be eligible to participate in the HSA, you must meet all the requirements below as determined by the IRS. If all requirements are not met, you and/or your dependents are not eligible to contribute in a HSA. However, you and/or your dependents are eligible to enroll in the CDHP Medical Plan.

- You or your enrolled dependents cannot be claimed on another person's tax return.
- You cannot be enrolled in any plan other than a high-deductible plan including: Medicare, Medicaid, and Tricare.
- You or your enrolled dependents cannot be enrolled in Health Care FSA.
- You must provide a physical address to HSA Bank (no post office boxes).
- You must be a legal resident of the United States.

If eligibility is met, your HSA will be opened automatically.

How the CDHP w/HSA Works:

- Preventive Services – Covered at 100 percent.
- Injury or Illness at Tier 1 or Network Provider – The amount you pay will be determined after BlueCross BlueShield discounted rates.
- Calendar year deductible – After you meet the deductible, the plan will pay 80 percent of covered services for Tier 1 and 70 percent for Network Providers.
- Out-of-Pocket-Maximum – After you meet the out-of-pocket-maximum, the plan pays 100 percent for all eligible covered medical and pharmacy expenses.

Example: Bill is enrolled in the CDHP w/HSA, Employee & Children coverage. By enrolling in the CDHP w/HSA instead of the HMO, Bill saved $2,755 in premiums. Bill's 11-year-old daughter is sick and he takes her to the doctor. The cost of the visit, after the contracted discount, is $100, and he uses his HSA Bank debit card to pay for the office visit. His out-of-pocket cost is $0 because he uses $100 of the $1,000 the City contributed to his HSA. This was their only medical expense and his HSA balance of $900 will roll over to 2022.

The City Contributed $1,000 in Bill's Health Savings Account in 2021.

The doctor charges Bill $100 for his daughter's visit.

Bill pays the $100 using his HSA Bank debit card received from the bank.

Bill has $900 left in his Health Savings Account for 2021 that will carry over to 2022.

Differences between the CDHP HSA and the Health Care FSA:

	CDHP Health Savings Account	Health Care Flexible Spending Account
Is it required that I enroll in a City medical plan?	Yes, in the CDHP.	No.
Does the City contribute money into this account?	Yes, and the City's contributions are available immediately.	No.
Am I able to contribute money into this account?	Yes, your contributions are available as they are placed in your account each pay period.	Yes, your annual contributions are available immediately.
Am I able to change my per pay period contributions throughout the year?	Yes, you may increase or decrease your contributions anytime during the year with no Qualifying Life Event needed.	Yes, but only within 31 days of a Qualifying Life Event.
Will I be issued a debit card?	Yes.	Yes.
Is the account a "Use it or Lose it" account?	No, the City's and your unused contributions roll over each year. There is no deadline.	Yes, you must use your contributions by the IRS deadline.
Do I have to submit receipts?	No, but we recommend that you save your receipts for your records.	Yes, when requested.
Is this an interest-bearing account?	Yes.	No.
Do my dependents who use this account have to be IRS dependents?	Yes.	Yes, grandchildren, domestic partner, and domestic partner's children.
Only employees enrolled in the CDHP are eligible to open a Health Savings Account.		

CDHP w/HSA Schedule of Benefits

Medical Benefits	CDHP (Blue Choice PPO)		Out-of-Network
	Tier 1 Providers	Network Providers	
Deductible	$1,500 - Employee Only $3,000 - Employee & Dependents		$3,000 - Employee Only $6,000 - Employee & Dependents
Preventive Services	Plan pays 100%.		Plan pays 60% after deductible.
Eligible Covered Services & Facilities	Plan pays 80% after deductible.	Plan pays 70% after deductible.	Plan pays 60% after deductible.
Out-of-Pocket Calendar Year Maximum	$5,000 - Employee Only $6,850 - Employee & Dependents		$10,000 - Employee Only $20,000 - Employee & Dependents
Primary Care Physician (PCP)	PCP selection is not required.		
Referrals Required	No. A referral is not required to seek services from a Specialist.		
Virtual Visit Copay	Approximately $49 for general health, $100 per session for therapy counseling, and $175 per session for psychiatry.		Not applicable.
Hearing Aids	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.		

Tier 1 Providers – Providers designated as providing higher quality of care and cost efficiency.

CDHP Vision Benefits

Routine Vision Eye Exam	CDHP (Blue Choice PPO)	Out-of-Network
Optometrists	Plan pays 80% after deductible.	Plan pays 60% after deductible.
Ophthalmologists	Plan pays 80% after deductible.	Plan pays 60% after deductible.
Frames, Standard Lenses, and Contact Lenses	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.

CDHP Pharmacy Benefits

Plan Features (In-Network)	CDHP (Blue Choice PPO)
Affordable Care Act (ACA) Preventive Drug List	Plan pays 100% no deductible.
CDHP w/HSA Preventive Drug List	Plan pays 80% no deductible.
Basic Drug List - Tier 1, 2 & 3	Plan pays 80% after deductible.
90-Day Supply - Mail Order	Plan pays 80% after deductible.

Pharmacy drugs covered can be found at: bcbstx.com/coa.

PPO & HMO Schedule of Benefits

Medical Benefits	PPO (Blue Choice PPO)		HMO (Blue Essentials)	
	Tier 1 Providers	Network Providers	Tier 1 Providers	Network Providers
Individual Deductible	$500 per covered person.		None.	
Family Deductible Maximum	Three individual deductibles.		None.	
Out-of-Pocket Maximum	$4,000 per covered person or $12,700 per family, per calendar year.		$4,500 per covered person or $8,000 per family, per calendar year.	
Provider Selection	Members **may** select Tier 1, Network, or Out-of-Network Providers.		Members **must** select Tier 1 or Network Providers. Referrals are required from your PCP to seek services outside of your PCP including Specialists. No benefits coverage without a referral.	
Primary Care Physician (PCP)	PCP selection is not required.		PCP selection is required. If a PCP is not selected, one will be assigned. You **will be** required to seek services from the assigned PCP. To change your PCP, call BlueCross BlueShield. You may change your PCP on a monthly basis. The change is effective the first day of the following month.	
Referrals Required	No. A referral is not required to seek services from a Specialist.		Yes. A referral is required to seek services from a Specialist. No benefits coverage without a referral.	
Residency Requirements	None.		**Must** receive services in Bastrop, Blanco, Burnet, Caldwell, Hays, Travis, or Williamson counties. No benefits coverage outside of this area.	
Out-of-Network Benefits	$1,500 deductible per covered person. Plan pays 60%, up to maximum allowable charge. Out-of-network benefits are subject to network benefit plan limits, pre-approval, and pre-notification requirements. Outpatient Surgery and Inpatient Admission are subject to a $250 per day facility fee.		None, except in case of a medical emergency.	

PPO & HMO Schedule of Benefits

	PPO (Blue Choice PPO)		HMO (Blue Essentials)	
	Tier 1 Providers	**Network Providers**	**Tier 1 Providers**	**Network Providers**
Preventive Exams	Plan pays 100%.		Plan pays 100%.	
Virtual Visit Copay	$10		$10	
Office Visit Copay Primary Care Specialist	$10 $25	$25 $45	$10 $35	$25 $55
Convenience Care Clinics Copay	$25		$25	
Urgent Care Copay	$35		$45	
Emergency Room Copay	$200		$250	
Ambulance Services	Plan pays 80% after deductible.		$200 copay.	
Outpatient Surgery	Plan pays 80% after deductible.	Plan pays 70% after deductible.	$750 copay.	$1,000 copay.
Inpatient Admission	Plan pays 80% after deductible.	Plan pays 70% after deductible and $250 copay.	$1,500 copay.	$2,500 copay.
Allergy Services	Plan pays 100%.		Plan pays 50%.	
Immunizations	Plan pays 100%. Office visit copays may apply.		Plan pays 100%. Office visit copays may apply.	
Physical, Speech and Occupational Therapy Registered Dietitian Chiropractic Care Copay (20 visit limit)	$35		$45	
Acupuncture Copay (12 visit limit)	$35		Not covered.	
CT, MRI, PET Scans Copay	$100		$150	
Mental Health Care Outpatient Copay	$10		$10	
Durable Medical Equipment	Plan pays 80% after deductible.		Plan pays 100%.	
Disposable Medical Supplies Prosthetic-Orthotic Devices	Plan pays 80% after deductible.		Plan pays 80%.	
Insulin Pumps and Related Supplies	$100 copay.		$150 copay.	
Hearing Aids	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.		One pair every 48 months.	
Other Covered Medical Expenses	Refer to your Medical Plan Document or contact BlueCross BlueShield.			

PPO & HMO Vision Benefits

Routine Vision Exam	PPO (Blue Choice PPO)	HMO (Blue Essentials)
Optometrists	$25	$25
Ophthalmologists	$35	$45
Frames, Standard Lenses, and Contact Lenses	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.

PPO & HMO Pharmacy Benefits

Plan Features (In-Network)	PPO (Blue Choice PPO)	HMO (Blue Essentials)
Affordable Care Act (ACA) Preventive Drugs	Plan pays 100%.	Plan pays 100%.
Deductible	$50 annual deductible applies to Tier 2 & Tier 3 drugs.	$50 annual deductible applies to Tier 2 & Tier 3 drugs.
Basic Drug List - Tier 1 (Generic)	$10 copay.	$10 copay.
Basic Drug List - Tier 2 (Preferred)	Tier 2: **$30** or 20% of cost (up to **$60**).	Tier 2: **$35** or 20% of cost (up to **$70**).
Basic Drug List - Tier 3 (Non-preferred)	Tier 3: **$50** or 20% of cost (up to **$100**).	Tier 3: **$55** or 20% of cost (up to **$110**).
90-Day Supply - Mail Order	**2 x's** Tier 1, 2, or 3 copay.	**3 x's** Tier 1, 2, or 3 copay.

CDHP w/HSA, PPO, and HMO

Diabetic Supplies	
Retail	Supplies are covered at participating pharmacies.
Mail Order	Copays for insulin needles/syringes and/or diabetic supplies are waived when dispensed on the same day as your insulin and oral agents, but only when the insulin or oral agent is dispensed first.

Diabetes Program/Drugs

A participant can receive approved diabetes medication and testing supplies for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the HealthyConnections Diabetes Program.

Tobacco Cessation Program/Drugs

A participant can receive FDA-approved tobacco-cessation drugs for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the HealthyConnections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician.

This applies to select prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.

Using Mail Order

To begin mail order:

- Have your doctor write a prescription for a 90-day supply of your medication (ask for three refills).
- Complete the mail order form and attach your prescription.
- Provide a check or credit card information.
- Within 10 days, your prescription will be delivered to you, postage paid.

If your doctor allows you to take a generic drug, this should be indicated on the prescription. Three weeks before your mail order supply runs out, you will need to request a refill.

Your cost:

- **CDHP w/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. If the prescription is for a preventive care medication listed on the CDHP w/HSA Preventive Drug List, no deductible is required and you will only pay 20 percent of the cost. You can use your HSA Bank debit card to pay for your out-of-pocket expenses.
- **PPO** participants receive 90 days of medication for ***two*** copays/coinsurance.
- **HMO** participants receive 90 days of medication for ***three*** copays/coinsurance.

For additional information, visit bcbstx.com/coa or call BlueCross BlueShield at *888-907-7880*.

Diabetic Bundling – What Your Medical Plan Does for You

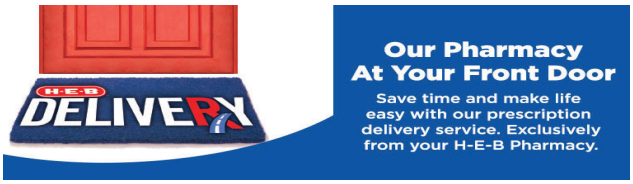
A participant's insulin/non-insulin medication and related diabetic supplies can be purchased through mail order for the cost of the insulin/non-insulin if prescriptions for the insulin/non-insulin and supplies are submitted at the same time.

- **CDHP w/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. You can use your HSA Bank debit card to pay for your out-of-pocket expenses.
- **PPO** participants will pay ***two*** copays/coinsurance for a 90-day prescription.
- **HMO** participants will pay ***three*** copays/coinsurance for a 90-day prescription.

Enroll in the Diabetes Program to receive select Tier 1 diabetes medication and supplies at no cost. This benefit is available to all participants 18 years of age and older enrolled in a City medical plan. See the Wellness section of this Guide for details.

HEB Prescription Delivery Service

Free prescription delivery is available to your home in the following Texas areas: Austin, San Antonio, Waco, Houston, Corpus Christi, and the Border areas within 10 miles of an HEB store.



How does it work?

- Call your HEB Pharmacy and ask for prescription delivery.
- Pay the applicable prescription copay/coinsurance by a credit card, debit card, or your FSA/HSA debit card.
- Have someone 18 years or older at home to sign for the delivery.
- Provides delivery of prescriptions filled Monday—Friday by 4 p.m. except for major holidays.
- Delivers medications as late as 8 p.m.

For more information, call your local HEB Pharmacy.

Medical Programs

BlueCross BlueShield of Texas

Cancer Services – Specialized cancer nurses offer needed support to participants throughout cancer treatment, recovery, and at end of life to assist with treatment decisions and improve a participant's health care experience. Experienced, caring cancer nurses from the cancer support program are available to support participants in several ways. They can:

- Find the right doctor for you, explore your treatment options and help you manage symptoms and side effects.
- Explain your medications.
- Work with your doctors to make sure all your questions are answered and inform them about how you're feeling.
- Talk to your spouse, family, children, and employer.

Comprehensive Kidney Disease – Specialized nurses offer education, motivation, and reinforcement to ensure integration with other programs. BlueCross BlueShield offers access to the top-performing centers through their network of preferred dialysis centers. You'll also receive ongoing clinical expertise and help from specialized nurses who can help you:

- Understand your treatment options.
- Manage your symptoms and side effects.
- Work with your doctor and ask the right questions.
- Assist with other health concerns, such as high blood pressure, anemia, or nutrition.

24/7 NurseLine Services – Coping with health concerns on your own can be tough. With so many choices, it can be hard to know whom to trust for information and support. 24/7 NurseLine services were designed specifically to help you get more involved in your own health care, and to make your health decisions simple and convenient. They will provide you with:

- Immediate answers to your health questions any time, anywhere – 24 hours a day, 7 days a week.
- Access to experienced registered nurses.
- Trusted, physician-approved information to guide your health care decisions.

When you call, a registered nurse can:

- Discuss your options for the right medical care and assist in guiding you to the correct treatment facility (i.e., Urgent Care, Emergency Room, etc.).
- Help you understand treatment options.
- Answer medication questions.

Call 24/7 NurseLine services any time for health information and support – at no additional cost. Registered nurses are available any time, day or night. Call NurseLine services at *800-581-0368*.

Virtual Visits

Talk to a board-certified physician for both general health and behavioral health services from the comfort of your home or work. There's no driving, no crowded waiting rooms, and it's available 24 hours a day, 7 days a week. Common services include, cold/flu, allergies, asthma, sinus/ear infections, and pink eye. Behavioral health conditions treated include, online counseling, child behavior/learning issues, and stress management.

For the PPO and HMO Plan, virtual visits are a $10 copay for general or behavioral health. For the CDHP Plan, virtual visits are approximately $49 for general health, $100 per session for therapy counseling, and $175 per session for psychiatry.

Log in to bcbstx.com/coa or download the BCBSTX app on your smartphone to access Virtual Visits powered by MDLIVE. You will need your BlueCross BlueShield medical ID number and your banking/credit card information readily available to charge your copay. If you have questions please call BlueCross BlueShield at *888-907-7880*.

Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Davis Vision will help you care for your sight while saving you money.

To view benefits and locate a provider, visit davisvision.com, call *888-445-2290*, or download the Davis Vision Member app on your smartphone or tablet. For non-members, visit davisvision.com, click on ***Member*** and enter client code **2481**.

Plan Coverage

Covered Service – In-network benefits (limited out-of-network benefits are available).

Comprehensive Eye Exam – $10 copay, one exam per calendar year.

Frames – Once per calendar year in lieu of contact lenses. Up to $125 retail allowance toward provider-supplied frame plus 20% off cost exceeding the allowance.* Up to $175 retail allowance if purchased at VisionWorks. ***OR*** Any Fashion or Designer frame from Davis Vision's Exclusive Collection (with retail values up to $160), **covered in full**. ***OR*** Any Premier frame from Davis Vision's Collection (with retail values up to $195), **covered in full** after an additional $25 copay. One year eyeglass breakage warranty included at no additional cost.	**Contacts** – Once per calendar year in lieu of frames. Up to $120 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance.* Standard Contacts – Evaluation, fitting fees, and follow-up care; $25 copay applies. Specialty Contacts – Evaluation, fitting fees, and follow-up care, up to a $60 allowance plus 15% off cost exceeding allowance.* $25 copay applies. ***OR*** Davis Vision Collection contact lenses, evaluation, fitting fees, and follow-up care, are **covered in full** after $25 copay. (Up to 4 boxes of disposable lenses). ***OR*** Medically necessary contact lenses are **covered in full** with prior approval.

Standard Eyeglass Lenses – Single, bifocals, trifocals, lenticular, and standard scratch coating. $25 copay, once per calendar year. Polycarbonate lenses for children are covered in full up to age 19.

Lens Options	Copay	Lens Options	Copay
Standard progressive addition lenses	$50	Premium AR Coating	$48
Premium progressives (i.e. Varilux, etc.)	$90	Ultra AR Coating	$60
Intermediate-vision lenses	$30	High-index lenses	$55
Blended-segment lenses	$20	Polarized lenses	$75
Ultraviolet coating	$12	Glass photochromic lenses	$20
Standard anti-reflective (AR) coating	$35	Plastic photosensitive lenses	$65

* **Additional Discounts** – Not available at Wal-Mart or Sam's Club.

Davis Vision Rates – Per Pay Period

Employee Only	$ 2.30
Employee & Spouse or Domestic Partner	$ 4.57
Employee & Children	$ 4.49
Employee & Family or Domestic Partner & Children	$ 6.84

Dental Plan

BlueCare Dental™

BlueCare Dental PPO provides you the option of seeking services from in-network and out-of-network dentists. Selecting a dentist from the BlueCare Dental PPO network will offer you the greatest savings. When contacting a dentist, ask whether the dentist is contracted in the BlueCare Dental PPO network. To find a dentist, view claims activity, or for more information visit bcbstx.com/coa or call BlueCare Dental at *888-907-7880*. For covered services and exclusions, refer to the BlueCare Dental PPO Plan Document online at austintexas.gov/benefits or call BlueCare Dental PPO.

BlueCare Dental PPO Schedule of Benefits

	BlueCare Dental PPO In-Network	BlueCare Dental PPO Out-of-Network
Selection of Dentist	Member can go to an in-network dentist. Member will realize greater savings when using in-network dentists.	Member can go to any dentist; however, the member is responsible for the difference over the Table of Allowance.
Annual Deductible	$50 per person, per calendar year. Deductible does not apply to Preventive Care.	
Covered Services (other than Orthodontia)	Preventive Care, Basic Care, and Major Care – covered in full.	Preventive Care, Basic Care, and Major Care – covered up to the Table of Allowance. Also responsible for amounts over the Table of Allowance.
Orthodontia	Orthodontia Care – covered in full as work progresses up to the Calendar/Lifetime Maximum. Orthodontia work already in progress is not covered prior to enrolling in a City-sponsored plan.	Orthodontia Care – covered up to the Table of Allowance as work progresses. Orthodontia work already in progress is not covered prior to enrolling in a City-sponsored plan.
Annual Maximum Benefit	$2,000 per person, per calendar year.	$2,000 per person, per calendar year. Also responsible for amounts over the Table of Allowance.
Orthodontia Maximum Benefit	$2,000 per person, per lifetime.	
Claim Forms	Dentists file claims for covered services.	Members file claims to be reimbursed for covered services. (Some dental offices may file claims and bill the balance after the plan has paid).

Table of Allowance – The most BlueCare Dental PPO will pay a dentist for a covered service or procedure when using an out-of-network dentist.

Orthodontia Treatment

Orthodontia work already in progress would not be covered (including banding prior to enrolling).

Expenses are paid only as the work progresses. For out-of-network services, invoice should be submitted for reimbursement after each visit. Orthodontia benefits paid by the plan are applied toward the calendar year maximum and Lifetime Orthodontia Maximum.

The reimbursable amounts for orthodontia expenses are determined as claims are incurred throughout the course of treatment. The reimbursable amounts through FSA or the HSA is the difference between the amount billed and the amount paid by the dental plan. This amount may not match the payment plan you have set up with your dentist.

Dental Rates – Per Pay Period

	Full-Time 30+ hours per week	Part-Time 20 – 29 hours per week	Part-Time Less than 20 hours per week
Employee Only	$ 0.00	$ 7.12	$ 25.17
Employee & Spouse or Domestic Partner	$ 28.51	$ 34.15	$ 70.51
Employee & Children	$ 28.51	$ 34.15	$ 70.51
Employee & Family or Domestic Partner & Children	$ 28.51	$ 34.15	$ 70.51

"The ARAG benefit is super straightforward. ARAG was introduced to me in new employee orientation, but it was a colleague that let me know about their personal legal case and how ARAG helped. I was able to complete a full legal case from consultation to filing with the courts at a bargain price and with less hassle. ARAG is a great service if you have a straightforward legal case. It was super inexpensive compared to what it would have cost me without the benefit."

-Adan Medina
HR Advisor

Group Term Life Insurance

Basic Life Insurance

Provided at no cost for full-time employees. You receive one times your base annual salary. Base annual salary does not include shift differential, overtime, Service Incentive Pay, lump sum payments, or stipends. Part-time employees may purchase Basic Life Insurance.

Supplemental Life Insurance

Paid entirely by you. You must have the City's Basic Life Insurance to purchase Supplemental Life Insurance. You may purchase Supplemental Life Insurance in amounts equal to one, two, three, or four times your base annual salary.

Your Supplemental Life coverage amount is rounded down to the nearest $1,000. Your cost is based on your age, salary, and the amount of insurance selected. You may increase your Supplemental Life coverage annually during Open Enrollment by one coverage level each year, up to a maximum of four times your base annual salary.

Your Supplemental Life Insurance premiums may be deducted from your pay on a before or after-tax basis. You must indicate your choice on your Benefits Enrollment Form.

To calculate your per pay period cost, visit austintexas.gov/benefits or complete the Supplemental Life Insurance Worksheet at the end of the Life Insurance section.

Choosing a Beneficiary

In the event of your death, your Basic Life, Supplemental Life, and your final paycheck are paid to your named beneficiary or beneficiaries. Unless prohibited by law, your life insurance benefits will be distributed to the beneficiaries you named. Current Texas law states a legally married spouse is entitled to 50 percent of the policy, and if not listed as a named beneficiary, the spouse may contest.

If you are legally married and designate less than 50 percent of your life insurance to your spouse, upon your death the life insurance carrier may contact your spouse for confirmation of this reduced percentage. If your spouse is not in agreement and an agreement is not reached between the beneficiaries listed, the Texas court will make the decision.

If your named beneficiary is under 18 years of age at the time of your death, court documents appointing a guardian may be required before payment can be made. You should talk with an attorney to make sure that benefits to a minor will be paid according to your wishes.

If you designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested, or suspended by a later will).

Your Beneficiary Designation Form

You can update your beneficiary designation two ways.

1. Log in to the HRD Portal at hrportal.coacd.org from your work computer.
2. By completing a paper Beneficiary Designation Form. Forms are available from the Employee Benefits Division or your department's HR.

The version with the most recent signature date will be used for payout. It is important to keep your beneficiaries current.

Other Beneficiary Designation Forms

To change your beneficiary designations for other benefits, do one or more of the following:

- City of Austin Employees' Retirement System (COAERS) participants should call COAERS at *512-458-2551.*
- City of Austin Police Retirement System (PRS) participants should call PRS at *512-416-7672*.
- If you participate in the Deferred Compensation Plan, you can designate a beneficiary online at dcaustin.com.
- If you participate in the CDHP w/HSA, you can designate a beneficiary online at HSABank.com.

Accidental Death and Dismemberment (AD&D) Coverage

If you are enrolled in Basic and/or Supplemental Life Insurance, you also have AD&D coverage equal to the total amount of your life insurance.

If you have an injury that results in a covered loss, as listed below, you may be eligible for a percentage of your AD&D coverage in effect on the date of the accident. The loss must occur within 365 days of the accident. Injury means bodily injury caused by an accident, occurring while coverage is in force, and resulting directly and independently of all other causes in a loss covered by the AD&D policy.

Covered Loss	Percentage
Life	100%
One hand, one foot, or sight of one eye	50%
Two or more of the above losses	100%
Loss of speech	50%
Loss of hearing	50%
Thumb and index finger of same hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
Brain Damage	100%

Loss of hands or feet means severance at or above the wrist or ankle. Loss of sight means total and irrecoverable loss of sight. Loss of speech means total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Loss of thumb and index finger means the actual, complete, and permanent severance through or above the metacarpophalangeal joints.

An additional 10 percent of the full amount of the Accidental Death and Dismemberment Benefit will be paid to your designated beneficiary or beneficiaries if you die while wearing a properly fastened, original factory-installed seat belt in an automobile accident. However, the amount payable will not exceed $10,000 for the Seat Belt Benefit. An additional Air Bag Benefit will be paid if certain conditions are met.

Waiver of Premium

If you become totally and permanently disabled before age 65, your life insurance coverage may be continued. Total and permanent disability means that, as a result of illness or injury, you are unable to perform the duties of your own occupation or any gainful occupation for which you are reasonably suited by education, training, and experience.

To qualify for Waiver of Premium, you must complete and submit written proof to the insurance carrier of your total and permanent disability and complete the application process within one year of your last active work day.

To apply for a Waiver of Premium, contact the Employee Benefits Division. If approved, you will not be charged a premium as of the date of notification.

Accelerated Death Benefit

If you are terminally ill, the life insurance carrier offers an accelerated death benefit that allows you to receive part of your life insurance money prior to your death. If you are diagnosed as terminally ill by a doctor, contact the Employee Benefits Division to apply for accelerated benefits. The insurance carrier may require you to be examined by a doctor of their choice, at their expense. If you are approved for an accelerated benefit, it is payable in a lump sum up to 50 percent of the amount of your life insurance coverage. The accelerated benefit can be used with Basic and Supplemental Life Insurance and is subject to a minimum payout of $10,000 and a maximum payout of $500,000.

Filing a Life Insurance Claim

A life insurance claim form must be filed with the Employee Benefits Division and the appropriate documents submitted for:

- Employee death – one original death certificate. Additional documents will be required if death is due to an accident.
- Dependent death – one original death certificate.

Imputed Income (I50)

The IRS requires the City to withhold taxes on the value of employer paid group term life insurance coverage over $50,000. This includes your combined Basic Life and Supplemental Life Insurance coverage. The life insurance coverage premium exceeding the $50,000 limit is taxable and is referred to as imputed income, and is also known by the IRS code “I50.”

Example: John Smith is 45, and his annual salary is $60,000. Unless he caps his basic life benefit paid by the City at $50,000 he will have imputed income on the premiums for $10,000 of coverage. According to the IRS, the taxable value of a 45-year-old individual is $0.15 per $1,000. Therefore, John’s monthly imputed income is 10 x $0.15 = $1.50. To calculate your imputed income, visit irs.gov to view the premium table.

Using the example above, John also elects four times his annual salary in Supplemental Life Insurance. John should select "no" on his enrollment form for before-tax premiums. The result is no imputed income will be reported on his supplemental life value because premiums are deducted from his pay after taxes are calculated. Imputed income is coded as I50 on your paycheck. This income is subject to federal income tax and FICA (OASDI and Medicare), and is deducted on a monthly basis.

Your Right to Convert

The Life Insurance that you have as an employee for you and your dependents will terminate when you separate employment with the City, because the group policy is Term Life insurance. Upon retirement or termination, you can convert your group policy, to an individual policy with the life insurance carrier (subject to plan limitations). If you convert to an individual policy please be aware that the cost of an individual policy may be significantly higher than the group plan due to your age. You must apply and pay your first premium no later than 31 days after the date the coverage has ended. For additional information on conversion to an individual policy, call the Employee Benefits Division at *512-974-3284*.

Dependent Life Insurance

Dependent Life Insurance is available for your spouse, domestic partner, and children. AD&D coverage is not available for dependents. You must be covered under Basic Life Insurance offered by the City to be eligible to purchase Dependent Life Insurance. You have two options to choose from when purchasing coverage for your dependents. You may increase your dependent life insurance coverage to Option 2 during open enrollment if you currently are enrolled in Option 1. If you choose to enroll your dependents for Dependent Life Insurance coverage, you are the beneficiary under the plan.

Dependent Life Insurance Rates – Per Pay Period

Option 1	Coverage Amount	Rate
Spouse or Domestic Partner	$10,000	$ .87
Children	$ 5,000	$ .14
Family or Domestic Partner & Children	$10,000/$5,000	$1.02
Option 2	**Coverage Amount**	**Rate**
Spouse or Domestic Partner	$20,000	$2.04
Children	$10,000	$ .35
Family or Domestic Partner & Children	$20,000/$10,000	$2.38

Exclusions and Limitations

Life Insurance, AD&D, and the Accelerated Death Benefit have some limitations and exclusions. A copy of the Life Insurance Certificate is available online at austintexas.gov/benefits.

Supplemental Life Insurance Worksheet

Employees must have Basic Life Insurance offered by the City to purchase Supplemental Life Insurance.

You may purchase Supplemental Life Insurance in amounts equal to 1, 2, 3, or 4 times your base annual salary. Base annual salary does not include shift differential, overtime, Service Incentive Pay, lump sum payments, or stipends.

To estimate your pay period cost for Supplemental Life Insurance, follow these steps, or calculate online at austintexas.gov/benefits.

1. Determine your **Base Annual Salary**. Do not include any hours for overtime.

_____ Hour Work Week x 52 weeks = _____ Hours x $ _____ = $ _____
Hourly Rate Base Annual Salary

2. To find the **Supplemental Life Amount**, multiply your **Base Annual Salary** (from Step 1) by 1, 2, 3, or 4. Then round your answer down to the next closest $1,000.

$ _____ x 1, 2, 3, or 4 = $ _____
Base Annual Salary Supplemental Life Amount

3. To find the **Number of $1,000 Units**, divide the **Supplemental Life Amount** (from Step 2) by 1,000.

$ _____ ÷ 1,000 = _____
Supplemental Life Amount Number of $1,000 Units

4. To find your **Pay Period Cost**, multiply the **Number of $1,000 Units** (from Step 3) by the **Cost Per $1,000 of Coverage** for your age group (see chart below). The answer in Step 4 is your estimated cost per pay period.

_____ x $ _____ = $ _____
Number of $1,000 Units Cost per $1,000 Pay Period Cost

Age	Cost Per $1,000 of Coverage
34 and under	$0.031
35 to 39 years	$0.036
40 to 44 years	$0.047
45 to 49 years	$0.078
50 to 54 years	$0.115
55 to 59 years	$0.177
60 to 64 years	$0.230
65 to 69 years	$0.366
70 and older	$0.844

Disability

Short Term Disability (STD)

Coverage is provided at no cost for employees who are in a regular budgeted position and are scheduled to work 20 or more hours per week. The following information is only a summary of the program. STD covers **off-the-job** injuries, illnesses, and pregnancies.

Definition of Disability

Total disability or totally disabled means that you are prevented due to illness, injury, or pregnancy from performing the essential duties of your occupation.

Benefit Amount

If approved, the benefit amount is 70 percent of your base weekly salary, up to $1,500 per week. The minimum payment is $15 per week. This is a taxable benefit.

Coverage Period

You must satisfy a 30-day waiting period. During the waiting period, you may use paid leave, but you must be off work continuously for 30 days. Benefits are payable on the 31st day, up to 60 days.

Reduction in Benefits

Once approved for STD benefits, you must stop using any paid leave. Your STD benefits will be reduced by any paid leave or work earnings you receive from the City.

Filing a Claim

You must file a claim with the Employee Benefits Division within 60 days of your disability date. The Employee Benefits staff will assist you with the application process. The insurance carrier determines whether the claim is approved and notifies you in writing.

Eligibility for Other Benefits

While receiving STD benefits, you may be eligible to continue medical, dental, vision, life insurance, and other benefits. Your eligibility depends on if you:

- Return to work.
- Go on an approved Leave of Absence.
- Go on FMLA leave.
- Pay any required premiums.
- Retire or terminate your employment.

When Benefits End

Your STD benefits automatically end on the earliest of the following dates:

- The date you are no longer disabled.
- The date you fail to furnish proof of loss.
- The date you are no longer under the care of a physician.
- The date you refuse the carrier's request to submit to an examination by a physician or other qualified medical professional.
- The date your maximum benefit period ends.
- The date of your death.
- The date Long Term Disability (LTD) benefits become payable under the City's LTD program.

Exclusions and Limitations

STD coverage has the following exclusions or limitations:

- An intentionally self-inflicted injury.
- Due to war or any act of war (declared or not declared).
- Your commission of or attempt to commit a felony or your engagement in an illegal occupation.
- An occupational disease.
- An occupational injury.
- Not under the ongoing care of a physician.

For information on additional exclusions and limitations, refer to the Short Term Disability Insurance Certificate located at austintexas.gov/benefits. If you have another STD policy, check with your insurance carrier or agent to determine whether its benefits are affected by the City's STD program.

Long Term Disability (LTD)

Coverage is an employee-paid benefit offered to employees who are in a regular budgeted position and are scheduled to work 20 or more hours per week. The following information is only a summary of the program. LTD covers **on-** and **off-the-job** injuries, illnesses, and pregnancies.

Definition of Disability

During the 90-day benefit waiting period and until benefits have been paid for 24 months, you are considered disabled if, as a result of illness, injury, or pregnancy, you are unable to perform the material duties of your own occupation with reasonable continuity and experience a 20 percent loss of earnings.

After benefits have been paid for 24 months, you are considered disabled if, as a result of physical disease, mental disorder, injury, or pregnancy, you are unable to perform the material duties of any occupation.

Benefit Amount

If approved, the benefit amount is 60 percent of your base monthly salary, up to $10,000 per month. The minimum monthly payment is the greater of $100 or 10 percent of your monthly benefit prior to any reduction for other income benefits. This is a non-taxable benefit.

Coverage Period

You must satisfy a 90-day waiting period. During the waiting period you may use paid leave or STD benefits, but you must be off work a total of 90 days. Benefits are payable until you are no longer disabled or are no longer qualified for LTD.

Reduction in Benefits

Once approved for LTD benefits, you must stop using any paid leave. Your LTD benefits will be reduced by any paid leave or work earnings you receive from the City.

Filing a Claim

You must file a claim with the Employee Benefits Division within 180 days of your disability date. The Employee Benefits staff will assist you with the application process. The insurance carrier determines whether the claim is approved and notifies you in writing.

Eligibility for Other Benefits

While receiving LTD benefits, you may be eligible to continue medical, dental, vision, life insurance, and other benefits. Your eligibility depends on if you:

- Return to work.
- Go on an approved Leave of Absence.
- Go on FMLA leave.
- Pay any required premiums.
- Retire or terminate employment.

When Benefits End

Your LTD benefits automatically end on the earliest of the following dates:

- The date you are no longer disabled.
- The date you fail to furnish proof of loss.
- The date you are no longer under the care of a doctor.
- The date you refuse the carrier's request to submit to an examination by a physician or other qualified medical professional.
- The date you refuse to participate in a rehabilitation program.
- The date your maximum benefit period ends.
- The date of your death.

If you are filing for benefits at age 62 or older, the chart below indicates how many months you are eligible to receive LTD benefits.

Age	Maximum Benefit Period
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

Exclusions and Limitations

LTD coverage has the following exclusions and limitations:

- An intentionally self-inflicted injury.
- Due to war or any act of war (declared or not declared).
- Your commission of or attempt to commit a felony or your engagement in an illegal occupation.
- Not under the ongoing care of a physician.
- A pre-existing condition.
- Exceeds the limited benefits period for disability. Some conditions are limited to 24 months. Please refer to the policy booklet for details.

For information on additional exclusions and limitations, refer to the Long Term Disability Insurance Certificate located at austintexas.gov/benefits. If you have another LTD policy, check with your insurance carrier or agent to determine whether its benefits are affected by the City's LTD program.

Long Term Disability Worksheet

Your LTD premium is based on your base annual salary and age. Base annual salary does not include shift differential, overtime, Service Incentive Pay, lump sum payments, or stipends.

To estimate your pay period cost for LTD coverage, follow these steps, or calculate online at austintexas.gov/benefits.

1. Determine your **Base Annual Salary**. Do not include any hours for overtime.

_____ Hour Work Week x 52 weeks = _____ Hours x $_____ = $_____
Hourly Rate — Base Annual Salary

2. To find the **Number of $100 Units** of coverage you may buy, divide your **Base Annual Salary** (from Step 1) by 100.

$_____ ÷ 100 = _____
Base Annual Salary — Number of $100 Units

3. To find your **Annual Cost**, multiply the **Number of $100 Units** (from Step 2) by the **Cost Per $100 of Base Annual Salary** for your age group (see chart below). Your answer in Step 3 is your estimated annual cost.

$_____ x $_____ = $_____
Number of $100 Units — Cost per $100 — Annual Cost

4. To find your **Pay Period Cost**, divide your **Annual Cost** (from Step 3) by 24 pay periods. The answer in Step 4 is your estimated cost per pay period.

$_____ ÷ 24 pay periods = $_____
Annual Cost — Pay Period Cost

Age	Cost Per $100 of Base Annual Salary
29 and under	$0.082
30 to 39 years	$0.108
40 to 49 years	$0.236
50 to 59 years	$0.442
60 to 69 years	$0.338
70 and older	$0.118

Flexible Spending Accounts (FSA)

A FSA lets you set aside money from your paycheck on a pretax basis to use for eligible out-of-pocket expenses. There are two types of FSA's that you can participate in:

- **Health Care FSA** – Allows you to pay for eligible medical, dental, vision, hearing, and prescription drug expenses for you, your spouse, and your eligible tax dependents.
- **Dependent Care FSA** – Allows you to pay for eligible child care, before and after school care, nursery school, preschool, and summer day camp.

Both accounts are regulated by Internal Revenue Service (IRS) code Section 125 and are administered by Total Administrative Services Corporation (TASC)

Health Care FSA

IMPORTANT: CDHP participants are not eligible to enroll in the Health Care FSA. You can participate in the CDHP Health Savings Account (HSA) and Dependent Care FSA.

- You can contribute pretax dollars from your paycheck, up to the IRS limit of $114 per pay period (minimum $5).
- Your full contribution is available immediately to pay for eligible health care expenses. It covers you, your spouse, and/or your tax dependents for:
  - ❖ Copays, coinsurance, and deductibles
  - ❖ Dental expenses like orthodontia, crowns, and bridges
  - ❖ Vision expenses like LASIK eye surgery, glasses, and contacts
  - ❖ Prescription drugs and prescribed over-the-counter items

For a complete list of eligible health care expenses, call TASC at *800-422-4661* or visit irs.gov.

Dependent Care FSA

- You can contribute pretax dollars from your paycheck, up to the IRS limit of $208 per pay period (minimum $5).
- Your contributions are available as the funds are deducted from your paycheck.
- Funds are for your dependents under age 13, or age 13 or older if physically or mentally incapable of self-care, and spends at least eight hours a day in your home.

To calculate your pay period contribution, estimate your out-of-pocket expenses for the calendar year (24 pay periods). If you enroll mid-year, estimate your expenses for the number of eligible pay periods remaining for the calendar year. Refer to the worksheets in this section to assist you in calculating your per pay period contribution amounts.

Per Pay Period	Paycheck With Health Care FSA	Paycheck Without Health Care FSA
Gross Pay	$ 1,200.00	$ 1,200.00
Health Care expenses deducted before taxes	$ − 114.00	$ 0.00
Taxable Pay	$ 1,086.00	$ 1,200.00
Social Security/Medicare at 7.65% of taxable pay	$ − 83.08	$ − 91.80
Income Tax at 15% tax bracket	$ − 162.90	$ − 180.00
After-Tax Pay	$ 840.02	$ 928.20
Paying for Health Care after taxes	$ 0.00	$ − 114.00
Take-Home Pay	**$ 840.02**	**$ 814.20**

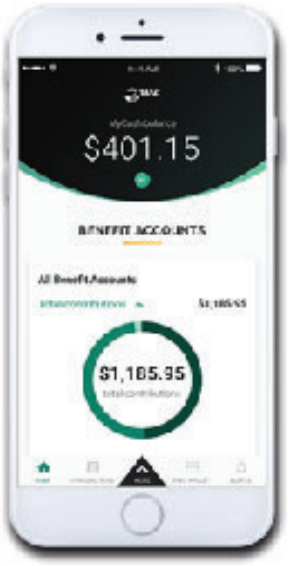
Note: You will realize the same type of savings enrolling in Dependent Care FSA.

Pay with ease

Health Care FSA Debit Card

- **Swipe your TASC debit card to pay for your eligible Health Care and Dependent Care expenses**. When you use the TASC debit card your expense is automatically paid from your FSA. **Note**: Dependent Care funds are available as they are deducted from your paycheck.
- **File a claim**: Pay your eligible expenses by cash, check or credit card. Then submit a claim form along with your receipt to pay yourself back. For speed, upload your documentation to your TASC app. Your money will be deposited directly into your MyCash account, checking, or savings account within 48-72 hours following the submission of complete and accurate reimbursement request. **Note**: Claims are not processed on Saturdays.

Benefits on the Go!



You can access your account online at tasconline.com or download the TASC app to view your Health Care and/or Dependent Care FSA activity, check your balance, upload receipts and documentation, receive text alerts, and check your MyCash balance.

What is MyCash?

When you submit for a reimbursement, your money will be deposited into your MyCash account. The money can be accessed by the swipe of your TASC card, withdrawn at an ATM, or transferred to your personal checking or savings account. Your money in MyCash is not tied to any Plan year and does not expire. **Note**: If you choose to withdraw your money at an ATM, ATM/bank fees may apply.

Here are a few FSA Reminders

- Save your itemized statements and detailed receipts. You may need to provide documentation to substantiate a claim to TASC or the IRS.
- TASC will request documentation for unsubstantiated claims which you must provide.
- **Use-it-or-Lose-it rule**. This means you'll lose any unused funds not claimed by the IRS set deadlines below.
  - ❖ March 15, 2022 – deadline to incur expenses.
  - ❖ May 31, 2022 – deadline to submit your claims for reimbursement from your 2021 account.
- You can enroll in or change your contribution if you are a new employee, have a Qualifying Life Event, or during Open Enrollment.
- Orthodontia expenses: The amounts reimbursable for orthodontia expenses are determined as claims are incurred throughout the course of treatment. The amount reimbursable through Health Care FSA is the difference between the amount billed and the amount paid by the dental plan. This amount may not match the payment plan you have set up with your dentist.
- If you do not participate in Open Enrollment, your annual elections will continue the following year.

Dependent Care FSA and the City's Child Care Programs

If you participate in both the Dependent Care FSA and one of the City's Childcare Programs during the same year, funds you receive from the combined programs in excess of $5,000 are taxable under IRS guidelines. For instance, if a single parent elected the maximum Dependent Care deduction of $4,992 and received a $500 summer camp program scholarship, the parent would be taxed on the $492 exceeding the limit. If you have questions, call the Employee Benefits Division at *512-974-3284*.

Leaving City Employment

- **Health Care FSA** –If you terminate employment with the City in 2021, you have until May 31, 2022 to submit claims to TASC for expenses that were incurred while you were employed with the City and contributed to your Health Care FSA.
  - ❖ If you have money remaining in your Health Care FSA, you may continue your participation through COBRA. For more information, call Erisa, the City's COBRA Administrator, at *512-250-9397*.
- **Dependent Care FSA** – If you terminate employment with the City, you will have until March 15, 2022 to incur expenses and submit claims to TASC by May 31, 2022 to receive reimbursement for funds accrued in your Dependent Care FSA.

Call TASC at *800-422-4661* for more information on your FSA Accounts.

Health Care FSA Worksheet

Use this worksheet to estimate your out-of-pocket expenses for the year. Some common Health Care expenses are listed below. For more information, visit irs.gov.

	Employee	Dependents	Total
Prescription Copays	*You save money by using Tier 1 drugs. Review your maintenance and prescribed over-the-counter drugs to see if you are choosing the most economical option.*		
Medications (including prescribed over-the-counter drugs)			$
Doctor Visit Copays			$
Scheduled			
Non-scheduled			
Medical Procedures	*Some examples of eligible expenses include laser eye surgery, outpatient surgery, hospital copays, coinsurance, and hospital stays.*		
Procedures			$
Dental Care Costs	*Examples include orthodontia, root canals, crowns, fillings, night guards, splints, etc.*		
Routine dental expenses			$
Specialized procedures			$
Orthodontia			$
Vision Care Costs			$
Estimated annual total of out-of-pocket health care expenses:			$
Divide total by 24 payroll deductions. If you enroll mid-year, estimate your expenses for the eligible pay periods remaining for the calendar year.			÷
Estimated contribution per pay period, based on 24 pay periods: ***Minimum deduction is $5, maximum deduction is $114 per pay period (cannot exceed $2,736).***			$

Dependent Care FSA Worksheet

Use this worksheet to estimate your out-of-pocket expenses for the year. Some common Dependent Care expenses are listed below. For more information, visit irs.gov.

Activity	Monthly Cost	Number of Months	Number of Children	Total Cost
Day Care – 6 years and under, still not in first grade	$	X _____ months	X _____ children	$
Before school childcare, children up to age 13	$	X _____ months	X _____ children	$
After school childcare, children up to age 13	$	X _____ months	X _____ children	
Summer care or day camp, children up to age 13	$	X _____ months	X _____ children	$
Estimated annual total of out-of-pocket dependent care expenses:				$
Divide total by 24 payroll deductions. If you enroll mid-year, estimate your expenses for the eligible pay periods remaining for the calendar year.				÷
Estimated contribution per pay period, based on 24 pay periods: ***Maximum deduction is $208 per pay period (cannot exceed $4,992).***				$

If you are . . .	. . . this limit applies for your family each year. These limits may be reduced if you also participate in a City Childcare Program.
Single	**$4,992**
Married, filing a joint tax return	Lesser of **$4,992**, your income, or your spouse's income
Married, filing separate tax returns	Lesser of **$2,496**, your income, or your spouse's income
Married with a spouse who is disabled or is a full-time student at least five calendar months of the year	**$2,496** if you have one dependent; **$4,992** if you have two or more dependents

Benefits Tips!

If you enroll in the CDHP w/HSA Medical Plan, the City contributes money into your Health Savings Account to use for your medical, prescription, dental, and vision expenses. Preventive services and some prescriptions are covered at 100%.

Legal Insurance Plan

This plan connects you with local attorneys who can help you handle a wide variety of legal matters. ARAG offers affordable legal resources, services and representation to help employees plan for, protect against and resolve legal issues. To learn more about plan specifics, visit ARAGlegal.com/myinfo and enter access code **17886coa** or call *800-247-4184* to speak with an ARAG customer care specialist.

Take Advantage of the Following Plan Benefits:

- A network attorney's fees are 100 percent paid-in-full for most covered matters.
- Save an average of $2,065 per legal matter.
- Access more than 14,000 attorneys within ARAG's network with an average of 20 years of experience.
- Quickly address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- Use DIY Docs® to help you create any of 350+ legally valid documents, including state-specific templates.

Network attorney services are paid at 100 percent. Additional services not shown.

- Adoption
- Bankruptcy (Chapter 7 & 13)
- Building Codes/Zoning/Variances/ Easements
- Caregiving Services
- Child Custody/Child Support creation (up to 8 hours)
- Child custody or visitation modification (up to 8 hours)
- Consumer Protection Issues
- Credit Records Correction
- Debt Collection
- Defense of Civil Damage Claims
- Divorce (up to 25 hours)
- Elder Law
- Home Equity Loan – Primary Residence
- Insurance Disputes
- Landlord/Tenant Matter
- Name Change
- Pre-nuptial Agreement
- Post-nuptial Agreement
- Purchase/Sale/Refinance of Primary Residence
- Restraining Order
- School Administrative Hearings
- Small Claims Court
- Tax Issues/Services
- Traffic Matters
- Wills and Estate Planning

How to Find a Network Attorney – To search for an attorney near you, use the Attorney Finder feature on the website, ARAG legal app, or call ARAG customer care for assistance. If there are no network attorneys located within 30 miles of your home or office, contact ARAG and they will arrange for you to receive covered legal services through an attorney in your area.

Your Right to Convert Legal Coverage – Enrollment is for the calendar year. If you are no longer eligible for the plan (e.g., you leave City employment), you have the option of purchasing a similar plan through ARAG. Contact ARAG directly within 90 days after your coverage ends to enroll in the plan.

ARAG Rates – Per Pay Period

Employee Only	$ 5.41
Employee & Family	$ 7.35

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.
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EMPLOYEE WELLNESS

- **HealthyConnections**

"I am a true believer in the Diabetes program. It has encouraged me to take better care of myself. The program educates, promotes, and advocates for individuals with diabetes. This program is awesome. It is easy to join, easy to manage time wise, saves employees money, and encourages individuals to maintain their sugar levels."

-Becky Richburg
Program Specialist

HealthyConnections
City of Austin Wellness Program

The City of Austin considers health and wellbeing a top priority and supports employees and family members on their journey to health and happiness. HealthyConnections, the City's award-winning employee wellness program, offers a wide range of wellness activities to encourage and support a healthy lifestyle. Programs are free to employees and held at various City worksites. Participants can earn up to 16 hours of Wellness Administrative Leave (WADL) and up to $150 in Healthy Rewards per year.

With your supervisor's approval, you may be able to attend wellness activities on work time or use flex time to make up the time later in the week.

Why Engage in Wellness?

The goal of the wellness program is to reduce preventable medical claims that account for about half of the City's medical spend. Wellness programs are behavioral health interventions that are designed to improve health outcomes and reduce medical claims.

According to claims data, employees engaged in wellness have lower average medical expenses and a higher utilization of both primary and preventive care services. Employees engaged in our wellness program also have shorter hospital stays and lower inpatient costs. These savings are beneficial to employees and the organization.

Get Engaged in Wellness

Visit the HealthyConnections website on CitySpace for more information and links to register. For questions, call *512-974-3284* and ask to speak with a Wellness Consultant or email HealthyConnections@austintexas.gov.

NEW Health Care Clinic!

HealthyConnections has partnered with CareHere to bring you a health care clinic. Employees enrolled in a City medical plan can access the health care clinic for biometric and preventive screenings, immunizations, and for treatment of minor, non-worker's compensation injury or illness.

Healthy Rewards Wellness Incentive Program

Healthy Rewards is a financial incentive program designed to engage employees in HealthyConnections campaigns and improve overall health status. Employees can participate in a variety of activities to earn up to $150 (taxable) added to their mid-November paycheck.

Visit the HealthyConnections website on CitySpace to see a list of eligible wellness activities and preventive screenings.

To Earn Healthy Rewards

- You must be enrolled in a City-sponsored medical plan.
- You must be employed by the City at the time of November payout.
- You must complete the health assessment between January 1 and September 30.

Know Your Health Numbers Campaign

Know your health numbers and prevent diseases like obesity, diabetes, hypertension, and heart disease.

Health Assessment: Earn 8 hours of WADL

Employees can earn eight hours of WADL for getting their health numbers and completing the health assessment on bcbstx.com/coa.

Step 1: Get your Health Numbers at a City Health Screening or your Annual Physical

- To register for a free biometric Health Screening at City a worksite, call *512-974-3284* or visit the HealthyConnections website on CitySpace. Complete schedule posted on the HealthyConnections website.

OR

- Use lab results from your most recent annual physical through your doctor.

Step 2: Complete the Health Assessment at bcbstx.com/coa.

Get a snapshot of your health, identify risk factors and create a game plan to a healthier you.

- Use your health numbers to complete the BlueCross BlueShield online Health Assessment.
- Employees enrolled in a City sponsored medical plan can earn the incentive once per calendar year.
- No personal health information is shared with the City.
- The online Health Assessment must be completed by September 30.

Get Active Campaign

Engage in heart healthy exercise that can prevent obesity, lower blood pressure and reduce stress.

PE for ME – Earn up to 8 hours of WADL

HealthyConnections offers free exercise classes at City worksites to help employees improve their fitness and overall health.

PE for ME

The program is offered year round and includes around 80 different classes each quarter. Examples include yoga, strength training, spin classes, Zumba, boot camps, golf, and volleyball. There are also several Walk and Run/Walk classes including an advanced running class (PE2).

Classes are offered on a quarterly basis, and registration can be accessed through the HealthyConnections website on CitySpace. Employees (excluding temporary employees) who attend 10 out of 12 workouts and complete the health assessment at bcbstx.com/coa can earn four hours of WADL. A total of eight hours of WADL can be earned in quarters one through three. During quarter four, PE shirts will be given to employees who meet attendance requirements.

PE Anytime allows employees to track their exercise via the Endomondo app or Garmin/Fitbit fitness tracker and earn PE WADL. Camp Gladiator and Orange Theory Fitness members can earn PE credit for attending classes. This option offers flexibility for individuals with challenging schedules or those wanting to exercise on their own.

City of Austin Olympics – Earn Healthy Rewards
Coworkers compete in a May sports tournament including softball, basketball, kickball, sand volleyball, and disc golf. Other events include a 5k, Kids 1K, organized bike ride, horse shoes, washers, and obstacle course. Attendees can visit healthy vendors, learn about Wellness & Benefits programs, and enjoy family activities and a kid's area.

Virtual Fitness Challenges – Earn Healthy Rewards
Employees can participate in month long virtual fitness challenges to get moving toward better health and fitness. Completing at least 30 miles of exercise during a challenge will earn employees $25 in Healthy Rewards.

- iResolve in January
- Million Mile Month in April
- Triathlon in a Month in July

Race Events
The PE Program sponsors employee entry into multiple race events per year. Join the PE Program and learn about race sponsorships including the Cap10K, Zilker Relays, and APD Run with the Heroes 5K.

Heart Walk – Earn Healthy Rewards
Join your coworkers for a one mile Heart Walk and heart health presentation at the February Health & Lifestyle Expo.

Live Healthy Campaign

Make healthy lifestyle changes that improve health and wellness and prevent chronic diseases.

Diabetes Control Program – Receive Diabetes Meds and Supplies at No Cost
Learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost. This program is offered to employees and dependents who are diabetic or prediabetic and enrolled in a City-sponsored medical plan. To enroll, visit the HealthyConnections website on CitySpace.

Participants Receive:

- Approved diabetes medications and testing supplies at no cost
- Comprehensive diabetes education
- Quarterly screenings through a pharmacist (three visits per year required)

Maternity Support Program – Earn $100
This program is offered by BlueCross BlueShield and is designed to help pregnant women get the support and information they need to have a healthy pregnancy. The program offers personalized maternity care including access to a dedicated maternity nurse, educational materials and assistance in managing high-risk conditions including gestational diabetes and preeclampsia. All pregnant women enrolled in a City-sponsored medical plan are eligible. Complete the program and you will receive $100 (taxable) and a HealthyConnections onesie. Spouses and domestic partners enrolled in a City medical plan are eligible to participate. To enroll, call BlueCross BlueShield at *888-907-7880*.

City Flu Shot Clinics – October & November
Employees can receive a free quadrivalent flu shot at participating City worksites and the September Health & Lifestyle Expo. View the HealthyConnections website on CitySpace for a complete schedule of City Flu Shot Clinics.

City Mammo Mixers – September & October
Don't put off getting your mammogram any longer. Get a free mammogram at St. David's Breast Center and enjoy breakfast or lunch and a chair massage while you wait. Employees will register for an appointment on TRAIN.

Tackle Stress from Your Desk – Earn Healthy Rewards
Employees can view online webinars that teach simple strategies to prevent and manage stress.

Healthy Back and Neck Seminars – Earn Healthy Rewards
Attend interactive seminars addressing back and neck pain caused by prolonged sitting and repetitive movements in the workplace. Participants will learn about foam rolling, dynamic stretches, and strengthening exercises to reduce back and neck pain.

Financial Wellness – Earn Healthy Rewards
Take charge of your personal finances by attending a HealthyConnections Financial Wellness seminar. A variety of seminars led by financial professionals will be offered year-round with something for everyone.

You can learn what a budget is, how to reduce your risk of identity theft, how to get a credit report, steps to take to get out of debt and much more.

Health and Lifestyle Expos – February & September
Visit healthy vendors and learn about City Wellness and Benefits programs. Biometric health screenings are provided along with flu shots in the fall.

Tobacco Cessation 101 – Receive Cessation Medications
Gain the resources and support needed to quit using tobacco products. Classes designed for all forms of tobacco use are available at worksites across the City. To successfully complete Tobacco Cessation 101, the individual must complete class 1 and 2.

Individuals who complete the classes are eligible to receive cessation medication (including over-the-counter products) free for nine months with a doctor's prescription. Employees, spouses and eligible dependents (age 18 years and older) who are enrolled in a City-sponsored medical plan are eligible for this benefit. Check the HealthyConnections website, or look on TRAIN for the schedule of classes.

Tobacco Premium
Employees and spouses/domestic partners currently using tobacco products, including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, shisha and electronic cigarettes will be charged a tobacco premium.

Employees and spouses/domestic partners enrolled in a City-sponsored medical plan who use tobacco will each pay $12.50 per pay period. To stop the tobacco premium, employees and spouses using tobacco must complete the Tobacco Cessation 101 class. The scheduled classes can be found on austintexas.gov/benefits. Spouses/domestic partners can attend a class without registering.

Eat Well Campaign
Learn heart healthy eating habits and simple strategies that can lead to a healthier you.

Naturally Slim – Online Weight Loss
This simple, online program helps employees lose weight and improve their health. It's not a diet. There are no points to count, no starving, and no eating diet food! The program teaches participants when and how to eat the foods they love while losing weight, boosting their energy and improving their health. By learning new techniques about how and when you should eat, you can continue eating your favorite foods while improving your health, reducing your chance of developing chronic disease, and losing weight. To enroll, call HealthyConnections at *512-974-3284* and ask to speak to a Wellness Consultant.

Nutritional Counseling
Supporting wellness in the workplace. Our Registered Dietitians meet with employees one-on-one or over the phone to provide nutritional counseling. They can provide assistance with setting appropriate health and fitness goals, identifying barriers to success, and maintaining motivation along the way. Weight reduction, improving nutrition, and managing stress are examples of issues that can be addressed through nutritional counseling. Visit the HealthyConnections website to set up an appointment.

ADDITIONAL BENEFITS

- Employee Assistance Program
- Employee Communications
- Tuition Reimbursement
- Service Incentive Pay
- Direct Deposit
- Employee Discount Page
- Affordable Small Dollar Loans
- Child Care Program
- Commuter Program
- Leave
- Veterans Services Office
- Workers' Compensation
- Employee Retirement Systems
- Deferred Compensation
- Social Security

"If you are thinking about starting a family, the City of Austin offers paid parental leave, which helps employees not worry about finances while out on maternity leave. The advantage of parental leave is you are still able to accrue paid sick and vacation leave so that you aren't just depleting your leave balances."

-Diana Martin
IT Business Systems Analyst Sr.

Employee Assistance Program (EAP)

Deer Oaks EAP Services, LLC (Deer Oaks) provides short-term confidential counseling to help you and members of your household deal with life's stresses. The EAP provides resources to help you address a wide variety of issues. Services are available 24 hours a day, seven days a week at no cost to you.

The Deer Oaks counselors understand the constant interplay between problems on and off-the-job. They understand almost any issue can be dealt with if it is identified and treated early. Typically, employees attend fewer than five counseling and problem resolution sessions. Deer Oaks can help you with:

- Marital/family problems
- Domestic violence
- Psychological issues
- Crisis management
- Domestic violence
- Anger management
- Work/vocation issues
- Adolescence
- Substance abuse/dependency

Work/Life Services
Deer Oaks counselors can also assist with work/life issues such as:

- Advantage Financial Assist – Unlimited telephone consultations
- ID Recovery – Free 30 minute telephone consultations
- Travel information/referral
- Adoption education/coordination
- Advantage Legal Assist – Free 30 minute telephone consultations
- Child/elder care referral
- Consumer product information
- Academic services
- Life Coaching

Take the High Road Program
If you find yourself in a situation where you are unable to safely drive your car home, remember Take the High Road. Calling a taxi service, Uber or Lyft is often the best thing to do in these situations. This service is available from the EAP.

This benefit is confidential to you and all members of your household. This service is available once per year with a maximum reimbursement of $45.00 (excludes tips). To receive reimbursement, you will need to submit a receipt from the cab company and call the Deer Oaks Helpline for instructions on how to submit your receipt. Your receipt may be submitted up to 60 days from date of service. It may take up to 45 days for reimbursement. Some restrictions may apply.

No one in the City will know you used the Take the High Road Program; it is completely confidential. For more information, call Deer Oaks at *866-228-2542* or visit deeroakseap.com.

iConnect You
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 your smartphone and register using the iCY passcode **106912**.

Employee Communications

The Human Resources Department publishes newsletters to educate and inform employees about human resources-related issues. It is important for employees to take time to review these publications to avoid missing important information.

- *The HR Update* is published quarterly for employees.
- *CitySource Today* is an online weekly newsletter published by the Communications and Public Information Office. It focuses on the people and projects that define the City of Austin workforce and provides valuable information about City benefits.

Tuition Reimbursement Program

The City encourages employees to improve their job skills and career potential. To help employees reach their individual goals, the City provides Tuition Reimbursement for employees who meet eligibility requirements. The Tuition Reimbursement Program supports technical and academic courses at accredited schools and institutions.

To obtain information about eligibility or to find out how to apply, call Organization Development of the Human Resources Department at *512-974-3227*, email tuitionreimbursement@austintexas.gov, or visit cityspace and click on **HR Forms**.

Service Incentive Pay

Regular employees who have completed five years of continuous service by December 1 of the year they are to receive pay shall receive service incentive pay.

The formula for employees with **five** and **up to seven years** is: Completed years of uninterrupted service (up to seven years) x .0025 x hourly rate x scheduled work week x 52 weeks per year or $500, whichever is less.

The formula for employees with **seven** and **up to 15 years** is: Completed years of uninterrupted service (up to 15 years) x .0025 x hourly rate x scheduled work week x 52 weeks per year or $1,000, whichever is less.

The formula for employees with **15** or **more years** is: Completed years of uninterrupted service x .0025 x hourly rate x scheduled work week x 52 weeks per year or $1,500, whichever is less.

When calculating your benefit, use your hourly rate, scheduled work week, and length of service as of the current year.

By law, this benefit is subject to withholding tax. Taxes are withheld according to your W-4 Form. The benefit payment is included in the first paycheck issued in December.

If there is a conflict between the City's Personnel Policies on Service Incentive Pay and the information provided in this section of the Guide, the Personnel Policies govern. For more information, call the Compensation Division at *512-974-3292*.

Direct Deposit

It's safe, quick, and easy. To begin direct deposit, all you have to do is complete a City of Austin Direct Deposit Authorization Agreement on the Financial Services Department website. Visit payroll.austintexas.gov.

Employee Discount Page

You can save at thousands of retailers in your neighborhood and around the country. Whether it is the local show & save program, discounted gift cards or national deals, savings are just a click away. Visit austintx.perksconnection.com on your computer, tablet or smartphone. If you are registering with a tablet or smartphone, enter group code AUSTINTX.

Smart Commute Rewards

Full- and part-time regular City employees can qualify for administrative leave (ADL) for regularly taking and tracking sustainable commutes. Employees can qualify for two hours just by enrolling in the ADL program! The ADL reward will be offered in two six-month period increments annually (Period 1: January – June; Period 2: July – December).*

Here's how it works:

1. Register and enroll: Visit SmartCommuteAustin.com/ADL-Join, register or log in to your account, and complete the full training. Qualify for two ADL hours just for enrolling!
2. Log your sustainable commute trips daily: Use the commute calendar on the Smart Commute Rewards dashboard or download the RideAmigos Commute Tracker app for Android or iOS.
3. Qualify for time off! Earn up to eight ADL hours total per six-month period based on the tiered structure pictured.
4. ADL will be distributed after the end of the six-month participation period and must be used all at one time, within six months of distribution.
5. Employees must receive supervisor approval before altering their work schedule or work location to utilize sustainable modes of transportation.
6. Employees are responsible for accurately tracking their sustainable commutes according to the guidelines laid out in the Smart Commute Rewards program.
7. Temporary, contract, and sworn employees are not eligible for the ADL reward.

Questions? Email SmartCommute@AustinTexas.gov or call 512-974-1150, or visit SmartCommuteAustin.com.

**The program expects to launch in January 2021; however, the program may be delayed due to the COVID-19 outbreak.*

Affordable Small Dollar Loans

Employees have access to affordable small dollar loans and free one-on-one financial coaching through the Community Loan Center (CLC) of Austin. Apply online at clcofaustin.org, no credit check requirements! For additional customer service assistance call *956-356-6600* or *214-688-7456*.

- Loans range from $400-$1000.
- 12 month terms based on your payroll schedule at 18 percent interest rate.
- One-time $20.00 loan processing fee and easy to use online account management profile.
- No pre-payment penalty fees. Payments can be deducted from your paycheck or drafted from your checking account.
- One-on-one financial coaching at no cost.
- Benefit Eligibility requirements include over 90 days of employment, minimum 18 years of age and a checking account.

Homebuyer Assistance Program

Neighborhood Housing and Community Development (NHCD) manages programs with area home builders and non-profit agencies to help eligible employees achieve home ownership, including education and down payment assistance. For more information, call NHCD at *512-974-3100* or email NHCD@austintexas.gov.

Other Benefits

- Tax Preparation Assistance, if eligible. Visit foundcom.org.
- Free entry to City parks, including Deep Eddy and Barton Springs pools (does not include Zilker Botanical Gardens).
- Free parking permits to Zilker Park are available at the Human Resources and Parks Departments.

Child Care Program

The programs described below are offered to full-time, regular employees. For more information, call the Employee Benefits Division at *512-974-3284*.

Child Care Assistance Program

Full-time, regular City employees with children under the age of 13 may be eligible for financial assistance up to amounts below:

- $100 weekly for children enrolled in child care up to kindergarten eligible.
- $30 weekly for children ages 5-12 enrolled in after-school care.
- $100 weekly for disabled dependents up to age 26 enrolled in day care.

Family Size	Gross Income Limit
2	$76,700
3	$86,300
4	$95,900
5	$103,550
6	$111,250

Eligibility is based on family size and gross income (refer to chart). For example, a family of four with a gross income of less than **$95,900** a year qualifies for assistance. Applications for the program are accepted at any time throughout the year. Recertification takes place annually in December to receive the full benefit for the upcoming calendar year. Call the Employee Benefits Division at *512-974-3284* for an application.

Youth Camp Scholarship

This program is available to ***all*** full-time regular employees with children ages 4 through 12, regardless of family size or gross income. The program provides scholarships of $50 per week, per child at participating Parks and Recreation Department (PARD) Recreation Centers during spring and summer breaks. Employees must apply by the established deadlines each year in order to be placed on the PARD eligibility list. Applications are available online at austintexas.gov/benefits or at PARD facilities.

Child Care Referral

All City employees can receive free assistance researching and locating potential child care providers by visiting the following website: www.dfps.state.tx.us/Child_Care/.

All City employees may also call the Deer Oaks Employee Assistance Program for child care resources at *866-228-2542* or visit deeroakseap.com. On website, click on Member Login and enter **austintexas.gov** as the Username and Password.

Maternity & Lactation Support

The City of Austin is dedicated to fostering healthy babies and families and is proud to be a Texas Mother-Friendly Worksite. Employees are allowed reasonable break times to express breast milk, each time the employee needs to express breast milk for her nursing child, for one year after the child's birth. Employees will also be provided a place, other than a bathroom, that is shielded from the view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk in private.

More information about the Mother-Friendly Worksite accommodations offered by the City of Austin can be found in Administrative Bulletin 13-01 or by contacting the Mother-Friendly Worksite Workgroup at COAMotherFriendly@austintexas.gov.

For breast feeding support, contact Mom's Place at *512 -972-6700* or visit momsplace.org or breastmilkcounts.com.

Commuter Program

As part of the Clean Air Initiative, the City has an agreement with Capital Metro for the following benefits:

Bus and Rail Services

City employees can ride any Capital Metro bus or train for free using a transit pass. These passes are available from your department's HR representative. Employees must commit to riding the bus or train on a regular basis. Visit capmetro.org and use the online Trip Planner to learn the easiest and fastest way to commute.

RideShare Vanpools
City employees can also take advantage of Capital Metro's vanpool services. Call *512-477-RIDE (7433)* and get matched to a vanpool operating between your home and work location. Employees also have the option of forming their own vanpool.

MetroAccess – Paratransit Services
The MetroAccess program serves employees with disabilities by providing shared-ride, door-to-door public transportation service for free. For more information, call Capital Metro at *512-474-1200*.

"Pickup" On-Demand Transit Service
This service allows employees with current City of Austin transit passes to be picked up from their home and taken anywhere within the Pickup service area. Pickup currently operates in seven service zones (Manor, East ATX, Exposition, Lago Vista, Leander, North ATX, and Walnut Creek.) For more information, visit capmetro.org/pickup.

For more information on the Capital Metro's programs, call Capital Metro at *512-474-1200* or the Employee Benefits Division at *512-974-3284*.

Leave Programs
The following information summarizes current leave policies. The benefits described do not imply a guarantee of employment or a continuation of the leave program. Leave policies are subject to change.

Refer to the City's Personnel Policies for more information. If there is a conflict between the information provided in this section of the Guide and the Personnel Policies, the Personnel Policies govern.

If you have any questions about leave, call the Human Resources Department at *512-974-3400*.

Paid Leave
Paid leave benefits are available for a number of approved reasons. Examples of paid leave benefits include:

- Personal holidays
- Sick leave
- Official holidays
- Personal (vacation) leave

The paid leave benefits described in this section apply to you if you are a full-time employee in a regular budgeted position. As a part-time employee, you earn leave benefits on a prorated basis.

Personal Holidays
Upon completion of your six-month probationary period, you are eligible to take two personal holidays each year. If you do not use your personal holidays in the year earned, they cannot be carried over into the following year.

Official Holidays
City holidays for 2021 are listed below. You may be required to work on an official holiday.

Let Texas Vote Day is an optional holiday for City employees and should not impact City services. Employees must request time off for this holiday by submitting a Leave Request Form at least one week in advance of the holiday to their supervisors.

Holiday	Date Observed
New Years Day	January 1
Martin Luther King, Jr. Day	January 18
Presidents Day	February 15
Memorial Day	May 31
Juneteenth	June 18
Independence Day	July 5
Labor Day	September 6
Let Texas Vote (Optional)	November 2
Veterans Day	November 11
Thanksgiving Day	November 25
Thanksgiving Friday	November 26
Christmas Eve	December 23
Christmas Day	December 24

Sick Leave

You earn four hours of sick leave per pay period, based on 24 pay periods annually, as a full-time, regular employee working 40 hours per week. If you are scheduled to work other than a 40-hour work week, you accrue sick leave at a different rate. Civil service employees also accrue sick leave at a different rate.

Sick leave must be earned before it can be used. If you do not use your sick leave, you may carry unused hours forward into the next year. Sick leave may be accrued on an unlimited basis. If you are on sick leave for five work days or more due to your own health condition, a return to work release form must be completed by your health care provider and given to your supervisor before you will be allowed to return to work.

Personal (Vacation) Leave

You may use personal leave for any reason. The amount that you earn depends on how long you have worked continuously for the City and the number of hours you work each week, based on 24 pay periods annually.

The number of hours you earn per pay period as a full-time regular employee working 40 hours per week is listed in the chart to the right. If you are scheduled to work other than a 40-hour work week, you accrue personal leave at a different rate. Civil service employees also accrue personal leave at a different rate.

Years Worked	Hours You Earn
Less than 5	4.34
5 but less than 10	5.34
10 but less than 15	6.00
15 but less than 20	6.67
20 or more	7.67

Maximum accrual is 400 hours.

You should keep in mind a few other things about personal leave:

- You may request personal leave at any time once you have completed you probationary period.
- If you become ill while you are on personal leave, you may request that your personal leave be temporarily stopped and your absence be charged to sick leave.
- Payment of unused personal leave upon resignation or retirement is limited to 240 hours.
- You may use personal leave while on family or medical leave.

Family and Medical Leave (FMLA)

The Family and Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for specific qualifying family, medical, or military support needs with continuation of group health insurance coverage under the same terms and conditions as if the Employee had not taken leave. When requested and approved, appropriate paid and unpaid leave can be used and will count toward the family and medical leave entitlement.

You are eligible for unpaid, job-protected leave under the FMLA if you have been employed with the City for at least 12 months and worked 1,250 hours during the 12 months prior to the commencement of the leave. The 12 months of employment need not be consecutive. For employees who experience a break in service in fulfillment of the Uniformed Services Employment and Reemployment Rights Act (USERRA), the months employed and the hours that were actually worked for the City should be combined with the months and hours that would have been worked during the 12 months prior to the start of the leave requested, had it not been for the military leave.

Eligible employees are entitled to job-protected, unpaid leave in a calendar year, based on the Employee's normal work week, for one or more of the following reasons:

- The birth and care of your newborn child.
- The placement with the employee of a child for adoption or foster care.
- To care for the employee's husband, wife, domestic partner, son, daughter, or parent with a serious health condition.
- A serious health condition that makes the employee unable to perform one or more essential functions of their job.

FMLA *(Continued)*
Family leave must be taken within 12 months after the birth of a child or the placement of a child for adoption or foster care. FMLA leave may be used before the actual placement or adoption if the absence is required for the placement or foster. Intermittent use of family leave requires approval from the Department Director.

An employee should notify the City at least 30 days prior to a planned medical treatment that requires FMLA leave. If advanced notification is not practical or the reason is unplanned, you must give notice within two business days. Your Department Director may require you to provide satisfactory proof of the proper use of medical leave. If satisfactory proof is not provided, your request for FMLA may be denied.

If you do not wish to continue any or all of your benefits while on family or medical leave, you must contact the Employee Benefits Division and schedule an appointment to complete a Benefits Enrollment Form to drop coverage. If you choose to continue benefits and fail to return from FMLA leave, you may be required to reimburse the City for the City's portion of the benefits premiums paid on your or your dependent's behalf during the unpaid leave.

Parental Leave
Employees in a regularly budgeted position who qualify for FMLA may receive up to 240 hours of paid leave (prorated based on budgeted workweek) for the birth and care of a child, or placement of a child for adoption or foster care during the FMLA period. Documentation for birth, adoption, or foster care must be provided to the FMLA Coordinator before an employee can code the time on the timesheet. Temporary employees and employees who are subject to collective bargaining or meet and confer agreements are not eligible.

Hours Awarded for Parental Leave or Leave Bank	
Budgeted Work Week	**Paid Leave Hours**
40	240
30 - 39	180
20 - 29	120
Less than 20	60

Leave Bank
Employees who qualify for FMLA and who do not have enough accrued leave to get them through an illness, accident or unexpected FMLA event. Through a donation of accrued sick leave, vacation leave or both, you can become a member of the Leave Bank and can apply for hours based on your budgeted workweek. Membership in the Leave Bank is annual and must be renewed each year during the Benefits Open Enrollment period by donating the required number of hours. There is no limit to the number of hours you can donate to become a member during the enrollment period. A non-member who seeks leave from the Leave Bank, due to an unforeseen FMLA-qualifying event, may enroll to become a member at any time. Temporary employees and employees who are subject to collective bargaining or meet and confer agreements are not eligible.

Employees on Leave of Absence
As a City employee, you may be granted a leave of absence under certain circumstances. All requests for leave of absence must be approved by your Department Director, and requests for leave of more than 30 days must be approved by the City Manager. The maximum total time for which a leave of absence may be granted is one year.

If you are on leave for five or more consecutive work days due to your own health condition, a return to work release form must be completed by your health care provider and given to your supervisor before you will be allowed to return to work.

If you are participating in the Deferred Compensation loan program and you are on an unpaid leave of absence, automatic deductions are not possible. You must contact the Deferred Compensation office to prevent default on your loan.

If you do not wish to continue any or all of your benefits for yourself or your dependents, you must contact the Employee Benefits Division and schedule an appointment to complete a Benefits Enrollment Form to drop coverage. Once you return from leave you must make an appointment to reinstate benefits dropped during a leave of absence. If you choose to continue benefits and fail to return from family or medical leave, you may be required to reimburse the City for the City's portion of the benefits premiums paid on your or your dependent's behalf during the unpaid leave.

If you choose to continue your benefits, you will be responsible for the full cost of premiums, including the City's contribution. If you are on an unpaid leave of absence, automatic deductions are not possible. To make arrangements to pay your benefits premiums, call the Employee Benefits Division at *512-974-3284*.

Military Family Leave

Military Caregiver Leave (also known as Covered Service Member Leave)

Eligible employees who are family members of covered service members can take up to 26 work weeks of leave in a "single 12-month period" to care for a covered service member with a serious illness or injury incurred in the line of duty while on active duty. This 26-work-week entitlement is a special provision that extends FMLA job-protected leave beyond the normal 12 weeks of FMLA leave.

Qualifying Exigency Leave

This leave helps families of members of the National Guard, Reserve, and active duty soldiers manage their affairs while the member is on active duty in support of a contingency operation.

Veterans Services Office – Five Star Employer

The City of Austin is a Five Star Employer, with a Veterans Services Office. This office supports veterans as well as National Guard and Reservists who work for the City. This office also provides assistance to families of military service members, especially during deployments.

The City's program:

- Provides training to departments about their responsibilities under USERRA, the Uniformed Services Employment and Reemployment Rights Act. This Federal legislation addresses a wide range of issues such as hiring, leave, and benefits.
- Offers mediation services as a link between the employee, the employee's family, and the department. The confidential services include listening to concerns and complaints, evaluating options, and offering solutions. The program strives to help all service members receive fair and equitable treatment from City, State, and Federal entities.
- Partnerships with community organizations.

City benefits also include the following:

- 15 days of paid military leave per fiscal year.
- Military Pay Supplement Program.
- Veteran's preference in the City hiring process.
- Service credit toward City retirement for military service.
- Continuation of benefits through Family and Medical Leave (FMLA).

For more information, call the Veterans Program Manager and Military Ombudsman at *512-974-3459*.

Benefits Tip!

Did you know you the City has a Child Care Assistance Program that you may be eligible for to help with child care expenses?

Workers' Compensation

Workers' Compensation is a program for managing medical treatment and loss of wages if you are injured on-the-job. The City provides this coverage for compensable injuries and illnesses according to state law. Workers' Compensation benefits are provided to you at no cost.

If you are injured on-the-job, you may be eligible for payment of:

- All reasonable and necessary medical treatment.
- 70 or 75 percent of your average weekly wage, depending on your hourly rate.

If you are injured on-the-job, the Departmental Workers' Compensation Representative (DWCR) in your department who is assigned to your case can answer questions about your Workers' Compensation benefits. You must report your claim immediately to your supervisor. Ask your doctor to complete and sign the proper work status form and return it to your DWCR.

For more information, call Risk Management in Human Resources at *512-974-3447* or your DWCR.

"I had an immediate family member who became ill, and a very specific and very expensive medication was needed, which was not covered by our insurance. I was able to connect with one of our Human Resources Department Benefits representatives. The rep went out of their way to get approval for the medication my family needed, which allowed me to work my regular shift and not worry about working extra shifts to cover the expense of the medicine. Having great benefits is a plus, but having human resources representatives that will go out of their way to help, you cannot beat that."

-Antwaine Hobbs
Fire Specialist

Employee Retirement Systems

The City values you as an employee. As part of your compensation, the City provides retirement benefits. Over the years, the City has made a significant investment in providing retirement benefits to employees, so it is important that you understand how your retirement benefits work.

Several programs are available to help you prepare for your retirement. These programs include mandatory participation in one of three separate retirement systems, an optional Deferred Compensation Program, and City contributions to Social Security on your behalf.

Employees are eligible for retirement when they meet one of the following age and service requirements. For more information about your defined benefit retirement plan, contact your retirement system.

City of Austin Employees' Retirement System (COAERS)

Call *512-458-2551*, or visit coaers.org.

Group A (Tier 1)

- 23 years of creditable service at any age
- 20 years of creditable service at age 55
- Any number of years creditable service at age 62

Group B (Tier 2 – *Employees hired on or after January 1, 2012)*

Normal Retirement

- 30 years creditable service at age 62
- 5 years of creditable service at age 65

Early Retirement

- 10 years of creditable service at age 55
- Reduced annuity

Austin Fire Fighters Relief and Retirement Fund (AFRS)

Call *512-454-9567*, or visit afrs.org.

Normal Retirement

- 10 years of service at age 50
- 25 years of service at any age

Early Retirement

- 10 years of service at age 45
- 20 years of service at any age

City of Austin Police Retirement System (PRS)

Call *512-416-7672*, or visit ausprs.org.

Normal Retirement

- 23 years creditable service at any age (excluding prior military service)
- 20 years creditable service at age 55 (excluding prior military service)
- Any number of years creditable service at age 62

Early Retirement

- None

Deferred Compensation Plan (457 Plan)

The Deferred Compensation Plan is a retirement savings plan that allows eligible employees to supplement retirement/pension benefits by saving and investing before- or after-tax dollars through voluntary salary deferral. Empower Retirement is the plan administrator.

You may enroll in the Deferred Compensation Plan or make changes in your deferrals any time during the year. You may also choose from a diverse array of investment options. If you contribute pretax dollars, your account is tax deferred until you withdraw money, usually at retirement. However, you may also contribute post-tax dollars (pay income tax at the time your contributions are made) and your account is tax-free (subject to qualifying conditions) when you withdraw your money. To review and manage your account, call *866-613-6189,* or visit dcaustin.com.

Social Security

Social Security pays benefits once you meet certain eligibility requirements when you retire, become disabled, or die. Social Security taxes are paid by you and the City. At the current time, this amount is 6.2 percent for Old Age, Survivors and Disability Insurance (OASDI) and 1.45 percent for Medicare Tax. However, these amounts are subject to any changes made by the United States Congress.

Contributions by firefighters to Social Security may vary, and in some cases, may not be made at all. If you are a firefighter, contact the Austin Fire Fighters Relief and Retirement Fund for more information about your Social Security benefits.

Questions about Social Security benefits may be directed to the Social Security Administration at *800-772-1213*, or visit socialsecurity.gov.

IMPORTANT BENEFITS INFORMATION

- Summary of Benefits and Coverage
- ADA Compliance
- Governing Plan
- HIPAA
- Women's Health and Cancer Rights Act
- Patient Protection and Affordable Care Act
- COBRA
- Continuation of Coverage for Domestic Partners
- USERRA Continuation of Coverage
- Surviving Dependent Coverage
- Surviving Family/Work-Related Coverage
- Your Prescription Drug Coverage and Medicare
- Health Insurance Marketplace
- Notice to Enrollees
- Premium Assistance Under Medicaid and CHIP
- Corporate Human Resources Department

Benefits Tip!

Did you know by getting your health numbers and completing the BlueCross BlueShield online Health Assessment, you can earn 8 hours of WADL (Wellness Administrative Leave)?

Summary of Benefits and Coverage (SBC)

Under the law, insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes the key features of the plan and coverage limitations and exceptions. For a copy of the SBC of the City's medical plans, visit austintexas.gov/benefits, or call the Human Resources Department at *512-974-3284*.

ADA Compliance

The City is committed to complying with the Americans with Disabilities Act (ADA). Reasonable accommodation, including equal access to communications, will be provided upon request. For more information, call the Human Resources Department at *512-974-3284*, use the Relay Texas TTY number *800-735-2989* for assistance, or visit austintexas.gov/ada.

Governing Plan

Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage or contract), and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern. City of Austin employees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time. These benefits are not a guarantee of your employment with the City.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA)

This act imposes the following restrictions on group health plans:

Limitations on pre-existing exclusion periods. Pre-existing conditions can only apply to conditions for which medical advice, diagnosis, care, or treatment was recommended or received during a period beginning six months prior to an individual's enrollment date, and any pre-existing condition exclusion is not permitted to extend for more than 12 months after the enrollment date. Further, a pre-existing condition exclusion period may be reduced by any creditable previous coverage the individual may have had.

Special enrollment. Group health plans must allow certain individuals to enroll upon the occurrence of certain events, including new dependents and loss of other coverage. Loss of coverage includes:

- Termination of employer contributions toward other coverage.
- Moving out of an HMO service area.
- Ceasing to be a "dependent," as defined by the other plan.
- Loss of coverage to a class of similarly situated individuals under the other plan (i.e., part-time employees).

Additionally, individuals entitled to special enrollment must be allowed to enroll in all available benefit package options and to switch to another option if he or she has a spouse or dependent with special enrollment rights.

Prohibitions against discriminating against individual participants and beneficiaries based on health status. Plans may not establish rules for eligibility of any individual to enroll under the terms of the plan based on certain health status-related factors, including health status, medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability, or disability.

Standards relating to benefits for mothers and newborns. Plans must provide for a 48-hour minimum stay for vaginal childbirth, and a 96-hour minimum stay for cesarean childbirth, unless the mother or medical provider shortens this period. No inducements or penalties can be used with the mother or medical provider to circumvent these rules.

Parity in the application of certain limits to mental health benefits: Plans must apply the same annual and lifetime limits (i.e., dollar amounts) that apply to other medical benefits to benefits for mental health. If this requirement results in a 1 percent or more increase in plan costs or premiums, this rule does not apply.

City of Austin Policy on HIPAA

HIPAA gives the City, as the plan sponsor of a non-federal governmental plan, the right to exempt the plan in whole or in part from the requirements described above. The City has decided to formally implement all of these requirements. The effect of this decision as it applies to each of the above requirements is as follows:

- The Plan does not currently have a pre-existing condition limitation and is in compliance.
- The Plan will provide special enrollment periods.
- The Plan will comply with the non-discrimination rules.
- The Plan will comply with the standards for benefits for mothers and newborn children.
- The Plan will comply with the rules on mental health benefits.

The HIPAA Privacy Rules for Health Information were established to provide comprehensive federal protection concerning the privacy of health information. The Privacy Rules generally require the City to take reasonable steps to limit the use, disclosure, and requests for Protected Health Information to the minimum necessary to accomplish the intended purpose. The City is committed to implementing the Privacy Rules.

The Women's Health and Cancer Rights Act of 1998

This law was enacted on October 21, 1998. It provides certain protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Specifically, the act requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications of all stages of mastectomy, including lymph edemas.
- Secondary consultation, whether such consultation is based on a positive or negative initial diagnosis.

The benefits required under the **Women's Health and Cancer Rights Act of 1998** must be provided in a manner determined in consultation with the attending physician and the patient. These benefits are subject to the health plan's regular copays and deductibles.

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 2022, medical plans which exceed a threshold level established by the federal government will have to pay a 40 percent excise tax. The City of Austin is committed to designing a medical plan that is below the threshold level. However, if the threshold is reached, the cost of the excise tax will be passed on to employees and retirees.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, dental coverage, or participation in the Health Care FSA at their own cost in the case of certain qualifying events. Continuation of your life insurance, short term disability, long term disability, Dependent Care FSA, and group legal plan is not available under COBRA.

COBRA Notice Requirements. Each employee or qualified beneficiary is required to notify the Employee Benefits Division of the Human Resources Department within 60 days of a divorce, legal separation, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. Erisa, the City's COBRA administrator, will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

Continuation of Coverage for Domestic Partners

The City offers covered individuals the opportunity to continue medical coverage, vision coverage, and dental coverage at their own cost in the case of certain qualifying events. Continuation of life insurance is not available under Continuation of Coverage for Domestic Partners.

Each employee or covered individual is required to notify the Employee Benefits Division of the Human Resources Department within 31 days of dissolution of the Domestic Partnership, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. Erisa, the City's administrator, will then notify all covered individuals of their rights to enroll in Continuation of Coverage for Domestic Partners coverage. Notice to a covered individual who is the Domestic Partner or former Domestic Partner of the covered employee is considered proper notification to all other covered individuals residing with the Domestic Partner or former Domestic Partner at the time the notification is made.

USERRA Continuation of Coverage

The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides that if you are required to be absent from work for a period of time due to voluntary or involuntary military service or training, you have certain reemployment and medical benefits continuation rights during your absence. You and your family members have the opportunity to continue your benefits from the date coverage otherwise would end, provided you pay the premium. However, for absences of less than 31 days, you may continue benefits while paying only your usual share of the cost. When you return to work, no exclusions or waiting periods will apply.

Surviving Dependent Coverage

Your dependent may be eligible for Surviving Dependent medical, dental, and vision coverage only if you meet one of the following requirements and your dependent completes a Surviving Dependent Benefits Enrollment Form within 31 days from the date of your death:

- You are a City retiree under the City of Austin Employees' Retirement System, Austin Fire Fighters Relief and Retirement Fund, or City of Austin Police Retirement System.
- You are an active City employee who is eligible to retire with the City but chose to continue to work for the City.
- You are a City retiree who has returned to active employment with the City.

If eligible, your dependent will be able to continue his or her coverage through the City after your death, provided your dependent was enrolled in a City-sponsored plan at the time of your death. The coverage offered is the same coverage offered to City retirees.

Surviving Family/Work-Related Coverage

If you are killed in the line of duty (your accident must be considered compensable under the City's Workers' Compensation program) while working for the City, your dependents who are enrolled in a City-sponsored medical or dental plan at the time of your death are allowed to continue their coverage, if they complete a Surviving Family Benefits Enrollment Form and pay the premium within 90 days from the date of your death. The City will continue to subsidize the premium.

Surviving Family/Work-Related Coverage is not available to active employees who are also City retirees who have returned to work for the City and have declined active employee benefits. The City will notify your surviving dependents of their eligibility for Surviving Family/Work-Related Coverage.

For more information or to receive a Surviving Family/Work-Related Benefits Guide, call the Employee Benefits Division at *512-974-3284*.

Your Prescription Drug Coverage and Medicare

Beneficiary Creditable Coverage Disclosure Notice

This notice has information about your current prescription drug coverage with the City of Austin 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 a Medicare drug plan, 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 this area. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. On January 1, 2006, new prescription drug coverage became available to individuals with Medicare Part A. This coverage is available through Medicare prescription drug plans, also referred to as Medicare Part D. All such plans provide a standard, minimum level of coverage established by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Austin has determined that prescription drug coverage offered through City health plans 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.

Other Important Considerations

- If you currently have prescription drug coverage through a City health plan, you may choose to enroll in Medicare Part D annually between October 15 and December 7, or when you first become eligible for Medicare Part D.
- If you decide to join a Medicare drug plan, your current City of Austin medical coverage will not be affected.
- If you do decide to join a Medicare drug plan and drop your current City of Austin coverage for your dependents, you may be able to get this coverage back during an Open Enrollment period.
- You should also know that if you drop or lose your current coverage with the City of Austin 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 one percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19 percent 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.
- If you are enrolled in Medicare Part D or a Medicare Advantage Plan and are also enrolled in the City health plan, you may have duplicate prescription coverage. If you would like to review your coverage or for more information, call the Employee Benefits Division of the Human Resources Department at *512-974-3284*.

More information about Medicare Part D 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. You can also:

- Visit medicare.gov for personalized help.
- Call the **Health and Human Services Commission of Texas** toll free at *888-834-7406*, local number *800-252-9330*.
- Call *800-MEDICARE (800-633-4227)*.
- TTY users should call *877-486-2048*.

Financial assistance may be available for individuals with limited income and resources through the **Social Security Administration (SSA)**. For more information, visit the SSA website at socialsecurity.gov or call *800-772-1213*. TTY users should call *800-325-0778*.

Health Insurance Marketplace

PART A: General Information

The Health Insurance Marketplace is a new way to purchase health insurance in the United States. As you evaluate health insurance options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer, the City of Austin.

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 new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

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

Regular full-time employees will not experience savings because the City pays the entire premium for the CDHP and the majority of the PPO and HMO premium. Part-time employees may realize savings by going to the Marketplace.

Temporary employees with less than 12 months of service are not eligible for City-provided medical coverage. Temporary employees and their dependents can purchase health insurance through the Health Insurance Marketplace, designed to provide affordable health insurance.

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

Yes. The City of Austin offers coverage that meets government standards. If you are in a regular budgeted position and work full-time, you will not be eligible for a tax credit at the Marketplace.

If you are in a regular budgeted position working part-time, and the premium you would pay for the City's lowest cost medical plan (Employee Only) is more than 9.5 percent of your household income for the year, you may be eligible for a tax credit at the Marketplace. If you are a temporary employee, and therefore not eligible for medical coverage under a City medical plan, you are eligible for medical coverage through the Marketplace and may also qualify for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by the City of Austin, then you may lose the City's contribution (if any) to the employer-offered coverage. Also, the City's contribution as well as your employee contribution to City offered coverage is usually 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 the City of Austin, review this guide, or visit austintexas.gov/benefits for your summary plan description, or call the Human Resources Department at *512-974-3284*.

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 the City

This section contains information about health coverage offered by the City of Austin. 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.

3. Employer name: City of Austin		4. Employer Identification Number: 74-6000085
5. Employer address: P.O. Box 1088		6. Employer phone number: 512-974-3284
7. City: Austin	8. State: Texas	9. ZIP code: 78767
10. Who can we contact about employee health coverage at this job? Human Resources Department, Employee Benefits Division		
11. Phone number: 512-974-3284		12. Email address: HRD.Benefits@austintexas.gov

Basic Health Care Coverage Information

As your employer, the City of Austin offers a health plan to all employees in regular budgeted positions and to temporary employees with more than 12 months of continuous service.

The City of Austin offers dependent coverage to eligible dependents. Eligible dependents (spouse, domestic partner, children, dependent grandchildren) are detailed in this guide.

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

Note: Even though the City of Austin offers affordable coverage, 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 you are an hourly employee, or have previously been unemployed, 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.

Notice to Enrollees in a self-funded nonfederal governmental group health plan for plan years beginning on or after September 23, 2010

Group Health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The City of Austin has elected to exempt the City's medical plans of the following requirements:

1. Parity in the application of certain limits to mental health benefits. Limit coverage for Applied Behavior Analysis treatment to 170 visits each year for individuals diagnosed with autism.
2. The exemption from these Federal requirements will be in effect for the 2021 plan year beginning January 1, 2021 and ending December 31, 2021. The election will be renewed for subsequent plan years.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP in Texas, 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, call your State Medicaid or CHIP office or call *1-877-KIDS NOW* or visit 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.

You may be eligible for assistance paying your employer health plan premiums. The following is current as of January 31, 2021. For more information on eligibility visit gethipptexas.com/ or call *877-440-0493*.

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact:

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

Corporate Human Resources Department Can Help You!

Civil Service Division
Serves the Austin Police Department, Austin Fire Department, and the Emergency Medical Services Department. The Civil Service Office administers processes regarding the initial selection, advancement, and conditions of employment in accordance with Chapter 143 of the Texas Local Government Code, Civil Service Commission Rules, and agreements with employee (labor) associations.

Compensation Division
Provides tools, resources, and information to departments and employees in order to enhance their knowledge and understanding of policies, procedures and trends related to classification and the City's base pay plan.

Employee Benefits Division
Can assist you with questions about medical, dental, vision, life, disability insurance, and Flexible Spending Accounts, and other benefits such as wellness, childcare and commuter programs. Staff can also assist with benefits changes due to a qualifying life event, filing disability claims, and life insurance claims.

Employee Relations Division
Provides support and guidance related to Chapter A of the City's personnel policies and procedures. The division conducts workplace investigations related to discrimination, harassment, and retaliation. Provides guidance on personnel issues and disciplinary actions, and oversees the Drug and Alcohol testing for CDL drivers.

Employment Services Division
Assists applicants, employees, managers and executives in gaining access to and filling vacant positions with top talent by assessing workforce needs, engaging the community, managing programs and creating and maintaining City-wide procedures, tools and resources.

Municipal Civil Service Division
Administers the Municipal Civil Service (MCS) rules and serves as the liaison between the MCS Commission and the City. The MCS Commission hears appeals and makes final, binding decisions in the case of City employees who are denied a promotion, discharged, demoted, suspended or put on disciplinary probation.

Organizational Development Division
Champions organizational learning and employee engagement at the City of Austin through the delivery of diverse training programs. Ongoing development is provided through the Leadership Academies, such as the Lifelong Learning Academy, Supervisor Academy, Management Academy, and Executive Academy. SSPR training is also provided for managers.

Quality Assurance Division
Implements a broad framework of continuous quality initiatives aimed at evaluating human resources policies and procedures, the delivery of related services, and providing opportunities to either improve, enhance, or reengineer existing practices. The Americans with Disabilities Act Office resides under this division, and ensures all city services and programs are accessible to all people, including those with disabilities. This office assists with requests for reasonable accommodation, delivers compliance training for employees, and consults on disability-related issues citywide.

Records Division
Updates and maintains City-wide personnel files and provides employment verifications, personnel file review, and employee information updates. All subpoenas and public information requests requiring employee record documents are processed in this division. The division also assists departments in completing personnel actions.

Risk Management Division
Oversees programs designed to manage and transfer risk, prevent and control injuries, and provide supplemental benefits to employees when on the job injuries occur. The programs include workers compensation, wage continuation/ serious injury supplement/line of duty leave, insurance and risk management, and corporate safety.

Veterans Services Division
Provides support to City employees and their families who are in the National Guard and Reserve or are veterans. Support is provided before deployment, during deployment and during reintegration into the workplace.

For more information or assistance, please call the Human Resources Department at *512-974-3400*.

HRD HUMAN RESOURCES DEPARTMENT

Notes

CITY OF AUSTIN
FOUNDED 1839

HRD | HUMAN RESOURCES DEPARTMENT

2021 Benefits Guide

For Retirees and Surviving Dependents

Medical

Vision

Dental

Life Insurance

Wellness

Important Information for Retirees and Surviving Dependents

City of Austin retirees and surviving dependents of City retirees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time.

This Guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Keep this Guide to refer to during the 2021 Plan Year.

Your rights are governed by each Plan Instrument, which may be a Plan Document, evidence of coverage, or contract, and not by the information in this Guide. If there is a conflict between the provisions of the plan you select and this Guide, the terms of the plan govern. For detailed information about the plans, refer to each plan instrument or contact the vendor directly.

Table of Contents

Contact Information 2
Eligibility 4
Dependent Documentation 5
Persons Not Eligible 5
Coverage Information 6
Medical Plans 7
CDHP w/HRA 8
CDHP w/HRA Schedule of Benefits 10
PPO & HMO Schedule of Benefits 11
Medical Programs 15
Cost for Coverage 16
Retiree Medical Rates for 2021 18
Surviving Dependents Medical Rates for 2021 20
Vision Plan & Rates 21
Dental Plans 22
Dental Rates 24
Additional Benefits 25
Retiree Wellness Program 26
Important Benefits Information 29
- Summary of Benefits and Coverage 29
- ADA Compliance 29
- Governing Plan 29
- HIPPA 29
- Women's Health and Cancer Rights Act of 1998 30
- Patient Protection and Affordable Care Act 31
- Continuation of Coverage for Domestic Partners 31
- Surviving Dependent Coverage 31
- Your Prescription Drug Coverage and Medicare 32
- Premium Assistance Under Medicaid and CHIP 33

The City of Austin is committed to compliance with the Americans with Disabilities Act. Call the Human Resources Department at *512-974-3400* (voice) or *800-735-2989* (Relay Texas TTY number) for more information.

Contact Information

City of Austin
Human Resources Department
Employee Benefits Division

Benefits staff are available by phone or in person to discuss benefits questions. For your convenience, please make an appointment before visiting our office.

Phone Number: *512-974-3284*
Email: Benefits.HRD@austintexas.gov
Fax Number: *512-974-3420*

Office Hours: 7:30 a.m. to 5 p.m.
Office Location: 505 Barton Springs Road, Suite 600

Online Resources
To access benefits information, visit austintexas.gov/retirees.

You can also view eligibility requirements, plan choices, print the City's retiree benefits guide, and find information about the City's other benefits.

Scan the QR code below for easy access to the Retiree Benefits website.

BlueCross BlueShield
Medical Plans & BlueCare Dental PPO

Member Service Phone Number: *888-907-7880*
24/7 NurseLine Phone Number: *800-581-0368*

To view the prescription formulary, Explanation of Benefits, and print a temporary ID card, visit bcbstx.com/coa. To register, follow these steps:

1. Click ***Log in***.
2. Click ***Register Now***.
3. Follow the prompts to register.
4. Enter information from your ID card. If you do not have your ID card, you can call the Internet Help Desk at *888-907-7880.*

To find a medical provider, visit bcbstx.com/coa.
1. Under "Find a Doctor," click on ***View provider information***.
2. Under "Provider Finder," click on ***HMO Plan***, ***PPO Plan***, or ***HRA Plan***.
3. Click ***Browse by Category*** and select the type of medical care you are searching for: Medical Care, Urgent Care Center, or Behavioral Health.

To find a dental provider, visit bcbstx.com/coa.
1. Click on ***"Dental Benefits"*** tab.
2. Click on ***Select a Dentist***.
3. Select ***BlueCare Dental PPO***.
4. Select the criteria by which you want to search for an in-network dentist:
   - Search by Name
   - Search by Location
   - Search by County
   - Search by Center Name

Contact each benefits vendor directly for identification cards, claims, benefits, and coverage information.

Davis Vision
Vision Plan

Toll-Free Number: *888-445-2290*

To view benefits, locate a provider, and check claim status, visit davisvision.com. To register, follow these steps:

1. Click ***Members***.
2. Click ***Register new account***.
3. Enter information from your ID card.
4. Create a user name, password, and security question.
5. Click ***Register***.

For non-members, click on the ***Member*** link and enter **2481** for the Client Code.

Sun Life Financial DHMO Plan

Toll-Free Number: *800-443-2995*
Website: sunlife.com/onlineadvantage

To register, follow these steps:
1. Website: sunlife.com/account
2. Click on *New User?* Create an account.

City of Austin Employees' Retirement System (COAERS)

6836 Austin Center Blvd., Suite 190
Austin, TX 78731

Phone Number: *512-458-2551*
Fax Number: *512-458-5650*
Website: coaers.org

Austin Fire Fighters Relief and Retirement Fund (AFRS)

4101 Parkstone Heights Dr., Suite 270
Austin, TX 78746

Phone Number: *512-454-9567*
Fax Number: *512-453-7197*
Website: afrs.org

City of Austin Police Retirement System (PRS)

2520 South IH-35, Suite 100
Austin, TX 78704

Phone Number: *512-416-7672*
Fax Number: *512-416-7138*
Website: ausprs.org

Austin Deferred Compensation Plan
457 Plan (Empower Retirement)

Toll-Free Number: *866-613-6189*
Email: dcaustin@empower-retirement.com

To view and manage your account, visit dcaustin.com. To enroll, click ***Register***.

Eligibility

As a City retiree, you are eligible to enroll in medical, dental, and vision coverage. Retirees may also elect to enroll their eligible dependents. Below is a list of eligible dependents. Each of these individuals may or may not be your dependent for federal tax purposes. That determination depends on federal law.

Eligible Dependents

- **Spouse:** Your legally married spouse.
- **Domestic Partner:** The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a City retiree if, under Texas law, the individual would not be prevented from marrying the retiree on account of age, consanguinity, or prior undissolved marriage to another person. A domestic partner may be of the same or opposite gender as the retiree.
- **Children:** Your biological children, stepchildren, legally adopted children, children for whom you have obtained court-ordered guardianship or conservatorship, qualified children placed pending adoption, and children of your domestic partner, if you also cover your domestic partner for the same benefit. Your children must be under 26 years of age.
- **Dependent Grandchildren:** Your unmarried grandchild must meet the requirements listed above, and must also qualify as a dependent (as defined by the Internal Revenue Service) on your or your spouse's federal income tax return.
- **Disabled Children:** To continue City coverage for an eligible dependent past the age 26, the child must be covered as a dependent at the time, unmarried, and must also meet the following definitions:
  - ❖ A disabled child must rely on you for more than 50 percent of support.
  - ❖ A child is considered disabled if they are incapable of earning a living at the time the child would otherwise cease to be a dependent and depend on you for principal support and maintenance, due to a mental or physical disability.
  - ❖ A disabled child continues to be considered an eligible dependent as long as the child remains incapacitated and dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the time they otherwise would lose dependent status.
  - ❖ A dependent child who loses eligibility and later becomes disabled is not eligible for coverage. A disabled child who was not covered as a dependent immediately prior to the time the child would otherwise cease to be a dependent is not eligible for coverage.
  - ❖ A disabled child must be covered continuously on the medical and dental plans. If coverage is dropped, the disabled child will not be allowed to re-enroll.

Eligible surviving dependents of a City retiree may enroll in medical, dental, and vision coverage. Domestic partners and children of domestic partners are eligible for Continuation of Coverage of Domestic Partners only.

Covering dependents who are not eligible for the City's insurance programs unfairly raises costs for the City, as well as for all participants in the programs.

Dependent Documentation

If you are adding a dependent under any of the City's benefits programs, you must provide documentation that supports your relationship to the dependent. **Social Security Numbers** must be provided for all eligible dependents.

Acceptable documents are listed below for the following dependents:

- **Spouse:** A marriage certificate which has been recorded as provided by law.
- **Domestic Partner:** A Domestic Partnership Affidavit and Agreement form signed by the retiree and domestic partner. Also a Domestic Partnership Tax Dependent Status Form signed by the retiree.
- **Child:** A certified birth certificate, complimentary hospital birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship, or qualified medical child support order or the subject of an Administrative Writ.
- **Child of a Domestic Partner:** The documentation listed above must also be provided and the domestic partner must be covered for the same benefit in order to cover a child of a domestic partner.
- **Stepchild:** The documentation listed above must also be provided and a marriage certificate or declaration of informal marriage indicating the marriage of the child's parent and stepparent.
- **Dependent Grandchild:** The documentation listed above must also be provided and a marriage certificate or declaration of informal marriage that supports the relationship between you and your grandchild.
- **Disabled Child:** A completed Dependent Eligibility Questionnaire verifying an ongoing total disability, including written documentation from a physician verifying an ongoing total disability.
- **Qualified Child Pending Adoption:** For children already placed in your home, an agreement executed between you and a licensed child-placing agency or the Texas Department of Family and Protective Services (TDFPS), which meets the requirements listed in Dependent Eligibility.

Persons Not Eligible

Dependents do not include:

- Individuals on active duty in any branch of military service (except to the extent and for the period required by law).
- Permanent residents of a country other than the United States.
- Parents, grandparents, or other ancestors.
- Grandchildren who do not meet the definition of dependent grandchildren and who are not claimed on your or your spouse's federal tax return.

An individual is not eligible to be covered:

- As both a City employee and a City retiree, for the same benefit.
- As both a City employee or City retiree and as a dependent of a City employee or City retiree, for the same benefit.
- As a dependent of more than one City employee or City retiree, for the same benefit.

Coverage Information

Changing your Benefits Coverage

To change your benefits coverage, you must call the Employee Benefits Division to schedule an appointment. You can request changes to your benefits:

- Within 31 days of a Qualifying Life Event.
- Within 31 days of the date you initially become eligible.
- If you are enrolled in the HMO and move outside the plan's service area.
- If you are enrolled in Sun Life Financial and move where there are no providers in your service area.

If you miss the deadlines listed above, you must wait until the next Open Enrollment. To drop coverage for your dependents who no longer meet eligibility requirements, you must call the Employee Benefits Division to schedule an appointment to complete a Benefits Enrollment Form.

Benefits Enrollment for Surviving Dependents

To be covered, the dependent must have been enrolled in a City-sponsored plan at the time of the retiree's death. As a surviving dependent, you are eligible for medical, dental, and vision benefits. If at any time you cancel all benefits, you cannot re-enroll in surviving dependent benefits.

Qualifying Life Events

You can add, drop, or change coverage for yourself and your dependents when you experience a Qualifying Life Event such as: marriage, divorce, birth, adoption of a child, death of a dependent, establishing a committed living arrangement as domestic partners, dissolution of domestic partnership, loss or gain of other coverage, or change in employment. You must call the Employee Benefits Division within 31 days of the Qualifying Life Event to schedule an appointment to complete a Benefits Enrollment Form.

In the case of a newborn dependent, your newborn is temporarily covered for medical for 31 days. After 31 days, if you do not complete a Benefits Enrollment Form and pay any required premiums to add your newborn, your newborn will no longer have coverage even if you have Retiree and Children or Family coverage.

Retiree Coverage Ending Dates

Coverage for you and your dependents will end on the last day of the month if:

- You fail to pay any required premium.
- The City ceases to offer coverage to retirees.
- The plan in question is terminated.
- The coverage in question ended or is reduced.
- You voluntarily drop your or your dependent's coverage.
- You or your dependents no longer meet eligibility requirements.

Surviving Dependent Coverage End Dates

Coverage for you and your dependents will end on the last day of the month if:

- You fail to pay any required premium.
- You remarry. (Only applies to retiree's surviving spouse).
- You are covered under another group plan, except for Medicare.
- The City ceases to offer coverage to surviving dependents.
- The plan in question is terminated.
- The coverage in question ended or is reduced.
- You voluntarily drop your or your dependent's coverage.
- You or your dependents no longer meet eligibility requirements.

Canceling Coverage

You may cancel medical coverage for yourself and your dependents, at any time during the calendar year. However, you may not drop dental or vision coverage during the calendar year unless it corresponds with a Qualifying Life Event.

Exception: If you are covered by Sun Life Financial, and you move where there are no plan providers in your service area, you may switch to the BlueCare Dental PPO or drop coverage.

Medicare Eligibility Requirements

A retiree, spouse/domestic partner, or surviving spouse eligible for Medicare due to age must enroll in Medicare Parts A and B. When you or your covered spouse/domestic partner are enrolled in Medicare, Medicare is considered primary and will pay benefits before the City's sponsored medical plan you have selected considers payment for covered services.

If the Medicare-eligible retiree, spouse/domestic partner, or surviving spouse does not enroll in Medicare Parts A and B, benefits will be reduced to the amount that would have been payable if Medicare was considered primary.

The City's medical plan includes prescription drug coverage. You do not need to enroll in Medicare Part D. For information about Medicare Part D, refer to "Your Prescription Drug Coverage and Medicare" under "Important Benefits Information" in this Guide.

Coordination of Benefits

Is a group health insurance policy provision that determines which coverage will apply (primary or secondary) when an individual is covered under more than one plan. In most cases, medical coverage offered through the City is considered primary for you while you are under age 65. If you or your dependents have other coverage, refer to the appropriate plan document for information about Coordination of Benefits.

Medical Plans

As a retiree, you may choose the medical plan that best meets your needs. Provider and prescription information is available online at bcbstx.com/coa.

BlueCross BlueShield of Texas

Things to consider when choosing a medical plan:

- Premium costs for dependent coverage.
- Amount of copays.
- Amount of out-of-pocket expenses.
- Future expenses and the predictability of inpatient hospital expenses.
- Freedom to not designate a Primary Care Physician.
- Freedom to seek services from a Specialist without a referral.

For treatment before your ID card arrives

You will need to pay for the services out-of-pocket, then submit a claim form and your receipt to BlueCross BlueShield.

If you are enrolled in the HMO, you must use the Primary Care Physician you designated.

CDHP w/HRA

CDHP w/HRA is the Consumer Driven Health Plan with a Health Reimbursement Account. Like the PPO and HMO medical plans, the CDHP w/HRA is administered by BlueCross BlueShield. The same network of doctors and facilities as those on the PPO are available. Despite these similarities, the plan works differently. Read on to see if the CDHP w/HRA plan is right for you.

Plan Features

- Retiree Only in-network deductible is $1,500. For Retiree with Dependent coverage, the deductible is $3,000.
- Retiree Only in-network, out-of-pocket maximum is $5,000. For Retiree with Dependent coverage, the out-of-pocket maximum is $6,850.
- Out-of-network coverage is available at higher deductibles, coinsurance and maximum out-of-pocket charges.
- The City will contribute money into your HRA account on an annual basis based on your years of service.

City annual contributions to the HRA

Years of Service	Retiree Only	Retiree & Dependent
Less than 5	$ 100	$ 200
5 through 9	$ 200	$ 400
10 through 14	$ 300	$ 600
15 through 19	$ 400	$ 800
20 or more	$ 500	$1,000

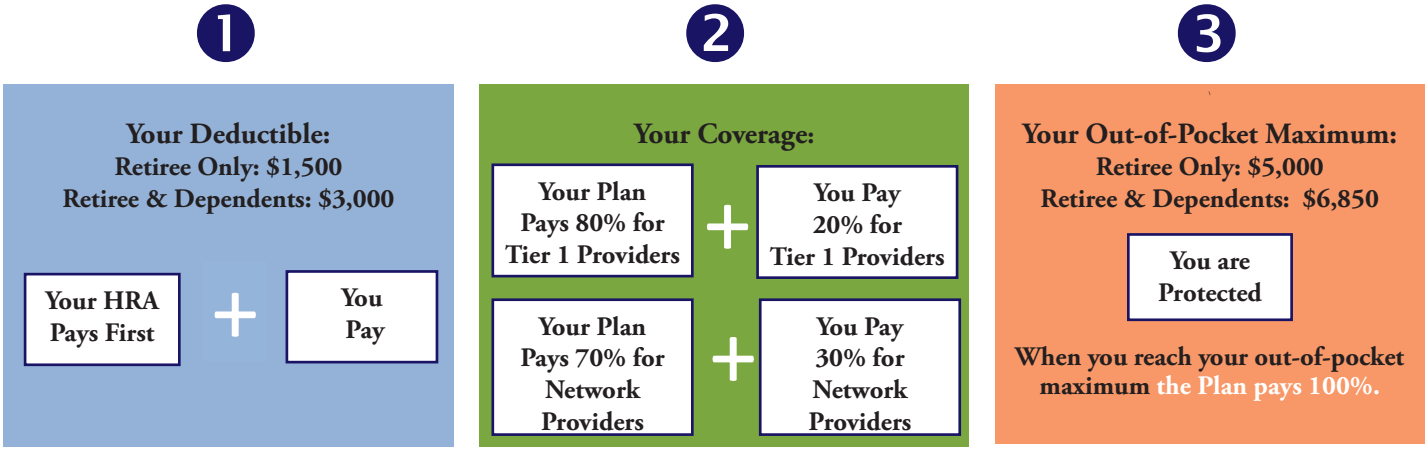
How the CDHP w/HRA Works

Before enrolling in the CDHP w/HRA, it is important to understand how the plan works. Here are a few things to know about this plan:

- Preventive services mandated by the Affordable Care Act (ACA) continue to be covered at 100 percent.
- You must meet your calendar year deductible for medical services before the plan pays for any covered services (except for preventive services).
- Once you meet your calendar year deductible, the plan will pay 80 percent of Tier 1 providers covered services and 70 percent for Network providers covered services.
- Once you meet your calendar year out-of-pocket maximum, the plan will pay 100 percent for all in-network covered services and prescriptions for the remainder of the calendar year.
- The CDHP w/HRA includes three prescription formularies:
  - ❖ ACA Preventive Drug List – The plan pays 100 percent, no deductible.
  - ❖ CDHP w/HSA Preventive Drug List – The plan will pay 80 percent, no deductible. The list of expanded preventive medications can be found on the Retiree Benefits website at austintexas.gov/retirees.
  - ❖ Basic Drug List (Tier 1, 2, & 3 Drugs) – The plan will pay 80 percent after you meet your deductible.

The City funds a Health Reimbursement Account (HRA) for you. An HRA is an account that helps pay for eligible health care expenses, including those that may apply to your annual deductible.

Even though the money in the HRA is City money, think of it as yours. By doing so, you'll realize that spending your HRA wisely can help you save. As long as you have money in your HRA, that's less you pay out of your pocket for health care expenses. HRA money does not rollover each year.



Preventive care is covered at 100% in Blue Choice PPO network.

1. Your Deductible.
Your HRA pays first. When you have an eligible expense, like a doctor visit, the entire cost of the visit will apply to your deductible. The HRA will pay for all of your eligible expenses first, up to the amount contributed by the City. This means you won't have to pay anything until the money in the HRA is spent.

If you spend all of the HRA money, you will need to pay out of pocket. You will need to pay the full cost of your health care expenses until the deductible is met.

2. Your Coverage.
Your plan pays a percentage of your expenses after the deductible is met. The plan will pay 80 percent of each eligible expense and you pay 20 percent for Tier 1 Providers. The plan will pay 70 percent of eligible expenses and you pay 30 percent for Network Providers.

3. Your Out-of-Pocket Maximum.
You are protected from major expenses. The out-of-pocket maximum amount is the most you have to pay each year for covered services. The out-of-pocket maximum for the CDHP w/HRA plan is $5,000 for Retiree Only coverage. For Retiree with Dependent coverage, the out-of-pocket maximum is $6,850. The plan will then pay 100 percent of all remaining in-network covered expenses, including prescriptions, for the rest of the plan year. Your deductible and coinsurance will go toward your out-of-pocket maximums.

CDHP w/HRA Schedule of Benefits

Preventive services include annual physical, colonoscopy, mammogram, well woman exam, and well baby check. To find the CDHP w/HSA Preventive Drug List visit austintexas.gov/retirees.

Medical Benefits	CDHP (BlueChoice PPO)		Out-of-Network
	Tier 1 Providers	Network Providers	
Deductible	$1,500 - Retiree Only $3,000 - Retiree & Dependents		$3,000 - Retiree Only $6,000 - Retiree & Dependents
Preventive Services	Plan pays 100%.		Plan pays 60% after deductible.
Eligible Covered Services & Facilities	Plan pays 80% after deductible.	Plan pays 70% after deductible.	Plan pays 60% after deductible.
Out-of-Pocket Calendar Year Maximum	$5,000 - Retiree Only $6,850 - Retiree & Dependents		$10,000 - Retiree Only $20,000 - Retiree & Dependents
Primary Care Physician (PCP)	PCP selection is not required.		
Referrals Required	No. A referral is not required to seek services from a Specialist.		
Virtual Visit Copay	Approximately $49 for general health, $100 per session for therapy counseling, and $175 per session for psychiatry.		Not applicable.

Tier 1 Providers – Providers designated as providing higher quality of care and cost efficiency.

CDHP Vision Benefits

Routine Vision Eye Exam	CDHP (Blue Choice PPO)	Out-of-Network
Optometrists	Plan pays 80% after deductible.	Plan pays 60% after deductible.
Ophthalmologists	Plan pays 80% after deductible.	Plan pays 60% after deductible.
Frames, Standard Lenses, and Contact Lenses	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.

CDHP Pharmacy Benefits

Plan Features (In-Network)	CDHP (Blue Choice PPO)
Affordable Care Act (ACA) Preventive Drug List	Plan pays 100% no deductible.
CDHP w/HSA Preventive Drug List	Plan pays 80% no deductible.
Basic Drug List - Tier 1, 2 & 3	Plan pays 80% after deductible.
90-Day Supply - Mail Order	Plan pays 80% after deductible.

Pharmacy drugs covered can be found at: bcbstx.com/coa.

PPO & HMO Schedule of Benefits

	PPO (Blue Choice PPO)		HMO (Blue Essentials)	
	Tier 1 Providers	**Network Providers**	**Tier 1 Providers**	**Network Providers**
Individual Deductible	$500 per covered person.		None.	
Family Deductible Maximum	Three individual deductibles.		None.	
Out-of-Pocket Maximum	$4,000 per covered person or $12,700 per family, per calender year.		$4,500 per covered person or $8,000 per family, per calender year.	
Provider Selection	Members **may** select Tier 1, Network, or Out-of-Network Providers.		Members **must** select Tier 1 or Network Providers. Referrals are required from your PCP to seek services outside of your PCP including Specialists. No benefits coverage without a referral.	
Primary Care Physician (PCP)	PCP selection is not required.		PCP selection is required. If a PCP is not selected, one will be assigned. You **will be** required to seek services from the assigned PCP. To change your PCP, call BlueCross BlueShield. You may change your PCP on a monthly basis. The change is effective the first day of the following month.	
Referrals Required	No. A referral is not required to seek services from a Specialist.		Yes. A referral is required to seek services from a Specialist. No benefits coverage without a referral.	
Residency Requirements	None.		**Must** receive services in Bastrop, Blanco, Burnet, Caldwell, Hays, Travis, or Williamson counties. No benefits coverage outside of this area.	
Out-of-Network Benefits	$1,500 deductible per covered person. Plan pays 60%, up to maximum allowable charge. Out-of-network benefits are subject to network benefit plan limits, pre-approval, and pre-notification requirements. Outpatient Surgery and Inpatient Admissions are subject to a $250 per day facility fee.		None, except in case of a medical emergency.	

PPO & HMO Schedule of Benefits

	PPO (Blue Choice PPO)		HMO (Blue Essentials)	
	Tier 1 Providers	**Network Providers**	**Tier 1 Providers**	**Network Providers**
Preventive Exams	Plan pays 100%.		Plan pays 100%.	
Virtual Visit Copay	$10		$10	
Office Visit Copay Primary Care Specialist	$10 $25	$25 $45	$10 $35	$25 $55
Convenience Care Clinics Copay	$25		$25	
Urgent Care Copay	$35		$45	
Emergency Room Copay	$200		$250	
Ambulance Services	Plan pays 80% after deductible.		$200 copay.	
Outpatient Surgery	Plan pays 80% after deductible.	Plan pays 70% after deductible.	$750 copay.	$1,000 copay.
Inpatient Admission	Plan pays 80% after deductible.	Plan pays 70% after deductible and $250 copay.	$1,500 copay.	$2,500 copay.
Allergy Services	Plan pays 100%.		Plan pays 50%.	
Immunizations	Plan pays 100%. Office visit copays may apply.		Plan pays 100%. Office visit copays may apply.	
Physical, Speech and Occupational Therapy Registered Dietitian Chiropractic Care Copay (20 visit limit)	$35		$45	
Acupuncture Copay (12 visit limit)	$35		Not covered.	
CT, MRI, PET Scans Copay	$100		$150	
Mental Health Care Outpatient Copay	$10		$10	
Durable Medical Equipment	Plan pays 80% after deductible.		Plan pays 100%.	
Disposable Medical Supplies Prosthetic-Orthotic Devices	Plan pays 80% after deductible.		Plan pays 80%.	
Insulin Pumps and Related Supplies	$100 copay.		$150 copay.	
Hearing Aids	Not covered.		One pair every 48 months.	
Other Covered Medical Expenses	Refer to your Medical Plan Document or contact BlueCross BlueShield.			

PPO & HMO Vision Benefits

Routine Vision Exam	PPO (Blue Choice PPO)	HMO (Blue Essentials)
Optometrists	$25	$25
Ophthalmologists	$35	$45
Frames, Standard Lenses, and Contact Lenses	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.	Not covered. For discounts, visit Blue365 at blue365deals.com/bcbstx.

PPO & HMO Pharmacy Benefits

Plan Features (In-Network)	PPO (Blue Choice PPO)	HMO (Blue Essentials)
Affordable Care Act (ACA) Preventive Drugs	Plan Pays 100%.	Plan Pays 100%.
Deductible	$50 annual deductible applies to Tier 2 and Tier 3 drugs.	$50 annual deductible applies to Tier 2 and Tier 3 drugs.
Basic Drug List - Tier 1 (Generic)	$10 copay.	$10 copay.
Basic Drug List - Tier 2 (Preferred)	Tier 2: **$30** or 20% of cost (up to **$60**).	Tier 2: **$35** or 20% of cost (up to **$70**).
Basic Drug List - Tier 3 (Non-preferred)	Tier 3: **$50** or 20% of cost (up to **$100**).	Tier 3: **$55** or 20% of cost (up to **$110**).
90-Day Supply - Mail Order	**2 x's** Tier 1, 2, or 3 copay.	**3 x's** Tier 1, 2, or 3 copay.

Applies to the CDHP w/HRA, HMO, and PPO

Diabetic Supplies	
Retail	Supplies are covered at participating pharmacies.
Mail Order	Copays for insulin needles/syringes and/or diabetic supplies are waived when dispensed on the same day as your insulin and oral agents, but only when the insulin or oral agent is dispensed first.

Diabetes Program/Drugs

A participant can receive approved diabetes medication and testing supplies for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the HealthyConnections Diabetes Program.

Tobacco Cessation Program/Drugs

A participant can receive FDA-approved tobacco-cessation drugs for free, if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the HealthyConnections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician. This applies to select prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.

Using Mail Order

To begin mail order:

- Have your doctor write a prescription for a 90-day supply of your medication (ask for three refills).
- Complete the mail order form and attach your prescription.
- Provide a check or credit card information.
- Within 10 days, your prescription will be delivered to you, postage paid.

If your doctor allows you to take a generic drug, this should be indicated on the prescription. Three weeks before your mail order supply runs out, you will need to request a refill.

Your cost:

- **CDHP w/HRA** participants will pay 20 percent of the cost once the in-network deductible is met. Your HRA will pay first. If the prescription is for a preventive care medication listed on the CDHP w/HSA Preventive Drug List, no deductible is required and you will only pay 20 percent of the cost.
- **PPO** participants receive 90 days of medication for ***two*** copays/coinsurance.
- **HMO** participants receive 90 days of medication for ***three*** copays/coinsurance.

For additional information, visit bcbstx.com or call BlueCross BlueShield at *888-907-7880.*

Diabetic Bundling – What Your Medical Plan Does for You

A participant's insulin/non-insulin medication and related diabetic supplies can be purchased through mail order for the cost of the insulin/non-insulin if prescriptions for the insulin/non-insulin and supplies are submitted at the same time.

- **CDHP w/HRA** participants will pay 20 percent of the cost once the in-network deductible is met. Your HRA will pay first.
- **PPO** participants will pay ***two*** copays/coinsurance for a 90-day prescription.
- **HMO** participants will pay ***three*** copays/coinsurance for a 90-day prescription.

Enroll in the Diabetes Program to receive select Tier 1 diabetes medication and supplies at no cost. This benefit is available to all participants 18 years of age and older enrolled in a City medical plan. See the "Wellness" section of this Guide for details.

HEB Prescription Delivery Service

Free prescription delivery is available to your home in the following Texas areas: Austin, San Antonio, Waco, Houston, Corpus Christi, and Border areas within 10 miles of an HEB store.

How does it work?

- Call your HEB Pharmacy and ask for prescription delivery.
- Pay the applicable prescription copay/coinsurance by a credit card, debit card, or your HRA.
- Have someone 18 years or older at home to sign for the delivery.
- Provides delivery of prescriptions filled Monday—Friday by 4 p.m. except for major holidays.
- Delivers medications as late as 8 p.m.

For more information, call your local HEB Pharmacy.

Medical Programs

Cancer Services – Specialized cancer nurses offer needed support to participants throughout cancer treatment, recovery, and at end of life to assist with treatment decisions and improve a participant's health care experience. Experienced, caring cancer nurses from the cancer support program are available to support participants in several ways. They can:

- Find the right doctor for you.
- Explore your treatment options.
- Work with your doctors to make sure all your questions are answered.
- Help you manage symptoms and side effects.
- Talk to your spouse, family, children, and employer.
- Keep your doctors informed about how you're feeling.

Comprehensive Kidney Disease – Specialized nurses offer education, motivation, and reinforcement to ensure integration with other programs. BlueCross BlueShield offers access to the top-performing centers through their network of preferred dialysis centers. You'll also receive ongoing clinical expertise and help from specialized nurses who can help you:

- Understand your treatment options.
- Manage your symptoms and side effects.
- Work with your doctor and ask the right questions.
- Assist with other health concerns, such as high blood pressure, anemia, or nutrition.

24/7 NurseLine Services – Coping with health concerns on your own can be tough. With so many choices, it can be hard to know whom to trust for information and support. 24/7 NurseLine services were designed specifically to help you get more involved in your own health care, and to make your health decisions simple and convenient. They will provide you with:

- Immediate answers to your health questions any time, anywhere - 24 hours a day, 7 days a week.
- Access to experienced registered nurses.
- Trusted, physician-approved information to guide your health care decisions.

When you call, a registered nurse can:

- Discuss your options for the right medical care.
- Help you understand treatment options.
- Answer medication questions.
- Assist in guiding you to the correct treatment facility (i.e., Urgent Care, Emergency Room, etc.).

Call 24/7 NurseLine services any time for health information and support – at no additional cost. Registered nurses are available any time, day or night. Call NurseLine services at *800-581-0368*.

Virtual Visits

Talk to a board-certified physician for both general health and behavioral health conditions from the comfort of your home or work. There's no driving, no crowded waiting rooms, and it's available 24 hours a day, 7 days a week. Common services treated include, cold/flu, allergies, asthma, sinus/ear infections, and pink eye. Behavioral health services include, online counseling, child behavior/learning issues, and stress management.

For the PPO and HMO Plan, virtual visits are a $10 copay for general or behavioral health. For the CDHP Plan, virtual visits are approximately $49 for general health, $100 per session for therapy counseling, and $175 per session for psychiatry.

Log in to bcbstx.com/coa or download the BCBSTX app on your smartphone to access Virtual Visits powered by MDLIVE. You will need your BlueCross BlueShield medical ID number and your banking/credit card information readily available to charge your copay.

For more information about any of these programs, call BlueCross BlueShield at *888-907-7880*.

Cost for Coverage

Retirees

The amount you pay for medical coverage is based on the following:

- Creditable years of service with the City.
- Level of coverage (i.e., retiree only, retiree and spouse, retiree and children, etc.).
- Medicare eligibility.
- Disability retirement.

Surviving Dependents

The amount you pay for surviving dependent medical coverage is based on the following:

- City established rates for surviving dependent medical coverage.
- The retiree's creditable years of service with the City.
- Medicare eligibility. (Applies only to the retiree's spouse).

Years of Service for Retiree and Surviving Dependents – Your cost of coverage is determined by continuous years of employment with the City of Austin or creditable years of service, whichever is greater. Years of creditable service are determined by the retirement system and include military or City retirement system buybacks or City-purchased service credit. If any contributions were withdrawn from the retirement system prior to retirement, the creditable service will not include any years for which contributions were withdrawn. Also, years of creditable service will not include any years of employment accrued with an employer, other than the City.

Disability Retirement for Retirees – If you were approved for disability retirement by the retirement system, your cost of medical coverage will be based on 20 years of service.

Medicare Rates – Apply only when Medicare Parts A and B are in effect and a copy of the Medicare card is provided to the Employee Benefits Division. See "Medical Rates" section of this Guide.

Provide a copy of your Medicare card to the Employee Benefits Division two months prior to you or your spouse/domestic partner turning 65 years old.

Premium Payments

Premium payments for coverage will be deducted automatically from the check you receive from the retirement system. If the monthly retirement check is not enough to pay for coverage selections, you must make arrangements with the Employee Benefits Division at *512-974-3284* to pay the premium. Payment coupons will be provided and must be returned with the payment. Payments must be made on a monthly basis and are due on the first day of the month of coverage. If payment is not received within the required timeline, coverage will be terminated.

Premium Deduction Errors

Data Entry Error/Delay

If a data entry error occurs or if data entry is delayed, it will not invalidate the coverage reflected on your enrollment form. Upon discovery, an adjustment will be made to reflect the correct premium deduction. If underpayment of premium occurs, the City has the right to collect any additional premium owed by you. Conversely, if overpayment occurs, the City will reimburse you any amount overpaid, up to a maximum of one month of premiums.

Enrollment Form Errors

It is your responsibility to ensure that information on your enrollment form is correct. If a premium deduction error occurs, you must notify the Employee Benefits Division immediately. If an overpayment occurs due to an error you made when completing your enrollment form, the City will reimburse you up to a maximum of one month of premiums. Conversely, if underpayment occurs due to an error you made on your enrollment form, the City has the right to collect any additional premium owed.

Retiree Medical Rates for 2021

"With Medicare" rates apply only when the covered persons have both Medicare Parts A and B. If a retiree or spouse/domestic partner is eligible for Medicare due to age, the retiree or spouse/domestic partner must enroll in both Parts A and B and provide a copy of your Medicare card to the Employee Benefits Division.

The rates shown below are monthly rates for the medical plans.

	Years of Service	CDHP w/HRA	PPO	HMO
Retiree without Medicare	Less than 5	$ 760.83 (2A1)	$ 807.30 (8A1)	$ 817.30 (9A1)
	5 through 9	$ 676.29 (2A2)	$ 730.18 (8A2)	$ 740.18 (9A2)
	10 through 14	$ 507.22 (2A3)	$ 576.00 (8A3)	$ 586.00 (9A3)
	15 through 19	$ 338.15 (2A4)	$ 421.75 (8A4)	$ 431.75 (9A4)
	20 or more	$ 169.07 (2A5)	$ 190.43 (8A5)	$ 200.43 (9A5)
Retiree with Medicare	Less than 5	$ 389.18 (2B1)	$ 428.64 (8B1)	$ 428.64 (9B1)
	5 through 9	$ 345.94 (2B2)	$ 387.70 (8B2)	$ 387.70 (9B2)
	10 through 14	$ 259.45 (2B3)	$ 305.83 (8B3)	$ 305.83 (9B3)
	15 through 19	$ 172.97 (2B4)	$ 223.93 (8B4)	$ 223.93 (9B4)
	20 or more	$ 86.48 (2B5)	$ 101.11 (8B5)	$ 101.11 (9B5)
Retiree and Spouse/ Domestic Partner, both without Medicare	Less than 5	$1,369.53 (2C1/6)	$1,624.81 (8C1/6)	$1,634.81 (9C1/6)
	5 through 9	$1,251.18 (2C2/7)	$1,502.17 (8C2/7)	$1,512.17 (9C2/7)
	10 through 14	$1,048.29 (2C3/8)	$1,256.91 (8C3/8)	$1,266.91 (9C3/8)
	15 through 19	$ 811.58 (2C4/9)	$1,011.60 (8C4/9)	$1,021.60 (9C4/9)
	20 or more	$ 507.24 (2C5/0)	$ 643.68 (8C5/0)	$ 653.68 (9C5/0)
Retiree and Spouse/ Domestic Partner, both with Medicare	Less than 5	$ 896.36 (2D1/6)	$1,059.49 (8D1/6)	$1,059.49 (9D1/6)
	5 through 9	$ 824.94 (2D2/7)	$ 983.82 (8D2/7)	$ 983.82 (9D2/7)
	10 through 14	$ 710.28 (2D3/8)	$ 832.50 (8D3/8)	$ 832.50 (9D3/8)
	15 through 19	$ 567.45 (2D4/9)	$ 681.15 (8D4/9)	$ 681.15 (9D4/9)
	20 or more	$ 368.25 (2D5/0)	$ 454.12 (8D5/0)	$ 454.12 (9D5/0)
Retiree without Medicare and Spouse/ Domestic Partner with Medicare	Less than 5	$1,268.02 (2E1/6)	$1,438.16 (8E1/6)	$1,448.16 (9E1/6)
	5 through 9	$1,155.30 (2E2/7)	$1,326.31 (8E2/7)	$1,336.31 (9E2/7)
	10 through 14	$ 958.05 (2E3/8)	$1,102.67 (8E3/8)	$1,112.67 (9E3/8)
	15 through 19	$ 732.62 (2E4/9)	$ 878.96 (8E4/9)	$ 888.96 (9E4/9)
	20 or more	$ 450.84 (2E5/0)	$ 543.45 (8E5/0)	$ 553.45 (9E5/0)
Retiree with Medicare and Spouse/ Domestic Partner without Medicare	Less than 5	$ 957.00 (2F1/6)	$1,142.00 (8F1/6)	$1,142.00 (9F1/6)
	5 through 9	$ 882.21 (2F2/7)	$1,061.34 (8F2/7)	$1,061.34 (9F2/7)
	10 through 14	$ 764.18 (2F3/8)	$ 899.99 (8F3/8)	$ 899.99 (9F3/8)
	15 through 19	$ 614.61 (2F4/9)	$ 738.64 (8F4/9)	$ 738.64 (9F4/9)
	20 or more	$ 401.94 (2F5/0)	$ 496.61 (8F5/0)	$ 496.61 (9F5/0)
Retiree with Medicare and Children	Less than 5	$ 694.44 (2G1)	$ 784.95 (8G1)	$ 784.95 (9G1)
	5 through 9	$ 634.24 (2G2)	$ 724.23 (8G2)	$ 724.23 (9G2)
	10 through 14	$ 530.79 (2G3)	$ 602.81 (8G3)	$ 602.81 (9G3)
	15 through 19	$ 410.39 (2G4)	$ 481.34 (8G4)	$ 481.34 (9G4)
	20 or more	$ 256.07 (2G5)	$ 299.20 (8G5)	$ 299.20 (9G5)

Retiree Medical Rates for 2021

	Years of Service	CDHP w/HRA	PPO	HMO
Retiree without Medicare and Children	Less than 5	$1,065.19 (2H1)	$1,216.19 (8H1)	$1,226.19 (9H1)
	5 through 9	$ 963.74 (2H2)	$1,116.36 (8H2)	$1,126.36 (9H2)
	10 through 14	$ 777.76 (2H3)	$ 916.81 (8H3)	$ 926.81 (9H3)
	15 through 19	$ 574.87 (2H4)	$ 717.14 (8H4)	$ 727.14 (9H4)
	20 or more	$ 338.16 (2H5)	$ 417.75 (8H5)	$ 427.75 (9H5)
Retiree and Spouse/ Domestic Partner, both without Medicare and Family	Less than 5	$1,673.89 (2I1/6)	$2,033.70 (8I1/6)	$2,043.70 (9I1/6)
	5 through 9	$1,538.63 (2I2/7)	$1,888.35 (8I2/7)	$1,898.35 (9I2/7)
	10 through 14	$1,318.83 (2I3/8)	$1,597.71 (8I3/8)	$1,607.71 (9I3/8)
	15 through 19	$1,048.30 (2I4/9)	$1,306.99 (8I4/9)	$1,316.99 (9I4/9)
	20 or more	$ 676.33 (2I5/0)	$ 871.00 (8I5/0)	$ 881.00 (9I5/0)
Retiree without Medicare and Spouse/ Domestic Partner with Medicare and Family	Less than 5	$1,572.37 (2J1/6)	$1,847.04 (8J1/6)	$1,857.04 (9J1/6)
	5 through 9	$1,442.75 (2J2/7)	$1,712.49 (8J2/7)	$1,722.49 (9J2/7)
	10 through 14	$1,228.59 (2J3/8)	$1,443.48 (8J3/8)	$1,453.48 (9J3/8)
	15 through 19	$ 969.35 (2J4/9)	$1,174.35 (8J4/9)	$1,184.35 (9J4/9)
	20 or more	$ 619.93 (2J5/0)	$ 770.77 (8J5/0)	$ 780.77 (9J5/0)
Retiree with Medicare and Spouse/Domestic Partner without Medicare and Family	Less than 5	$1,262.26 (2K1/6)	$1,498.31 (8K1/6)	$1,498.31 (9K1/6)
	5 through 9	$1,170.51 (2K2/7)	$1,397.87 (8K2/7)	$1,397.87 (9K2/7)
	10 through 14	$1,035.52 (2K3/8)	$1,196.97 (8K3/8)	$1,196.97 (9K3/8)
	15 through 19	$ 852.03 (2K4/9)	$ 996.05 (8K4/9)	$ 996.05 (9K4/9)
	20 or more	$ 571.53 (2K5/0)	$ 694.71 (8K5/0)	$ 694.71 (9K5/0)
Retiree and Spouse/ Domestic Partner, both with Medicare and Family	Less than 5	$1,201.62 (2L1/6)	$1,415.81 (8L1/6)	$1,415.81 (9L1/6)
	5 through 9	$1,113.24 (2L2/7)	$1,320.35 (8L2/7)	$1,320.35 (9L2/7)
	10 through 14	$ 981.62 (2L3/8)	$1,129.48 (8L3/8)	$1,129.48 (9L3/8)
	15 through 19	$ 804.87 (2L4/9)	$ 938.56 (8L4/9)	$ 938.56 (9L4/9)
	20 or more	$ 537.84 (2L5/0)	$ 652.21 (8L5/0)	$ 652.21 (9L5/0)

Surviving Dependents Medical Rates for 2021

	Years of Service	CDHP w/HRA	PPO	HMO
Surviving Spouse without Medicare	Less than 5	$ 760.83 (2Y1)	$ 816.32 (8Y1)	$ 826.32 (9Y1)
	5 through 9	$ 676.29 (2Y2)	$ 743.67 (8Y2)	$ 753.67 (9Y2)
	10 through 14	$ 507.22 (2Y3)	$ 598.48 (8Y3)	$ 608.48 (9Y3)
	15 through 19	$ 338.15 (2Y4)	$ 453.29 (8Y4)	$ 463.29 (9Y4)
	20 or more	$ 169.07 (2Y5	$ 235.54 (8Y5)	$ 245.54 (9Y5)
Surviving Spouse with Medicare	Less than 5	$ 389.18 (2Z1)	$ 439.68 (8Z1)	$ 439.68 (9Z1)
	5 through 9	$ 345.94 (2Z2)	$ 404.26 (8Z2)	$ 404.26 (9Z2)
	10 through 14	$ 259.45 (2Z3)	$ 333.47 (8Z3)	$ 333.47 (9Z3)
	15 through 19	$ 172.97 (2Z4)	$ 262.61 (8Z4)	$ 262.61 (9Z4)
	20 or more	$ 86.48 (2Z5)	$ 156.38 (8Z5)	$ 156.38 (9Z5)
Surviving Children Only	Less than 5	$ 321.26 (2V1)	$ 431.74 (8V1)	$ 431.74 (9V1)
	5 through 9	$ 312.81 (2V2)	$ 420.39 (8V2)	$ 420.39 (9V2)
	10 through 14	$ 304.36 (2V3)	$ 397.70 (8V3)	$ 397.70 (9V3)
	15 through 19	$ 287.45 (2V4)	$ 374.99 (8V4)	$ 374.99 (9V4)
	20 or more	$ 253.63 (2V5)	$ 340.96 (8V5)	$ 340.96 (9V5)
Surviving Spouse without Medicare and Surviving Children	Less than 5	$1,082.10 (2W1)	$1,248.06 (8W1)	$1,258.06 (9W1)
	5 through 9	$ 989.10 (2W2)	$1,164.06 (8W2)	$1,174.06 (9W2)
	10 through 14	$ 811.58 (2W3)	$ 996.18 (8W3)	$1,006.18 (9W3)
	15 through 19	$ 625.59 (2W4)	$ 828.28 (8W4)	$ 838.28 (9W4)
	20 or more	$ 422.70 (2W5)	$ 576.50 (8W5)	$ 586.50 (9W5)
Surviving Spouse with Medicare and Surviving Children	Less than 5	$ 688.87 (2X1)	$ 816.42 (8X1)	$ 816.42 (9X1)
	5 through 9	$ 637.74 (2X2)	$ 771.10 (8X2)	$ 771.10 (9X2)
	10 through 14	$ 543.37 (2X3)	$ 680.51 (8X3)	$ 680.51 (9X3)
	15 through 19	$ 441.11 (2X4)	$ 589.83 (8X4)	$ 589.83 (9X4)
	20 or more	$ 323.08 (2X5)	$ 453.90 (8X5)	$ 453.90 (9X5)

Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Davis Vision will help you care for your sight while saving you money.

To view benefits and locate a provider, visit davisvision.com, call *888-445-2290*, or download the Davis Vision Member app on your smartphone or tablet. For non-members, visit davisvision.com, click on ***Member*** and enter client code **2481**.

Plan Design	
Covered Service – In-network benefits (limited out-of-network benefits are available).	
Comprehensive Eye Exam – $10 copay, one exam per calendar year.	
Frames – Once per calendar year in lieu of contact lenses. Up to $125 retail allowance toward provider-supplied frames plus 20% off cost exceeding the allowance.* Up to $175 retail allowance if purchased at VisionWorks. ***OR*** Any Fashion or Designer frame from Davis Vision's Exclusive Collection (with retail values up to $160), **covered in full**. ***OR*** Any Premier frame from Davis Vision's Collection (with retail value up to $195), **covered in full** after an additional $25 copay. One-year eyeglass breakage warranty included at no additional cost.	**Contacts** – in lieu of frames. Once per calendar year. Up to $120 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance.* Standard Contacts – Evaluation, fitting fees, and follow-up care; $25 copay applies. Specialty Contacts – Evaluation, fitting fees, and follow-up care, up to a $60 allowance plus 15% off cost exceeding allowance.* $25 copay applies. ***OR*** Davis Vision Collection contact lenses, evaluation, fitting fees, and follow-up care are **covered in full** after $25 copay. (Up to four boxes of disposable lenses). ***OR*** Medically necessary contact lenses are **covered in full** with prior approval.
Standard Eyeglass Lenses – Single, bifocals, trifocals, lenticular, and standard scratch coating. $25 copay, once per calendar year. Polycarbonate lenses for children are covered in full up to age 19.	

Lens Options	Copay	Lens Options	Copay
Standard progressive addition lenses	$50	Premium AR Coating	$48
Premium progressives (i.e. Varilux, etc.)	$90	Ultra AR Coating	$60
Intermediate-vision lenses	$30	High-index lenses	$55
Blended-segment lenses	$20	Polarized lenses	$75
Ultraviolet coating	$12	Glass photochromic lenses	$20
Standard anti-reflective (AR) coating	$35	Plastic photosensitive lenses	$65

*__Additional Discounts__ – Not available at Wal-Mart or Sam's Club.

Vision Rates – Monthly Premiums

Retiree Only	$ 4.60	V1
Retiree & Spouse or Domestic Partner	$ 9.14	V2
Retiree & Children	$ 8.98	V3
Retiree & Family or Domestic Partner & Children	$ 13.68	V4
Surviving Spouse	$ 4.60	V6
Surviving Spouse & Children	$ 8.98	V8
Surviving Children Only	$ 4.60	V9

Dental Plans

BlueCare Dental PPO

BlueCare Dental PPO provides you the option of seeking services from in-network and out-of-network dentists. Selecting a dentist from the BlueCare Dental PPO network will offer you the greatest savings. When contacting a dentist, ask whether the dentist participates in the BlueCare Dental PPO network. To find a dentist, view claims activity, or for more information visit bcbstx.com/coa or call BlueCare Dental at *888-907-7880*.

Plan features include:

- Freedom to choose dentist of your choice.
- Coverage for in and out-of-network dentists.
- Preventive Care – no deductible.
- Basic, Major, and Orthodontia Care – $50 annual deductible, per covered person.
- Calendar Year Maximum – $1,000 per covered person (includes Orthodontia Treatment).
- Orthodontia Lifetime Maximum – $1,000 per covered person.

In-network and out-of-network dentists:

- If you seek services from an in-network dentist:
  - ❖ Claim will be paid in full up to the Calendar Year Maximum, you will not be balance billed.
  - ❖ Based on reduced contracted rates, it will take you longer to reach your Calendar Year Maximum of $1,000.
  - ❖ For covered services and exclusions refer to the BlueCare Dental PPO Plan Document online at austintexas.gov/retirees.
- If you seek services from an out-of-network dentist:
  - ❖ Claim will be paid based on the Table of Allowance.
  - ❖ Orthodontia services are covered up to the Table of Allowance as work progresses.
  - ❖ For covered services, exclusions, and the Table of Allowance, refer to the BlueCare Dental PPO Plan Document online at austintexas.gov/retirees.

Sun Life Financial DHMO

The Sun Life Financial Plan is a prepaid dental plan that offers benefits and a network of plan dentists. Members must select a network general dentist if enrolled in this plan, and are responsible for specific copay amounts when services are provided by a network dentist. Members can use the Specialty Plan to obtain services from network or non-network specialists for specific services listed in the member plan documents. Plan limitations and exclusions apply. If you move out of the service coverage area, you have the option to drop or change coverage. See the plan documents for details.

Plan features include:

- No deductible.
- No waiting periods.
- Coverage for pre-existing conditions.
- No claim forms to file for plan dentist and plan specialty dentist services.
- No referrals required for specialty dentist services.
- No annual maximum for plan dentist and plan specialty dentist services.

Plan specialty benefits have a copay schedule. Refer to your plan document for copays.

To find a dentist or for more information, call *800-443-2995* or visit https://www.sunlife.com/us/Resources/Tools/Find+a+dentist/.

	BlueCare Dental PPO In-Network	BlueCare Dental PPO Out-of-Network	Sun Life Financial DHMO In-Network
Selection of Dentist	Member can go to any in-network dentist. Member will realize greater savings when using in-network dentists.	Member can go to any dentist; however, the customer is responsible for the difference over the Table of Allowance.	Member must select a network general dentist. Member can use the Specialty Plan for services from network and non-network specialists.
Annual Deductible	$50 per person, per calendar year. Deductible does not apply to Preventive Care.		None.
Covered Services (other than Orthodontia)	Preventive Care – covered in full. Basic Care – covered in full. Major Care – covered in full.	Preventive Care – covered up to the Table of Allowance. Basic Care – covered up to the Table of Allowance. Major Care – covered up to the Table of Allowance. Also responsible for amounts over the Table of Allowance.	Member pays applicable copays according to the schedule of benefits when services are provided by a network dentist.
Orthodontia	Orthodontia Care – covered in full as work progresses up to Calendar/Lifetime Maximum. Orthodontia work already in progress is not covered prior to enrolling in a City-sponsored plan.	Orthodontia Care – covered up to the Table of Allowance as work progresses. Orthodontia work already in progress is not covered prior to enrolling in a City-sponsored plan.	25% discount when services are received from a network specialist. No age limitations (adults and children are both covered).
Annual Maximum Benefit	$1,000 per person, per calendar year.	$1,000 per person, per calendar year. Also responsible for amounts over the Table of Allowance.	No maximum for network dentist. $2,000 annual maximum for nonplan specialty dentist.

Table of Allowance – The most BlueCare Dental PPO will pay a dentist for a covered service or procedure when using an out-of-network dentist.

	BlueCare Dental PPO In-Network	BlueCare Dental PPO Out-of-Network	Sun Life Financial DHMO In-Network
Orthodontia Maximum Benefit	$1,000 per person, per lifetime.		No Orthodontia maximum when services are received from a network specialist.
One Year Commitment	Allows members to cancel coverage only during Open Enrollment or within 31 days of a Qualifying Life Event.		
Identification Cards	Two cards		Two cards
Claim Forms	Dentists file claims for covered expenses.	Members file claims to be reimbursed for covered expenses. (Some dental offices may file claims and bill the balance after the plan has paid).	None.

Dental Rates – Monthly Premiums

	BlueCare Dental PPO		Sun Life Financial DHMO	
Retiree Only	$ 29.45	I1	$ 10.14	A1
Retiree & One Dependent	$ 61.96	I2	$ 16.64	A2
Retiree & Family or Domestic Partner & Children	$ 90.74	I3	$ 25.77	A3
Surviving Spouse	$ 29.45	I6	$ 10.14	A6
Surviving Spouse & One Child	$ 61.96	I7	$ 16.64	A7
Surviving Spouse & Children	$ 90.74	I8	$ 25.77	A8
Surviving Children Only	$ 61.96	I9	$ 16.64	A9

Additional Benefits

Life Insurance

Coverage Description
The City provides $1,000 of retiree life insurance at no cost to retirees. Coverage is effective the first day of the following month in which you retire. Retirees are automatically enrolled in this benefit. You must complete a Retiree Beneficiary Designation form.

Additional death benefits are available as follows:

- Employees' Retirement System – $10,000. For more information, call *512-458-2551*.
- Police Retirement System – $10,000. For more information, call *512-416-7672*.
- Austin Fire Fighters Relief and Retirement Fund – no death benefit offered.

Life insurance coverage is not available for dependents of retirees.

Choosing a Beneficiary
In the event of your death, life insurance benefits are paid to your named beneficiary or beneficiaries. The City provides a Retiree Beneficiary Designation form for this purpose. Unless prohibited by law, your life insurance benefits will be distributed to the beneficiaries you named. Current Texas law states a legally married spouse is entitled to 50 percent of the policy, and if not listed as a named beneficiary, the spouse may contest.

If you are legally married and designate less than 50 percent of your life insurance to your spouse, upon your death the life insurance carrier may contact your spouse for confirmation of this reduced percentage. If your spouse is not in agreement and an agreement is not reached between the beneficiaries listed, the Texas court will make the decision.

If your named beneficiary is under 18 years of age at the time of your death, court documents appointing a guardian may be required before payment can be made. You should talk with an attorney to make sure that benefits to a minor will be paid according to your wishes.

Reviewing Your Beneficiary Designation Form
You can review your beneficiary designation for your life insurance coverage any time during the year. It is important that you keep this information current so that the person or persons you want to receive benefits are listed. To review your beneficiary information, you can visit the Employee Benefits Division or call *512-974-3284*.

Filing a Life Insurance Claim
Your beneficiary must file the life insurance claim with the Employee Benefits Division and submit the appropriate documents:

- Retiree death – one original death certificate.
- Vendor claim forms.

Retiree Discount Page

You can save at thousands of retailers in your neighborhood and around the country. Whether it is the local show & save program, discounted gift cards or national deals, savings are just a click away. Visit austintx.perksconnection.com on your computer, tablet or smart phone. If registering with a tablet or smart phone, enter group code **AUSTINTX**.

Retiree Wellness Program

Why Engage in Wellness?

The goal of the Wellness program is to increase preventive screening rates and reduce preventable medical claims. Wellness programs are behavioral health interventions that are designed to improve health outcomes and reduce medical claims.

According to claims data, retirees engaged in wellness have lower average medical expenses and a higher utilization of both primary and preventive care services. Retirees engaged in our wellness program also have shorter hospital stays and lower inpatient costs. These savings are beneficial to retirees and the organization.

Wellness Newsletter

Retirees who are interested in receiving a newsletter about wellness opportunities and health information can email healthyconnections@austintexas.gov and request to be added to the distribution list for a monthly electronic newsletter. This is a good way to find out about the wellness programs described below. Retirees can also call the Employee Benefits Division at *512-974-3284* and ask to speak with a Wellness Consultant if they have questions about wellness opportunities.

Health Assessments

A Health Assessment provides a "snapshot" of an individual's health. Identifying health risks leads to early intervention, resulting in better health outcomes and less costly treatment. Retirees and dependents can:

1. Complete a finger stick screening at a Health & Lifestyle Expo to get health numbers such as cholesterol, glucose, and triglycerides.

OR

2. Use lab results obtained through a doctor to get current health numbers.

These health numbers are then used to complete the health assessment at bcbstx.com/coa. When the health assessment is completed, you will receive recommendations for improving your health. All personal health information is protected by HIPAA and will remain confidential.

Diabetes Control Program

Learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost. This program is offered to retirees and dependents who are diabetic or prediabetic and enrolled in a City-sponsored medical plan.

Participants Receive:

- Approved diabetes medications and testing supplies at no cost.
- Comprehensive Diabetes education.
- Quarterly screenings through a pharmacist (three visits per year required).

To enroll, call HealthyConnections at *512-974-3284* and ask to speak to a Wellness Consultant.

Naturally Slim – Online Weight Loss Program

Naturally Slim is a simple, online program that helps retireees lose weight and improve their health. It's not a diet. There are no points to count, no starving, and no eating diet food! The program teaches participants *when* and *how* to eat the foods they love while losing weight, boosting their energy and improving their health. By learning new techniques about how and when you should eat, you can continue eating your favorite foods while improving your health, reducing your chance of developing chronic disease, and losing weight. To enroll, call HealthyConnections at *512-974-3284* and ask to speak to a Wellness Consultant.

Nationwide Fitness Program

Make it simple to go to the gym by joining the BlueCross BlueShield Fitness Program. Get access to more than 9,000 fitness centers with no contract required, making it easy to visit the gym at your convenience—near home, near work and while traveling. As a City of Austin retiree enrolled in a City medical plan, you and your covered dependents (age 18 and older) are eligible to join. Fitness Program members get unlimited access to a nationwide network of participating fitness centers. Visit bcbstx.com/coa for details and plan pricing.

Tobacco Cessation 101

Gain the resources and support needed to quit using tobacco products. Classes designed for all forms of tobacco use are available at worksites across the City. To successfully complete Tobacco Cessation 101, the individual must complete class 1 & 2.

Individuals who complete the class are eligible to receive cessation medication (including over-the-counter products) free for nine months with a doctor's prescription. Retirees, spouses and eligible dependents (age 18 years and older) who are enrolled in a City-sponsored medical plan are eligible for this benefit. The scheduled classes can be found on austintexas.gov/retirees.

Tobacco Premium

Retirees and spouses/domestic partners currently using tobacco products, including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, shisha and electronic cigarettes will be charged a tobacco premium.

Retirees and spouses/domestic partners enrolled in a City-sponsored medical plan who use tobacco will each pay $25 per month. To stop the tobacco premium, retirees and spouses using tobacco must complete the Tobacco Cessation 101 class. The scheduled classes can be found on austintexas.gov/retirees. Retirees and spouses/domestic partners can attend a class without registering.

Health & Lifestyle Expos

HealthyConnections sponsors citywide Health & Lifestyle Expos at Palmer Events Center. Expos offer Health Assessment screenings and an opportunity for retirees and family members to explore a number of booths focusing on health and lifestyle.

City Olympics

HealthyConnections and the Parks and Recreation Department host the annual City Olympics at Krieg Sports Complex. Employees, retirees, and their families can watch the sports and golf tournaments, try out the extreme obstacle course, or run the Byron Johnson 5K run/walk. There will also be a number of health and lifestyle vendors at the mini-health expo and a brisket cook-off competition. Kid's activities will be provided and a kids 1K fun run will take place in the morning.

Free Flu Shot Clinics

This benefit is free to retirees, spouses, and eligible dependents (age 18 and older). It is offered in the fall at the Health & Lifestyle Expo and at Retiree Open Enrollment meetings. Flu shots administered are standard dose quadrivalent flu shots.

Special Beginnings - Maternity Support

The Maternity Support Program offered by HealthyConnections and BlueCross BlueShield is designed to help pregnant women get the support and information they need to have a healthy pregnancy. The program offers personalized maternity care including access to a dedicated maternity nurse, educational materials and assistance in managing high-risk conditions including gestational diabetes and preeclampsia. All pregnant women enrolled in a City medical plan are eligible. To enroll, call BlueCross BlueShield at *888-521-2227*.

Five Wishes Program

This easy-to-complete living will addresses your medical, personal, emotional, and spiritual needs if you become seriously ill. The document is available free by calling the Employee Benefits Division at *512-974-3284*.

For more information on HealthyConnections programs, visit austintexas.gov/retirees.

Important Benefits Information

Summary of Benefits and Coverage (SBC)

Under the law, insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes the key features of the plan and coverage limitations and exceptions. For a copy of the SBC of the City's medical plans, visit austintexas.gov/retirees or call *512-974-3284*.

ADA Compliance

The City is committed to complying with the Americans with Disabilities Act (ADA). Reasonable accommodation, including equal access to communications, will be provided upon request. For more information, call the Human Resources Department at *512-974-3284,* use the Relay Texas TTY number *800-735-2989* for assistance, or visit austintexas.gov/ada.

Governing Plan

Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage, or contract) and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern. City of Austin retirees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA)

This act imposes the following restrictions on group health plans:

Limitations on pre-existing exclusion periods: Pre-existing conditions can only apply to conditions for which medical advice, diagnosis, care, or treatment was recommended or received during a period beginning six months prior to an individual's enrollment date, and any pre-existing condition exclusion is not permitted to extend for more than 12 months after the enrollment date. Further, a pre-existing condition exclusion period may be reduced by any creditable previous coverage the individual may have had.

Special enrollment: Group health plans must allow certain individuals to enroll upon the occurrence of certain events, including new dependents and loss of other coverage. Loss of coverage includes:

- Termination of employer contributions toward other coverage.
- Moving out of an HMO service area.
- Ceasing to be a "dependent," as defined by the other plan.
- Loss of coverage to a class of similarly situated individuals under the other plan (e.g., part-time employees).

Additionally, individuals entitled to special enrollment must be allowed to enroll in all available benefit package options and to switch to another option if he or she has a spouse or dependent with special enrollment rights.

Prohibitions against discriminating against individual participants and beneficiaries based on health status: Plans may not establish rules for eligibility of any individual to enroll under the terms of the plan based on certain health status-related factors, including health status, medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability, or disability.

Standards relating to benefits for mothers and newborns: Plans must provide for a 48-hour minimum stay for vaginal childbirth, and a 96-hour minimum stay for cesarean childbirth, unless the mother or medical provider shortens this period. No inducements or penalties can be used with the mother or medical provider to circumvent these rules.

Parity in the application of certain limits to mental health benefits: Plans must apply the same annual and lifetime limits (i.e., dollar amounts) that apply to other medical benefits to benefits for mental health. If this requirement results in a 1 percent or more increase in plan costs or premiums, this rule does not apply.

City of Austin Policy on HIPAA

HIPAA gives the City, as the plan sponsor of a non-federal governmental plan, the right to exempt the plan in whole or in part from the requirements described above. The City has decided to formally implement all of these requirements.

The effect of this decision, as it applies to each of the above requirements and the Plan, is as follows:

- The Plan does not currently have a pre-existing condition limitation and is in compliance.
- The Plan will provide special enrollment periods.
- The Plan will comply with the non-discrimination rules.
- The Plan will comply with the standards for benefits for mothers and newborn children.
- The Plan will comply with the rules on mental health benefits.

The HIPAA Privacy Rules for Health Information were established to provide comprehensive federal protection concerning the privacy of health information. The Privacy Rules generally require the City to take reasonable steps to limit the use, disclosure, and requests for Protected Health Information to the minimum necessary to accomplish the intended purpose. The City is committed to implementing the Privacy Rules.

The Women's Health and Cancer Rights Act of 1998 was enacted on October 21, 1998. It provides certain protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Specifically, the act requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications of all stages of mastectomy, including lymph edemas.
- Secondary consultation whether such consultation is based on a positive or negative initial diagnosis.

The benefits required under the **Women's Health and Cancer Rights Act of 1998** must be provided in a manner determined in consultation with the attending physician and the patient. These benefits are subject to the health plan's regular copay and deductible amounts.

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 1, 2022, medical plans which exceed a threshold level established by the Federal Government will have to pay a 40 percent excise tax. The City of Austin is committed to designing a medical plan that is below the threshold level. However, if the threshold is reached, the cost of the excise tax will be passed on to employees and retirees.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, and dental coverage, at their own cost in the case of certain qualifying events.

COBRA Notice Requirements: Each retiree or qualified beneficiary is required to notify the Employee Benefits Division of the Human Resources Department within 60 days of a divorce, legal separation, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. The City's COBRA administrator will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered retiree is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

Continuation of Coverage for Domestic Partners

The City offers covered individuals the opportunity to continue medical coverage, dental coverage, and vision coverage at their own cost in the case of certain qualifying events.

Each retiree or covered individual is required to notify the Employee Benefits Division of the Human Resources Department within 31 days of dissolution of the Domestic Partnership, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. The City's COBRA administrator will then notify all covered individuals of their rights to enroll in Continuation of Coverage for Domestic Partners coverage. Notice to a covered individual who is the Domestic Partner or former Domestic Partner of the covered retiree is considered proper notification to all other covered individuals residing with the Domestic Partner or former Domestic Partner at the time the notification is made.

Surviving Dependent Coverage

Your dependents may be eligible for Surviving Dependent medical, dental, and vision coverage only if you meet one of the following requirements, and your dependents complete a Surviving Dependent Benefits Enrollment Form within 31 days from the date of your death:

- You are a City retiree who retired under the City of Austin Employees' Retirement System, Austin Fire Fighters Relief and Retirement Fund, or City of Austin Police Retirement System.
- You are an active City employee who is eligible to retire with the City but chooses to continue to work for the City.
- You are a City retiree who has returned to active employment with the City.

If eligible, your dependents will be able to continue his or her coverage through the City after your death, provided your dependents were enrolled in a City-sponsored plan at the time of your death. The coverage offered is the same coverage offered to City retirees.

Domestic partners and children of domestic partners are only eligible for Continuation of Coverage for Domestic Partners.

Your Prescription Drug Coverage and Medicare

Beneficiary Creditable Coverage Disclosure Notice

This notice has information about your current prescription drug coverage with the City of Austin 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 a Medicare drug plan, 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 this area. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. On January 1, 2006, new prescription drug coverage became available to individuals with Medicare Part A. This coverage is available through Medicare prescription drug plans, also referred to as Medicare Part D. All such plans provide a standard, minimum level of coverage established by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Austin has determined that prescription drug coverage offered through City health plans 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.

Other Important Considerations

- If you currently have prescription drug coverage through a City medical plan, you may choose to enroll in Medicare Part D annually between October 15 and December 7, or when you first become eligible for Medicare Part D.
- If you decide to join a Medicare drug plan, your current City of Austin medical coverage will not be affected.
- If you do decide to join a Medicare drug plan and drop your current City of Austin coverage for your dependents, you may be able to get this coverage back during an Open Enrollment period.
- You should also know that if you drop or lose your current coverage with the City of Austin 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 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19 percent 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.
- If you are enrolled in Medicare Part D or a Medicare Advantage Plan and are also enrolled in the City medical plan, you may have duplicate prescription coverage. If you would like to review your coverage or for more information, call the Employee Benefits Division at *512-974-3284*.

More information about Medicare Part D 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. You can also:

- Visit medicare.gov for personalized help.
- Call the **Health and Human Services Commission of Texas** at *888-834-7406* or *800-252-9330*.
- Call *800-MEDICARE (800-633-4227)*. TTY users should call *877-486-2048*.

Financial assistance may be available for individuals with limited income and resources through the **Social Security Administration (SSA)**. For more information, visit the SSA website at socialsecurity.gov or call *800-772-1213*. TTY users should call *800-325-0778*.

Notice to Enrollees in a self-funded nonfederal governmental group health plan for plan years beginning on or after September 23, 2010

Group Health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The City of Austin has elected to exempt the City's medical plans of the following requirements:

1. Parity in the application of certain limits to mental health benefits. Limit coverage for Applied Behavior Analysis treatment to 170 visits each year for individuals diagnosed with autism.
2. The exemption from these Federal requirements will be in effect for the 2021 plan year beginning January 1, 2021 and ending December 31, 2021. The election will be renewed for subsequent plan years.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Texas, 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 call *1-877 KIDS NOW* or 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.

You may be eligible for assistance paying your employer health plan premiums. The following is current as of January 31, 2021. For more information on eligibility, visit gethipptexas.com/ or call *877-440-0493*.

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact:

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

Notes

Notes

YOUR
essential senses
a vision proposal

City of Austin

Vision Benefit Services (RFP 5800 LMI3000)

March 11, 2021

avēsis
a GUARDIAN company

Table of Contents

10.1. Special Instructions 3
10.2. Executive Summary 4
10.2.1. Robust Provider Network: Delivering Choice and Convenience 4
10.2.2. Dependable, Texas-Based Account Management 5
10.2.3. Simple, Cost-Effective Benefits Focused on Member Needs 5
10.2.4. Reliable, Timely Benefits Execution 5
10.2.5. Responsive, Hassle-Free Customer Service 6
10.2.6. Next Steps: Our Commitment to Serving Austin's Needs 6
10.3. Business Organization 7
10.3.1. Organizational Capacity to Fulfill the City's Requirements 7
10.3.2. Authorized Negotiator 7
10.3.3. Attachment 1: Business Organization Questionnaire 7
10.3.4. Confirmation of Good Standing 9
10.3.5. State of Texas License 10
10.4. Proposer Experience, Qualifications & References 11
Attachment 2: References Questionnaire 11
10.5. Account Team 13
Attachment 3: Account Team Information Questionnaire 14
10.6. Compliance 14
10.7. General Requirements and Requested Services 15
Attachment 4: Customer Service Questionnaire 15
Attachment 5: System Capabilities Questionnaire 16
Attachment 6: Administration Questionnaire 17
Attachment 7: Vision Retail Provider List 19
Attachment 8: Vision Provider List 21
Attachment 9: Plan Design Variance 28
10.8. HIPAA Business Associate Agreement 30
Attachment 10: HIPAA Business Associate Agreement 30
10.9. Price Proposal 36
10.9.1. Pricing Spreadsheet: Annual Premiums 36
10.9.2. Pricing Spreadsheet: Monthly Premiums 37
10.10. Exceptions 38
10.11. Local Business Presence 38
10.12. Service-Disabled Veteran Business Enterprise 38
11. Offer and Certifications 39
12. Attachments 54
12.1. Optional Plan Design 54
12.2. Plan Documents and Materials 57
12.3. Sample Reports 68
12.4. Geo Access Report 83
12.5. Addenda 134

10.1. Special Instructions

Avēsis confirms that we are a qualified firm, not an agent or broker, and that no commissions or fees will be paid to agents and brokers by the City.

Further, we confirm that we have closely read the RFP, provided complete responses to each section, and included a binding signature of intent to comply with the RFP terms and conditions.

10.2. Executive Summary

March 11, 2021

Dear Ms. Mammadova:

We are pleased to submit the attached proposal to provide vision benefits to the City of Austin (the City). As requested, we have structured our response as outlined in RFP section *10. Proposal Submittals*.

We understand that finding trustworthy providers of healthcare coverage is a challenge for any organization. But because large cities like Austin often face scrutiny in areas of spending, fairness, and conservation, selecting a provider is about more than a good price—it's about value.

By focusing on value, we've exceeded the performance of other vendors and earned the respect of 700+ government entities, from entire states to counties, cities, and school districts. In Texas alone, we provide fully insured vision benefits to 30+ government entities, including 20+ cities across the state. How have we done it? We've maintained these partnerships because of our:

- Robust Provider Network (including one of the industry's best retail networks)
- Simple, Cost-Effective Benefits Focused on Member Needs
- Dependable, Texas-Based Account Management
- Reliable, Time-Saving Benefits Execution
- Responsive, Hassle-Free Customer Service

10.2.1. Robust Provider Network: Delivering Choice and Convenience

The Avēsis network will ensure City members of choice and convenience. Our network includes **92,000+ points of access** throughout all 50 states, and it is expanding—adding 20,000+ access points in the last 2 years alone. As a result, nearly all the City's members (**98.8 percent**) will have access to at least two Avēsis network providers within 20 miles, averaging only 3.4 miles to the nearest provider. A detailed Geo Access Report has been included in section 12.4. Geo Access Report.

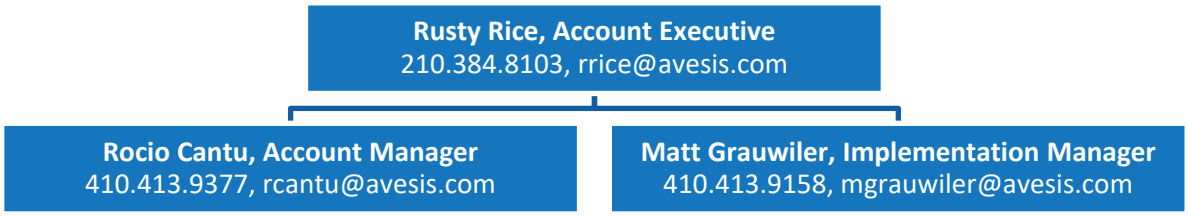
Our retail network is one of the best in the industry, giving City members easy access and flexible hours of service—including evening and weekend appointments—with 24 of the top 25 retail chains, including:

- America's Best Contacts & Eyeglasses
- Costco Wholesale
- Eyemart Express
- Eyeglass World
- EyeMasters
- For Eyes
- JCPenney Optical
- Midwest Vision Centers
- My Eye Dr.
- Nationwide Vision Laser & Eye Centers
- Pearle Vision
- Sam's Club
- Shopko
- Sterling Optical
- SVS Vision Optical Centers
- Target Optical
- Texas State Optical
- Visionworks
- Walmart

10.2.2. Dependable, Texas-Based Account Management

As City's Texas-based Account Executive and Account Manager, respectively, Rusty Rice and Rocio Cantu will ensure value and responsiveness for the City, using your feedback to regularly improve processes. They will provide administrative support, ensuring rapid issue resolution. Also, with regular visits and attendance at City events, fairs, and open enrollment meetings, our team will deliver seamless service and program implementation.

Following is an organizational chart of the key team members who will serve the City, along with contact information. Detailed resumes are included in section 10.5. Account Team.



10.2.3. Simple, Cost-Effective Benefits Focused on Member Needs

Our vision plans provide the flexibility to best meet City member needs. For instance, our benefits include the ability to purchase frames and lenses online through our new program, Avēsis Vision Delivered, powered by UVP (United Vision Plan). This program will allow the City's members to shop for eyewear online using in-network benefits when visiting a provider is inconvenient. Members can explore thousands of glasses and sunglasses, including designer brands, and they can even try on glasses virtually.

Further, our proposed plan provides a clear, simple $125 frame allowance—**applicable at all provider locations in the Avēsis network**. In lieu of "special" frame collections and confusing limitations based on which network provider is visited, our plans will allow City members to choose from any frame for any price. More than 26,000 frames, including designer frames, are priced at or below the plan allowance.

We can provide this level of simplicity because we are not owned by, nor do we own, any retail optical outlets, labs, or frame/lens manufacturers. We also have no vested interest in steering members toward or requiring members to use providers that we control and will generate revenues for us. We do not require a standard selection of frames. Our singular focus is on cost-effective vision care benefits.

10.2.4. Reliable, Timely Benefits Execution

Founded in 1978 in Phoenix, Avēsis has over four decades of experience in every aspect of vision benefits administration—allowing us to deliver dependable benefits that minimize City member and benefits manager frustration. We process nearly 4 million claims annually with 99 percent accuracy, and over 85 percent of vision provider claims are submitted via electronic media or the Avēsis website, limiting the manual administration needed.

Further, as a wholly owned, independently operated subsidiary of the Guardian Life Insurance Company of America (Guardian) since 2016, Avēsis has the resources to ensure the City of reliable vision administration for years to come. Guardian is a Fortune 250 company and among the largest, most financially sound insurance companies in the country, with $8.5 billion in capital and $1.58 billion in annual operating income.

Our resources and approach to providing timely, high-quality benefits administration have allowed us to add more than 1.6 million new members and nearly 4,000 new groups in the last three years, while still maintaining a 92 percent client retention rate—one of the highest in our industry.

10.2.5. Responsive, Hassle-Free Customer Service

Finally, one of the keys to our high satisfaction rates is our real-time self-service capabilities for members and benefits managers, available 24 hours a day, 365 days a year via our IVR and member portal at www.avesis.com. With our web portal:

City Members Can:	City Benefits Managers Can:
▪ Find a convenient provider by searching our real-time, online Provider Directory ▪ Print a benefit summary and additional or replacement ID cards ▪ Check services eligibility for themselves or their dependents ▪ View frequently asked questions and read vital educational information concerning eye and vision health topics ▪ Send a secure email to the Customer Care Center	▪ Access employee information and manage their vision online anytime, day or night ▪ Enroll new members, make changes due to a qualifying event, or terminate enrollment ▪ Bill electronically, make corrections to billing statements, and make secure payments to the most accurate invoice each month ▪ Receive email alerts when a new invoice is ready, and summary reports verifying each participating member

Live customer service will also be available to City members Monday through Friday, 6:00 a.m. to 7:00 p.m. CST. Most calls are answered within six seconds, and more than 96 percent are resolved with the first contact. In addition to answering questions about vision plans, eligibility, provider locations, and more, our customer care representatives will have real-time access to information regarding eligibility, claims, and provider updates.

10.2.6. Next Steps: Our Commitment to Serving Austin's Needs

While Avēsis has many clients, the City will be a key priority, receiving close, proactive communication and service from our most experienced professionals. It is this level of service that has driven our long-term relationships with other major cities and will do the same for Austin.

We have read and agree to all policies included in the RFP package, and we confirm that Avēsis will comply with the requirements, provisions, terms, and conditions specified in the solicitation. Further, please note that I am an authorized representative to bind Avēsis.

If you have any questions about this proposal or any technical, price, or contract matters, please contact Texas Account Executive Rusty Rice at 210.384.8103 or rrice@avesis.com. I hope this is the first step in a long, productive relationship with the City.

Sincerely,

Michael Reamer, Chief Marketing Officer
mreamer@avesis.com

10.3. Business Organization

10.3.1. Organizational Capacity to Fulfill the City's Requirements

Avēsis has the organizational capacity—including the resources, experience, infrastructure, and financial stability—to fulfill the City's requirements.

Avēsis has provided vision, dental, and hearing care benefit solutions for over 40 years. Since our inception in 1978, we have developed, administered, and refined our offerings to provide clients with many product choices and services.

Today, our programs cover more than 9 million members across the country. Our unique experience as a third-party administrator (TPA) of essential ancillary health benefit programs enables us to deliver exceptional access to high-quality providers and prescription eyewear in a cost-effective way.

Further, as a wholly owned, independently operated subsidiary of Guardian—a Fortune 250 mutual company and one of the largest insurance companies in the world—Avēsis has the financial resources and stability to ensure the City of reliable vision administration.

Our vision programs are underwritten by Fidelity Security Life Insurance (FSL), rated A (Excellent) by A.M. Best. Additionally, Guardian maintains the following ratings:

- A.M. Best Company—A++ (Superior – highest of 15 ratings)
- Fitch—AA+ (Very Strong – Second highest of 21 ratings)
- Moody's Investors Service—Aa2 (Excellent – third highest of 21 ratings)
- Standard & Poor's—AA+ (second highest of 22 ratings)

Guardian's most recent annual report can be found at https://www.guardianlife.com/annual-report.

10.3.2. Authorized Negotiator

CMO Michael Reamer is authorized to negotiate contract terms and render binding decisions on contract matters. His contact information is as follows:

Michael Reamer, Chief Marketing Officer
10324 S. Dolfield Road, Owings Mills, MD 21117
410.413.9162
mreamer@avesis.com

10.3.3. Attachment 1: Business Organization Questionnaire

	Question	Response
1.	Name of Company?	Avēsis Third Party Administrators, Inc.
2.	Name of Parent Company (if applicable)?	The Guardian Life Insurance Company
3.	Legal form of organization (corporation, partnership, non-profit, etc.)?	Corporation
4.	How long has your company provided this service?	43 years

	Question	Response		
5.	Current number of participating employer group clients?	Under 5,000 lives 6,954	Over 5,000 lives 25	
6.	Current number of participating public sector clients?	Under 5,000 lives 690	Over 5,000 lives 23	
7.	Number of total covered lives in:	2018 1.5 million commercial vision	2019 1.7 million commercial vision	2020 1.7 million commercial vision
8.	Summarize any litigation and/or government action pending, or if there has been any taken or proposed against your company during the last five years.	Avēsis has no litigation and/or government action pending, and there has been none taken or proposed against Avēsis during the last five years.		
9.	Has your company experienced any security breaches where Protected Health Information was compromised in the last 24 months? If yes, how long did it take for you to notify impacted participants and their employer?	No, Avēsis has not experienced any security breaches where Protected Health Information was compromised in the last 24 months.		
10.	Describe any subcontractor relationships your company intends to utilize in the performance of services proposed and how long the relationship has been in place. Ensure any subcontractor relationships described here are also included on the Offer and Certifications Subcontractor Utilization Plan and Subcontractor Utilization form.	Avēsis provides a fully integrated program—including customer service, provider network management, and claims processing—in house.		
11.	Provide an organizational diagram that illustrates the legal relationship between all organizations involved in your proposed solution to this RFP. Provide at a minimum, the name of the organization, legal relationship, and the length of the relationship.	Not applicable, as Avēsis is the sole organization involved in our proposed solution.		

10.3.4. Confirmation of Good Standing

February 23, 2021

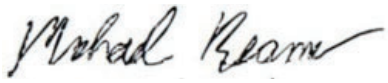
Dear Ms. Mammadova:

Avēsis confirms that our company is in good standing with all relevant licensing and regulatory agencies.

We have no unresolved complaints, history of suspension, fines or other disciplinary actions, and we have continuously maintained your license for the past five years.

Avēsis is not a partnership or joint venture.

Sincerely,



Michael Reamer, Chief Marketing Officer
mreamer@avesis.com

10.3.5. State of Texas License

Texas Department of Insurance

CERTIFICATE NO. 13555

COMPANY NO. 31-095875

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

AVESIS THIRD PARTY ADMINISTRATORS, INC.

PHOENIX, ARIZONA

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

THIRD PARTY ADMINISTRATOR

within the State of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled, or suspended according to law.

IN TESTIMONY WHEREOF witness my

hand and seal of office at Austin, Texas, this

16th day of March, A.D. 2004

JOSÉ MONTEMAYOR
COMMISSIONER OF INSURANCE

BY _____
MATT RAY
DEPUTY COMMISSIONER
LICENSING DIVISION

10.4. Proposer Experience, Qualifications & References

Attachment 2: References Questionnaire

	Requested Information	Response
1.	Provide your company's relevant experience, qualifications, and expertise providing Vision services.	Providing fully insured vision benefits to the public sector is at the core of Avēsis' business. In fact, we currently provide vision benefits to over 700 local government clients, which equates to over 36% of our total insured vision members. In total, fully insured vision coverage accounts for 90% of our commercial and local government business. Our local government clients span all sizes and complexities, from the state of Arizona (our largest group of more than 200,000 lives) to the two-member City of Leland in Iowa—giving us the depth of technical experience needed to meet the City's needs. In Texas alone, we provide fully insured vision benefits to 30+ local government entities, including 20+ cities. While each of our accounts is different, with various member needs and employer budgets, we deliver the same personal attention from our Customer Care, Claims, and Account Management teams. We develop customized implementation plans for each group to ensure that everything is done correctly and on time, to the satisfaction of members and groups.
2.	Provide a list of five current or previous public-sector clients. Identify any public-sector client references with over 5,000 employees. Reference contact must be aware that they are being used and should be agreeable to a City interview for follow-up. References will only be contacted if the Proposer is selected as a finalist. References shall include the following: ▪ Agency. ▪ Number of employees. ▪ Year contract was awarded and length of contract. ▪ Agency contract manager and title. ▪ Direct telephone number and email address.	Agency: City of Tucson Number of Employees: 17,348 Length of Contract: 2010 to Present Agency Contract Manager: Anita Hart, Human Resources Benefits Manager Phone: 520.791.4597 Email: Anita.Hart@tucsonaz.gov Agency: North East Independent School District Number of Employees: 10,685 Length of Contract: 2018 to Present Agency Contract Manager: Valerie Rueda, Director of Employee Benefits Phone: 210.407.0488 Email: vrueda@neisd.net

		Agency: State of Arizona Number of Employees: 208,962 Length of Contract: 2000 to Present Agency Contract Manager: Yvette Medina, Lead Benefits and Compensation Coordinator Phone: 602.364.0568 Email: Yvette.medina@azdoa.gov Agency: School District of Lee County Number of Employees: 13,525 Length of Contract: 2009 to Present Agency Contract Manager: Karen Cooley, Benefits Coordinator Phone: 239.337.8155 Email: KarenCC@LeeSchools.Net Agency: Tucson Unified School District Number of Employees: 13,398 Length of Contract: 2005 to Present Agency Contract Manager: Janet Underwood, Human Resources Manager Phone: 520.225.6104 Email: Janet.Underwood@TUSD1.org

10.5. Account Team

The key members of the City's account team are among Avēsis' most highly qualified professionals, and each has provided vision administration to a wide range of cities, counties, school systems, and other government entities of similar size to Austin.

Our team will work with the City's benefits managers and human resources to ensure our programs are implemented without a hitch—that benchmarks are met, employees and their dependents are entered expediently, eligibility matters are handled deftly and swiftly, and all of the City's day-to-day needs are met. We will also ensure that you have all the materials you need for your benefits fairs and employee information sessions.

Below are brief resumes that outline the roles and qualifications of each key team member, followed by a completed Attachment 3, inclusive of their years with company, years of experience handling vision, number of accounts currently assigned, and percent of time dedicated to the City.

Name/Title	**Rocio Cantu, Account Manager (Single Point of Contact)**
Primary Role on This Account	As the City's **primary contact**, Rocio will be the point person and conduit between your HR Department and Avēsis. She will be available to answer questions, research and resolve issues, analyze data, identify trends, set priorities, and provide feedback and recommendations to leadership. Rocio will work closely with Account Executive Rusty Rice to ensure that quality standards are met or exceeded, and that your team is provided with the highest level of customer satisfaction.
Qualifications and Experience	Rocio has an extensive, well-rounded understanding of healthcare trends, implementation procedures, and approaches to resolving service, billing, and claims issues. An expert in client management, Rocio specializes in working with cities, counties, school districts, authorities, and other public entities to analyze group data and deliver insightful reporting and customer action planning. Rocio joined Avēsis in 2018 after spending 27 years as a strategic account manager at UnitedHealth Group.
Name/Title	**Rusty Rice, Account Executive**
Primary Role on This Account	Rusty will have direct responsibility for ensuring seamless plan administration and will, following the plan's installation, manage the relationship and oversee all aspects of the program's operations.
Qualifications and Professional Designations	Rusty is a fully licensed health broker with nearly 30 years of employee benefits experience and vision benefits knowledge. He is the immediate past president and a current Executive Committee member of the National Association of Health Underwriters (NAHU). Rusty has been a member of the San Antonio Association of Health Underwriters (SAAHU) for more than 20 years and has served as the public service chair, Vice President, Present Elect, and President.
Name/Title	**Matt Grauwiler, Implementation Manager**
Primary Role on This Account	Matt will lead the implementation team, which includes systems, eligibility, claims, and customer care team leads. He will manage your open enrollment plan (along with Account Manager Rocio Cantu) and coordinate all team members involved in this process.
Qualifications and Professional Designations	Matt specializes in working with employer groups, benefits managers, and brokers to ensure a smooth transition during vision program implementation and resolve any outstanding issues prior to the program effective date. He has extensive experience implementing vision plans for a wide range of large, public entities.

Attachment 3: Account Team Information Questionnaire

	Account Team	Response
1.	Name and title:	Rocio Cantu, Account Manager
	Office location:	Houston, Texas
	Years with company:	4
	Years of experience handling vision:	31
	Total number of accounts currently assigned:	3 key accounts with 5,000+ members
	Percent of time dedicated to the City of Austin:	As needed
	Contact number:	410.413.9377
	Email:	rcantu@avesis.com
2.	Name and title:	Rusty Rice, Account Executive
	Office location:	San Antonio, Texas
	Years with company:	18
	Years of experience handling vision:	28
	Total number of accounts currently assigned	4 key accounts with 5,000+ members
	Percent of time dedicated to the City of Austin:	As needed
	Contact number:	210.384.8103
	Email:	rrice@avesis.com
3.	Name and title:	Matt Grauwiler, Implementation Manager
	Office location:	Owings Mills, Maryland
	Years with company:	14
	Years of experience handling disability:	14
	Total number of accounts currently assigned:	25 key accounts with 5,000+ members
	Percent of time dedicated to the City of Austin:	As needed
	Contact number:	410.413.9158
	Email:	mgrauwiler@avesis.com

10.6. Compliance

Avēsis is compliant with all applicable rules and regulations of Federal, State and Local governing entities as it relates to the requirement of RFP 5800 LMI3000.

10.7. General Requirements and Requested Services

As shown in the following completed attachments, Avēsis confirms acceptance of each requirement in the Instructions, Terms and Conditions, and Scope of Work

Attachment 4: Customer Service Questionnaire

	Question	Response		
1.	Location of customer service unit and claims unit?	Phoenix, Arizona		
2.	Number of Customer Service Representatives (CSR)?	107		
3.	Number of CSR staff designated to the City?	Instead of assigning dedicated units of CSRs to specific customers or a limited number of members, our Customer Care Center uses a more effective workforce management (WFM) application software called Clarity, which helps us forecast call volume and calculate the number of CSRs needed for each 15-minute segment of the day. Call forecasts are adjusted during the month as needed. Clarity determines the required staff numbers based on: ▪ Forecasted call volume and call arrival patterns ▪ Required service level ▪ Average call handling time ▪ Historical call abandonment rate ▪ Staff turnover ▪ Staff absentee rates		
4.	Number of Spanish speaking CSRs designated to the City?	As noted above, we utilize WFM application software in lieu of dedicated units of CSRs to the City. However, please note that a large portion of our CSRs are fluent in both Spanish and English.		
5.	Target ratio of CSRs to enrolled participants?	1:6,500		
6.	Average daily number of incoming calls?	2018 549	2019 550	2020 562
7.	Average daily number of calls per CSR?	2018 14.8	2019 14.8	2020 15
8.	Average speed to answer in seconds?	2018 13 seconds	2019 13 seconds	2020 15 seconds

	Question	Response		
9.	Average "hold time" before a CSR is available?	2018 30 seconds	2019 32 seconds	2020 50 seconds
10.	Percentage of calls abandoned.	2018 2.64%	2019 2.52%	2020 1.30%
11.	Turnover rate for customer service unit?	2018 20%	2019 22%	2020 17%
12.	Average response time for resolving customer inquiries and/or complaints?	2018 <1 business day	2019 <1 business day	2020 <1 business day

Attachment 5: System Capabilities Questionnaire

	Question	Response
1.	What is your system uptime percentage?	99.98%
2.	How quickly can your system be up and running in case of downtime?	<1 hour
3.	Provide a summary of your disaster recovery plan.	To mitigate impacts and minimize downtime, Avēsis maintains an active and comprehensive Business Continuity/Disaster Recovery (BC/DR) Plan with integrated fail-safe protocols and built-in redundancy. The BC/DR Plan helps prevent, whenever possible, events that could potentially disrupt the organization's ability to perform normal business operations. In case of a disaster, the plan will also help minimize the impact of any disruption by containing it in a predictable amount of time and maintaining continuous operations. To accomplish these objectives, Avēsis established preventive controls, contingency resources, and procedural protocols to be administered by a dedicated internal management team. The plan lists critical assets, personnel, contact information, and recovery procedures. In the event of a crisis, Avēsis has numerous operating facilities to use as a workplace without impacting the existing business units in the affected facility. Our data is backed up off site, where it can be restored within hours to continue business. The BC/DR Plan is tested and reviewed annually by the Vice President of IT. A complete copy of the plan can be provided if a more thorough review is needed.

	Question	Response
4.	Explain your online process and capabilities for City staff to view claim status, payment, and monitor claims.	One of the best things about Avēsis is our self-service capabilities for benefits managers, members, and providers. We put a comprehensive array of tools at the City's disposal anytime, day or night, at www.avesis.com. For instance, our web portal will allow City staff and benefits managers to use real-time, web-accessible technology to handle every aspect of group enrollment and vision plan maintenance. The City will be able to access employee information and manage their vision, make eligibility changes, enroll new members, perform secure transactions, and receive email alerts and summary reports. Our web portal will also allow the City's employees to access their insurance coverage information, search our online Provider Directory, print additional or replacement ID cards, check services eligibility for themselves or their dependents, print a benefit summary, view FAQs, read educational information concerning eye and vision health topics, and send a secure email to the Customer Care Center.
5.	Provide a website link to demo your system's website.	We encourage the City to visit www.avesis.com and log in (Username: jappleseed, Password: Vision123!) to explore our member portal. In addition, we would be happy to schedule a demo of our website and online capabilities at a time that is convenient for the City.

Attachment 6: Administration Questionnaire

	Question	Response
	Provide a listing, description, and examples of management reports provided on a quarterly and annual basis as described in this section.	Avēsis offers the City a variety of claims utilization and payment reports, which can be provided in a mutually agreed upon format and frequency. We can also generate virtually any ad hoc report on request. The normal turnaround time varies with the type of report requested, but expedience is the rule. The following are standard reports issued by Avēsis at no additional charge. Sample reports are included in section 12.3. Sample Reports. ▪ Utilization by Type of Service Summary ▪ Claims Utilization Paid by Provider ▪ Provider Utilization by Evaluation & Management and Exam Codes ▪ Utilization by Eye Diagnostic Procedure

	Question	Response
		▪ Call Center Report ▪ Provider/Member Top 5 Reasons ▪ Call Center Performance Standard Visualization Charts ▪ Claims Timeliness Report and Call Center Statistics ▪ Claims Summary ▪ Claims Detail Reports ▪ Monthly Breakdown Claims Report ▪ Monthly/YTD Claims Processing Report Avēsis uses its internal dashboard reporting capabilities to create an environment of total data transparency. Through continuous monitoring of member and provider demographics, utilization data, prior authorization denial rates, and physician patterns, Avēsis closely tracks utilization for providers and members alike on a micro and macro level.
	Provide a list and samples of all items your company requires of a client (e.g. group application).	Avēsis will require a completed Group Application, as well as completed Member Enrollment Forms. Samples of these documents are included in section 12.2. Plan Documents and Materials.

Attachment 7: Vision Retail Provider List

The following pages include the completed Attachment 7, outlining our in-network retail providers in the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson. Per RFP instructions, each of our unique retail provider locations have been listed only once.

ATTACHMENT 7 RETAIL VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

Complete this form with retail providers in the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson. Each one of the aforementioned providers will only be counted once. Do not list duplicate providers. The company offering the vision plan shall have a direct relationship with each provider on its panel, and may not lease, borrow, or otherwise obtain use of a provider panel from another company.

	RETAIL NAME	ADDRESS	CITY	ZIP	PHONE NUMBER
1	America's Best Contacts & Eyeglasses #5420	1019 West University Avenue	GEORGETOWN	78628	5125912952
2	America's Best Contacts & Eyeglasses #5862	5300 South Mopac Expy	AUSTIN	78749	5123824135
3	America's Best Contacts & Eyeglasses #5863	1000 East 41st St	AUSTIN	78751	7372073643
4	America's Best Contacts & Eyeglasses #5864	110 North Interstate Hwy 35	ROUND ROCK	78681	7372078020
5	America's Best Contacts & Eyeglasses #5865	9500 I-35 Frontage Rd	AUSTIN	78748	5125826451
6	America's Best Contacts & Eyeglasses #5879	11066 Pecan Park Blvd	CEDAR PARK	78613	5125168898
7	America's Best Contacts & Eyeglasses #5881	1180 Thorpe Ln	SAN MARCOS	78666	5122146182
8	Costco #1152	4601 183A Toll Rd	CEDAR PARK	78613	5126909484
9	Costco #1322	1901 Kelly Ln	PFLUGERVILLE	78660	7378886050
10	Costco #641	4301 West William Cannon Dr	AUSTIN	78749	5123823022
11	Costco #681	10401 Research Blvd	AUSTIN	78759	5126342251
12	Eyemart Express # 63	9300 IH-35 South (SVRD SB)	AUSTIN	78748	5124432288
13	Eyemart Express # 64	115 Sundance Pkwy	ROUND ROCK	78681	5122467799
14	Eyemart Express # 69	5775 Airport Blvd	AUSTIN	78752	5124522414
15	Eyemart Express #215	1300 East Whitestone Blvd	CEDAR PARK	78613	5123687909
16	My EyeLab # 7060	1400 East Whitestone blvd	CEDAR PARK	78613	5612752020
17	MyEyeDr #713	2406 Hunter Rd	SAN MARCOS	78666	5127546161
18	Pearle Vision	5601 Brodie Ln	AUSTIN	78745	5128992662
19	Pearle Vision Express	5601 Brodie Lane	SUNSET VALLEY	78745	5128992662
20	Pearle Vision Franchise #6585	1013 West University	GEORGETOWN	78628	5129312827
21	Sam's Club Optical #4720	4970 Highway 290 West	AUSTIN	78735	5123588695
22	Sam's Club Optical #4958	1350 Leah Ave	SAN MARCOS	78666	5123921963
23	Sam's Club Optical #6188 - Materials Only	10901 Lakeline Mall Dr	AUSTIN	78717	5128728452
24	Sam's Club Optical #6259	130 Sundance Pkwy	ROUND ROCK	78681	5128280534
25	Sam's Club Optical #6453	9700 North Capitol Of Texas Hv	AUSTIN	78759	5123438262
26	Sam's Club Optical #8259	9900 S IH-35	AUSTIN	78748	5124470362
27	Scott T Williams O.D Walmart #2133	5017 W Highway 290	AUSTIN	78735	5123000811
28	Target Optcial #4432	1101 C-Bar Ranch Trl	Cedar Park	78613	5125289903
29	Target Optical	18700 Limestone Commercial D	PFLUGERVILLE	78660	5129901440
30	Target Optical	10900 Lakeline Mall Blvd	AUSTIN	78717	5126513379
31	Target Optical #4433	9500 South IH 35	AUSTIN	78748	5122919642

ATTACHMENT 7 RETAIL VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

	RETAIL NAME	ADDRESS	CITY	ZIP	PHONE NUMBER
32	Target Optical #E624	5621 North Ih 35	AUSTIN	78723	5123626033
	Visionworks #109	651 Barnes Dr	SAN MARCOS	78666	5123530523
	Visionworks #129	2901 South Capital Of Texas H	AUSTIN	78746	5123290703
	Visionworks #135	1201 Barbara Jordan Blvd	AUSTIN	78723	5123201968
	Visionworks #248	11200 Lakeline Dr	CEDAR PARK	78613	5122570013
	Visionworks #258	10515 North Mopac Expy	AUSTIN	78759	5123457260
	Visionworks #262	2601 S Interstate 35	Round Rock	78664	5122386887
	Visionworks #8	9600 South Ih 35 Service Rd St	AUSTIN	78748	5122803720
	Visionworks #90	12700 Hill Country Galleria Blvc	BEE CAVE	78738	5122632349
	Visionworks #98	1019 West University Ave	GEORGETOWN	78628	5128682641
	Wal-Mart Vision Center #0077	3701 North Main St	TAYLOR	76574	6176349828
	Wal-Mart Vision Center #0404	1015 Highway 80	SAN MARCOS	78666	5123530617
	Wal-Mart Vision Center #0475	2701 South IH-35	ROUND ROCK	78664	5123109024
	Wal-Mart Vision Center #0781	2700 North US Highway 281	MARBLE FALLS	78654	8306934461
	Wal-Mart Vision Center #1042	488 Hwy 71 West	BASTROP	78602	5123212288
	Wal-Mart Vision Center #1129	13201 FM 620 North	AUSTIN	78717	5123319924
	Wal-Mart Vision Center #1185	1030 Norwood Park Blvd	AUSTIN	78753	5123396060
	Wal-Mart Vision Center #1253	710 East Ben White Blvd	AUSTIN	78704	5124436601
	Wal-Mart Vision Center #1303	620 South Ih 35	GEORGETOWN	78626	5128634855
	Wal-Mart Vision Center #2133	5017 Us Highway 290 West	AUSTIN	78735	5128926086
	Wal-Mart Vision Center #2991	201 Walton Way	CEDAR PARK	78613	5125288746
	Wal-Mart Vision Center #3169 - Materials Only	11923 US Hwy 290 E	MANOR	78653	5126519120
	Wal-Mart Vision Center #3170 - Materials Only	1320 W Hwy 290	ELGIN	78621	5122853694
	Wal-Mart Vision Center #3569	12900 North IH 35	AUSTIN	78753	5128379886
	Wal-Mart Vision Center #4130	5754 Kyle Parkway	KYLE	78640	5122680426
	Wal-Mart Vision Center #4163 - Materials Only	2801 East Whitestone Blvd	CEDAR PARK	78613	5126909349
	Wal-Mart Vision Center #4219	690 Old San Antonio Rd	BUDA	78610	5122951687
	Wal-Mart Vision Center #437	310 Overcreek Way	SEALY	77474	9798857770
	Wal-Mart Vision Center #5317	9300 South Ih-35	AUSTIN	78748	5122926973
	Wal-Mart Vision Center #5479	1548 FM 685	PFLUGERVILLE	78660	5122520260
	Wal-Mart Vision Center #5480	4700 East Palm Valley Blvd	ROUND ROCK	78665	5122189287

Attachment 8: Vision Provider List

The following pages include the completed Attachment 8, outlining our in-network providers in the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson. Per RFP instructions, each of our providers have been listed only once, even though most operated out of several locations within this geographic area.

Avēsis has a direct relationship with each of these providers.

ATTACHMENT 8 VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

Plan must have providers in Austin and surrounding counties. Complete this form with providers in the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson. Providers mean Optometrists (OD), Ophthalmologist (MD), and Ophthalmologists (DO). Each one of the aforementioned providers will only be counted once. Do not list duplicate providers. The company offering the vision plan shall have a direct relationship with each provider on its panel, and may not lease, borrow, or otherwise obtain use of a provider panel from another company. This would not prevent a company from offering their plan through one corporate entity and administering the plan or provider panel through another legal entity of the same organization. Providers shall be actively engaged in providing the services offered under the vision plan they represent.

	PROVIDER'S FIRST NAME	PROVIDER'S LAST NAME	TYPE	ADDRESS	CITY	ZIP	PHONE NUMBER
1	Holger	Brencher	OD	3701 North Main St	TAYLOR	76574	6176349828
2	Paul	Beckwith	OD	1617 Meyer St	SEALY	77474	9796277400
3	Florence	Dupleix Griffith	OD	310 Overcreek Way	SEALY	77474	9798857770
4	Robert	Riegler	OD	488 Hwy 71 West	BASTROP	78602	5123032861
5	Candice	Jones	OD	747 Hwy 71 West	BASTROP	78602	5123213042
6	Joel	Trinidad	OD	747 Hwy 71 West	BASTROP	78602	5123213042
7	Pamela	Solly	OD	747 Hwy 71 West	BASTROP	78602	5123213042
8		TSO-Bastrop, PLLC	LDO	747 Hwy 71 West	BASTROP	78602	5123213042
9	James	Spinuzza	OD	85 Loop 150 West	BASTROP	78602	5123212106
10	Rebekah	Young	OD	85 Loop 150 West	BASTROP	78602	5123277000
11	Robert	Marquis	MD	85 Loop 150 West	BASTROP	78602	5123037300
12		Texan Eye, PA	LDO	85 Loop 150 West	BASTROP	78602	5123037300
13	Matthew	Schukar	OD	85 Loop 150 West	BASTROP	78602	5123212106
14	Erin	Jacob	OD	1245 Main St	BUDA	78610	5123983553
15	Michael	Chavez	OD	15550 South IH35 Frontage Rd	BUDA	78610	5125985981
16	Natascha	Mellis	OD	3310 B FM 967	BUDA	78610	5122950076
17	Kara	Farmer	OD	3310 B FM 967	BUDA	78610	5122950076
18	Kevin	Benham	OD	3310 B FM 967	BUDA	78610	5122950076
19	Carla	Gasparini	OD	690 Old San Antonio Rd	BUDA	78610	5122951687
20	Thomas	Walters	MD	2801 South Water St	BURNET	78611	5127562131
21	Christopher	Eugenio	OD	1101 C-Bar Ranch Trl	Cedar Park	78613	5125289903
22	Phuong	Ma-Trandai	OD	11066 Pecan Park Blvd	CEDAR PARK	78613	5125168898
23	Ethan	Zimmerman	OD	11066 Pecan Park Blvd	CEDAR PARK	78613	5125168898
24	Katherine	Chhor	OD	11066 Pecan Park Blvd	CEDAR PARK	78613	5125168898
25	Riddhi	Gohel	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122570013
26	William	Matthews	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122570013
27	Kevin	Le	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122570013
28	Jacqueline	Sitton	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
29	Megan	Constans	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122570013

ATTACHMENT 8 VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

	PROVIDER'S FIRST NAME	PROVIDER'S LAST NAME	TYPE	ADDRESS	CITY	ZIP	PHONE NUMBER
30	Mark	Dworsky	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
	Nancy	Prevost	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122570013
	Traci	Parker	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
	Samira	Alejos	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
	Steven	Tran	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
	Dana	Dang	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
	Daniel	Brinchman	OD	11200 Lakeline Dr	CEDAR PARK	78613	5122577070
	Angela	Adkins	OD	1335 East Whitestone Blvd	CEDAR PARK	78613	5122602273
		Tower Opticals LLC	LDO	1400 East Whitestone blvd	CEDAR PARK	78613	5612752020
	Loni	Hoang	OD	201 Walton Way	CEDAR PARK	78613	5125288746
	Nick	Chu	OD	2071 Cypress Creek Rd	CEDAR PARK	78613	5122501700
	Carrie	Bolen	OD	2071 Cypress Creek Rd	CEDAR PARK	78613	5122501700
	Eric	Dollar	OD	2071 Cypress Creek Rd	CEDAR PARK	78613	5122501700
	Oliver	Lou	OD	2071 Cypress Creek Rd	CEDAR PARK	78613	5122501700
	Sharareh	Salkhordeh	OD	2801 East Whitestone Blvd	CEDAR PARK	78613	5122591255
	Melodi	Esmaili	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Eric	Hammond	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Jennifer	Catalasan	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Kimberlee	Slaughter	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Laurie	Sorrenson	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Susan	Shauger	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Dipa	Kodukula	OD	3419 El Salido Pkwy	CEDAR PARK	78613	5129183937
	Thi	Nguyen	OD	925 Starwood Dr	CEDAR PARK	78613	5123277000
	Kyla	Aschenbeck	MD	925 Starwood Dr	CEDAR PARK	78613	5123277000
	Blythe	Monheit	MD	925 Starwood Dr	CEDAR PARK	78613	5123277000
	Cecilia	Sanchez	MD	925 Starwood Dr	CEDAR PARK	78613	5123277000
	Theresa	Wagner	MD	925 Starwood Dr	CEDAR PARK	78613	5123277000
	Pooja	Godara	MD	925 Starwood Dr	CEDAR PARK	78613	5123277000
	Lara	Dudek	MD	13830 Sawyer Ranch Rd	DRIPPING SPGS	78620	5122132220
	Lisa	Mcintire	MD	13830 Sawyer Ranch Rd	DRIPPING SPGS	78620	5122132220
	Lisa	Cantrell	OD	433 Sportsplex Dr	DRIPPING SPRINGS	78620	5128580020
	Sarah	Berg	OD	433 Sportsplex Dr	DRIPPING SPRINGS	78620	5128580020
	Kyle	Florio	OD	433 Sportsplex Dr	DRIPPING SPRINGS	78620	5128580020
	Clayton	Rutkowski	OD	1205 Hwy 290 West	ELGIN	78621	5122852015
	Tony	Jacob	OD	1205 Hwy 290 West	ELGIN	78621	5122852015
	John	McGuire	OD	620 South Ih 35	GEORGETOWN	78626	5128634855
	Grace	Morano-Salone	OD	950 West University Ave	GEORGETOWN	78626	5122405862
	Mark	Birkmann	OD	1013 West University	GEORGETOWN	78628	5129312827

ATTACHMENT 8 VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

PROVIDER'S FIRST NAME	PROVIDER'S LAST NAME	TYPE	ADDRESS	CITY	ZIP	PHONE NUMBER
Michael	Mooney	OD	1013 West University	GEORGETOWN	78628	5129312827
Jennifer	Regalado-Ellis	OD	1019 West University Ave	GEORGETOWN	78628	5128638453
Jason	McCain	OD	1401 Williams Dr	GEORGETOWN	78628	5128632078
Stephen	Schaefer	OD	1401 Williams Dr	GEORGETOWN	78628	5128632078
Donna	McCain	OD	1401 Williams Dr	GEORGETOWN	78628	5128632078
Linda	McClain	OD	101 Aransas Cove	GEORGETOWN	78633	5126058500
Honour	Cessac	OD	1530 Sun City Blvd	GEORGETOWN	78633	5123274123
Lindsey	Kennedy	OD	1530 Sun City Blvd	GEORGETOWN	78633	5123274123
Guy	Beavers	OD	1530 Sun City Blvd	GEORGETOWN	78633	5123274123
Matt	Goodman	OD	401 Exchange Blvd	HUTTO	78634	5128461004
Sarah	Johle	OD	401 Exchange Blvd	HUTTO	78634	5128461004
Jennifer	Lesniewski	OD	401 Exchange Blvd	HUTTO	78634	5128461004
Lacey	Thames	OD	5002 Gattis School Rd	HUTTO	78634	5122437858
Melissa	Poppenhusen	OD	213 South US Highway 281	JOHNSON CITY	78636	8308680327
Virginia	Kekahuna	OD	4217 Benner Rd	Kyle	78640	5124304350
Christine	Payne	OD	5167 Kyle Center Dr	KYLE	78640	5122687600
Lauren	Meinke	OD	5754 Kyle Pkwy	KYLE	78640	5122685170
Jerad	Meinke	OD	5754 Kyle Pkwy	KYLE	78640	5122685170
Farrah	Khoja	OD	2906 South Bagdad Rd	LEANDER	78641	5122436434
Bradly	Mathew	OD	3550 Lakeline Blvd	LEANDER	78641	5123374283
Robert	Ramos	OD	1001 West San Antonio St	LOCKHART	78644	5123987600
Glen	Underwood	OD	2700 North US Highway 281	MARBLE FALLS	78654	8307988585
Nathaniel	Garcia	OD	1512 Town Center Dr	PFLUGERVILLE	78660	5122513700
Scott	Snowberger	OD	1512 Town Center Dr	PFLUGERVILLE	78660	5122513700
John	Ryder	OD	1548 FM 685	PFLUGERVILLE	78660	5122520260
Chris	Ly	OD	1548 FM 685	PFLUGERVILLE	78660	5129892525
Amie	Bethel	OD	16303 Yellow Sage St	PFLUGERVILLE	78660	5122514099
Steven	Thomas	OD	16303 Yellow Sage St	PFLUGERVILLE	78660	5122514099
Tari	Thomas	OD	16303 Yellow Sage St	PFLUGERVILLE	78660	5122514099
Kelly	Phan	OD	18700 Limestone Commercial Dr	PFLUGERVILLE	78660	5129901440
Ashish	Patel	OD	1901 Kelly Ln	PFLUGERVILLE	78660	5125512278
Kelsey	Tillotson	OD	1901 Kelly Ln	PFLUGERVILLE	78660	5125512278
Drew	Provost	OD	1901 Kelly Ln	PFLUGERVILLE	78660	5125512278
Nicole	Esler	OD	1701 Red Bud Ln	ROUND ROCK	78664	5123412020
Kayla	Kindla	OD	2601 South Interstate 35	ROUND ROCK	78664	5122386887
	Optometric Associates of Texa	LDO	2601 South Interstate 35	ROUND ROCK	78664	5122463937
Burke	Martin	OD	2701 South IH 35	ROUND ROCK	78664	5123882600
Jocelyn	Herman	OD	2701 South IH 35	ROUND ROCK	78664	5123882600

ATTACHMENT 8 VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

PROVIDER'S FIRST NAME	PROVIDER'S LAST NAME	TYPE	ADDRESS	CITY	ZIP	PHONE NUMBER
Lynne	Martin	OD	2701 South IH 35	ROUND ROCK	78664	5123882600
Kaity	Shi Hoang	OD	2701 South IH-35	ROUND ROCK	78664	85123882600
Micaela	Lee	OD	2701 South IH-35	ROUND ROCK	78664	5123882600
Keith	Dennis	OD	3107 South IH 35	ROUND ROCK	78664	5122482020
Brian	Fell	OD	4010 Sandy Brook Dr	ROUND ROCK	78665	5123887600
Adam	Pratt	OD	1015 Highway 80	SAN MARCOS	78666	5123532141
Kevin	Lam	OD	1180 Thorpe Ln	SAN MARCOS	78666	0000000000
Amanda	Salazar	OD	2406 Hunter Rd	SAN MARCOS	78666	5127546161
Stephen	Stanfield	OD	2406 Hunter Rd	SAN MARCOS	78666	5127546161
Amanda	Vigil	OD	651 Barnes Dr	SAN MARCOS	78666	5123530523
Emily	Sanchez	OD	901 Hwy 80	SAN MARCOS	78666	5123530588
Mark	Sturm	OD	901 Hwy 80	SAN MARCOS	78666	5123530588
Gemma	Alger	OD	115 Sundance Pkwy	ROUND ROCK	78681	5127824244
Ray	Sexton	OD	481 Sundance Pkwy	ROUND ROCK	78681	5122559995
Maria	Quintanilla	OD	481 Sundance Pkwy	ROUND ROCK	78681	5122559995
Brett	Hamilton	OD	481 Sundance Pkwy	ROUND ROCK	78681	5122559995
Carissa	Lumby	OD	7700 Cat Hollow Dr	ROUND ROCK	78681	5125012100
Nancy	Guenthner	OD	7700 Cat Hollow Dr	ROUND ROCK	78681	5125012100
	Eye Capitol, PA	LDO	1144 Airport Blvd	AUSTIN	78702	5129285808
Amanda	Melendez	OD	1144 Airport Blvd	AUSTIN	78702	5129285808
Valentino	Luna	LDO	2800 South IH 35	AUSTIN	78704	5124620001
Soroush	Azadi	OD	4211 South Lamar	AUSTIN	78704	5129164600
Andres	Torre	OD	710 East Ben White Blvd	AUSTIN	78704	5125862020
Sonja	Franklin	OD	2222 Rio Grande St	AUSTIN	78705	5124763937
Hansa	Huang	OD	10900 Lakeline Mall Blvd	AUSTIN	78717	5126513379
Carolyn	Miller	OD	13201 FM 620 North	AUSTIN	78717	5123352077
	Texas Medicaid & Healthcare	LDO	PO Box 202948	AUSTIN	78720	0000000000
Richard	Maybury	OD	1201 Barbara Jordan Blvd	AUSTIN	78723	5124523227
Mark	Schaper	OD	5501 B North Interstate 35	AUSTIN	78723	5124510229
Tammy	Nguyen	OD	5501 B North Interstate 35	AUSTIN	78723	5124525735
Douglas	Clark	OD	5501 B North Interstate 35	AUSTIN	78723	5124525735
Opal	Amin	OD	5501 B North Interstate 35	AUSTIN	78723	5124525735
Adam	Drees	OD	5501 B North Interstate 35	AUSTIN	78723	5124525735
Steven	Weeden	OD	5501 B North Interstate 35	AUSTIN	78723	5124510229
Shazeen	Ali	OD	7300 Ranch Rd 2222	AUSTIN	78730	5128932020
Melanie	Prosise	OD	3410 Far West Blvd	AUSTIN	78731	5124271100
Barbara	Coldiron	OD	3908 Far West Blvd	AUSTIN	78731	5123430432
Garth	Weaver	OD	3908 Far West Blvd	AUSTIN	78731	5123430432

ATTACHMENT 8 VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

PROVIDER'S FIRST NAME	PROVIDER'S LAST NAME	TYPE	ADDRESS	CITY	ZIP	PHONE NUMBER
Susan	Elizondo	OD	3908 Far West Blvd	AUSTIN	78731	5123430432
Yen	Nieman	MD	5717 Balcones Dr	AUSTIN	78731	5123277000
Jeffery	Lane	OD	5717 Balcones Dr	AUSTIN	78731	5123277000
Kristin	Sargent	MD	5717 Balcones Dr	AUSTIN	78731	5123277000
Robin	Watson	OD	5717 Balcones Dr	AUSTIN	78731	5123277000
Sylvian	Ung	OD	5717 Balcones Dr	AUSTIN	78731	5123277000
Douglas	Lewis	MD	7000 North Mo Pac Expy	AUSTIN	78731	5123277000
Nancy	Stehlik	OD	1700 Ranch Rd 620 South	AUSTIN	78734	5122639970
Scott	Williams	OD	5017 W Highway 290	AUSTIN	78735	5123000811
Robert	Ramp	OD	5017 W Hwy	SUNSET VALLEY	78735	5128922015
Bryan	Marshall	OD	11500 Bee Cave Rd	AUSTIN	78738	5124945350
Nolan	Barit	OD	12921 Shops Pkwy	AUSTIN	78738	5122756354
Thomas	Wilkins	OD	2410 East Riverside Dr	AUSTIN	78741	5123449775
Richard	Franklin	LDO	5601 Brodie Ln	AUSTIN	78745	5128992662
Sarah	Blackwelder	OD	5601 Brodie Ln	AUSTIN	78745	0000000000
Angela	Blanchard	OD	5601 Brodie Ln	AUSTIN	78745	5128992662
Elisa	Hearn	OD	2712 Bee Cave Rd	AUSTIN	78746	5123273605
Gregg	Kamnetz	OD	2712 Bee Cave Rd	AUSTIN	78746	5123273605
Julie	Gorn	OD	2901 S Capital of Texas Hwy	AUSTIN	78746	5123296092
Emily	Jordan	OD	2901 South Capital Of Texas Hwy	AUSTIN	78746	5123309513
Divya	Varu	MD	901 South Mo Pac Expy Bldg 4	AUSTIN	78746	5123470255
Jason	Reed	OD	9300 South IH-35	AUSTIN	78748	5126932020
Shusmita	Rahman	OD	9500 South IH 35	AUSTIN	78748	5122919642
Mary	Eaton	OD	9600 Interstate 35 Service Rd SB	AUSTIN	78748	5122910876
Peter	Pak	OD	4301 West William Cannon Dr	AUSTIN	78749	5128919969
Linda	Pak	OD	4301 West William Cannon Dr	AUSTIN	78749	5128919969
Parisa	Lamei	OD	5900 West Slaughter Ln	AUSTIN	78749	5122880090
Emily	Simonek	OD	1000 East 41st St	AUSTIN	78751	5129535838
Deepa	Patel	OD	1000 East 41st St	AUSTIN	78751	7372073643
Shahrokh	Rouhani	OD	5775 Airport Blvd	AUSTIN	78752	5124672020
Wilson	Hung	OD	6929 Airport Blvd	AUSTIN	78752	5125809035
Mallory	Lynch	OD	500 West Canyon Ridge Dr	AUSTIN	78753	5128373200
Felicia	Satrio	OD	1000 West 39th St	AUSTIN	78756	5123236996
Dee	Tekell	OD	1000 West 39th St	AUSTIN	78756	5123236996
Madison	Huser	OD	1000 West 39th St	AUSTIN	78756	5123236996
Collin	Tam	OD	4800 Burnet Rd	AUSTIN	78756	5124079002
Catherine	Albrecht	OD	2900 West Anderson Ln	AUSTIN	78757	5124516586
Raymond	Carneglia	OD	10401 Research Blvd	AUSTIN	78759	5123452000

ATTACHMENT 8 VISION PROVIDER LIST
SOLICITATION NO. RFP 5800 LMI3000
VISION SERVICES

PROVIDER'S FIRST NAME	PROVIDER'S LAST NAME	TYPE	ADDRESS	CITY	ZIP	PHONE NUMBER
Nadia	Rutayisire	OD	10515 North Mopac Expy	AUSTIN	78759	5123457260
Marilyn	Mccluskey	MD	11111 Research	AUSTIN	78759	5123385222
Byron	Brent	MD	11111 Research	AUSTIN	78759	5123385222
Steven	Shepard	OD	11410 Jollyville Rd	AUSTIN	78759	5123430406
Catherine	Kennedy	OD	11645 Angus Rd	AUSTIN	78759	5123455641
Carolyn	Kerr	OD	11645 Angus Rd	AUSTIN	78759	5123455641
Michael	McCormick	OD	12701 Research Blvd	AUSTIN	78759	5122582020
John	McCormick	OD	12701 Research Blvd	AUSTIN	78759	5122582020
Meghan	Schutte	OD	3921 Steck Ave	AUSTIN	78759	5123280555
Jennifer	Wood	OD	3921 Steck Ave	AUSTIN	78759	5123280555
Laura	Miller	OD	3921 Steck Ave	AUSTIN	78759	5123280555
Mark	Chavana	OD	9607 Research Blvd	AUSTIN	78759	5127943937
My	Hau	OD	9700 North Capital of Texas Highway	AUSTIN	78759	5123437000

Attachment 9: Plan Design Variance

As shown in the completed Attachment 9 below, Avēsis will duplicate the City's current vision plan. An additional optional, richer benefit plan has been included in section 12.1. Optional Plan Design.

Covered Service	Current In-Network Plan Design*	Indicate Variance
Comprehensive Eye Exam Retinal imaging	$10 copay, one exam per calendar year $39 copay	None
Contact Lens Fitting (CLF) Exam Standard CLF Exam Specialty CLF Exam	$25 copay, one exam per calendaryear $25 copay, up to $60allowance, plus15% off cost exceeding allowance. One exam per calendar year	None
Standard Eyeglass Lenses Single, lined Bifocal, Trifocal	$25 copay**, one pair per calendar year	None
Lens Options Polycarbonate lenses (Children/Adults) Standard scratch resistant coating Premium scratch-resistant Coating Scratch Protection Plan (single-vision/multifocal) Standard progressive addition lenses Premium progressive (i.e. Varilux, etc) Ultra progressive Ultimate progressive Intermediate-vision lenses Blended-segment lenses Ultraviolet coating Tinting of plastic lenses (Solid/Gradient) Plastic photochromic lenses (Transitions® Signature™) Standard anti-reflective (AR) coating Premium AR coating Ultra AR coating Ultimate AR coating High-Index lenses 1.67 High-Index lenses 1.74 Polarized lenses	 $0/$30 copay $0 copay $30 copay $20/$40 copay $50 copay $90 copay $140 copay $175 copay $30 copay $20 copay $12 copay $0 copay $65 copay $35 copay $48 copay $60 copay $85 copay $55 copay $120 copay $75 copay	None

Glass photochromic lenses Plastic photosensitive lenses Digital single vision lenses Trivex lenses Blue light filtering One year eyeglass breakage warranty	$20 copay $65 copay $30 copay $50 copay $15 copay Included at no additional cost.	
Frames (in lieu of contacts)	$25 copay**, up to $125 retail, plus 20% off cost exceeding the allowance. Up to$175 retail allowance if purchased at VisionWorks. One frame per calendar year. 30% discount off additional pairs of eyeglasses.	None
Contacts (in lieu of frames)	Once per calendar year in lieu of frames up to $120 allowance, plus 15% off cost exceeding the allowance.	None
Discounts Laser Vision Correction	25% discount	None

**One $25 copay for eyeglass lenses and frames combined

Covered Service	Current Out-of-Network Plan Design	Indicate Variance
Eye examination Frame Single-vision lenses Bifocal/Progressive lenses Trifocal lenses Lenticular lenses Elective contact lenses Visually required contacts	$42 $68 $36 $42 $61 $84 $100 $210	None

Refer to Exhibit 1 and Exhibit 3 which includes the scope of the benefits offered, coinsurance or copayments,exclusions, and limitations.

10.8. HIPAA Business Associate Agreement

Avēsis acknowledges that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the City to have a signed agreement with any contractor who is considered a business associate.

We further acknowledge that the agreement lists obligations and responsibilities of both organizations pertaining to the protection and use of the protected health information. Each entity covered by HIPAA is required to have such a contract for each organization they do business with that falls under the definition of business associate.

Attachment 10: HIPAA Business Associate Agreement

The following pages include a completed, signed Attachment 10 of the RFP.

ATTACHMENT 10 - HIPAA BUSINESS ASSOCIATE AGREEMENT

CITY OF AUSTIN PURCHASING OFFICE
REQUEST FOR PROPOSAL NO. RFP 5800 LMI3000
FLEXIBLE SPENDING ACCOUNT ADMINISTRATION

The City of Austin ("City") and Avesis Third Party Administrators, Inc. ("Contractor") hereby agree that the following terms and conditions are made a part of the Agreement, to go into effect on January 1, 2022, (such contract and this Exhibit are collectively referred to herein as "Contract"), for all purposes. The parties acknowledge that this is required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The parties acknowledge and agree that Contractor, in performing its duties under the Contract, will receive individually identifiable protected health information as defined in Section 14 below (referred to as "Protected Health Information" or "PHI"), from City and from City's contractors or enrollees, and will create, receive or use PHI on the City's behalf. Contractor agrees to maintain the privacy and security of such PHI as required by all applicable laws and regulations, including but not limited to HIPAA and the privacy and security regulations adopted under HIPAA. Without limiting the foregoing, Contractor agrees to the following:

1. **Use of PHI**: Contractor shall not and shall ensure that its directors, officers, employees, contractors, and agents (referred to collectively as "Contractor's Agents") do not use PHI other than as expressly permitted by the Contract, or as required by law. Specifically, Contractor shall use PHI only for the following purposes: receive and process claims for payment for all eligible Plan participants; maintain claims history and patient profiles; maintain current eligibility data on all Plan participants; and for the proper management and administration of its internal business processes that relate to its responsibilities under the Contract, and to fulfill its legal responsibilities. In addition, Contractor agrees that it will not sell PHI, including patient or enrollee lists, nor use any PHI to engage in "marketing," as such term is defined in Section 164.501 of Title 45, U.S. Code of Federal Regulations. The term "marketing" includes, but is not limited to, the distribution of or mailing by Contractor or its affiliates of correspondence to City enrollees or their beneficiaries.

2. **Disclosure of PHI**:

   a. *Disclosure to Third Parties*. Contractor shall not and shall ensure that Contractor's Agents do not disclose PHI to any other person or entity (other than members of Contractor's workforce as specified in subSection b. of this Section), unless disclosure is required by law, and as approved by City in writing. Any such disclosure shall be made only upon the written agreement of the subcontractor to be bound by the provisions of the Contract, for the express benefit of Contractor and City.

      To the extent that Contractor discloses PHI to a third party, Contractor must obtain, prior to making any disclosure:

      1. reasonable assurances from such third party that PHI will be held confidential as provided in the Contract, and only disclosed as required by law or for the purposes for which it was disclosed to such third party; and

      2. an agreement from such third party to immediately notify Contractor of any breaches of the confidentiality of PHI, to the extent it has obtained knowledge of such breach.

   b. *Disclosure to Workforce*. Contractor shall not disclose PHI to any member of its workforce unless Contractor has advised such person of Contractor's obligations under the Contract, and of the consequences for such person and for Contractor of

violating them. Contractor shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in contravention of this Contract.

3. **Safeguards**: Contractor shall implement all appropriate safeguards to prevent use or disclosure of PHI other than as permitted by the Contract. Contractor shall provide City with such information concerning the safeguards as City may from time to time request and shall, upon reasonable request, give City access for inspection and copying to Contractor's facilities used for the maintenance and processing of PHI, and to its books, records, practices, policies, and procedures concerning the use and disclosure of PHI. In addition, Contractor and Contractor's Agents shall comply with the minimum necessary requirements set forth in the HIPAA privacy regulations when using or disclosing PHI. Contractor also agrees to mitigate, to the extent possible, any harmful effects of an improper use or disclosure of PHI by Contractor in violation of the requirements of the Contract.

4. **Accounting of Disclosures**:

   (a) Contractor shall maintain a record of all PHI disclosures made other than for the permitted purposes of the Contract, including the date of disclosure, the name and, if known, the address of the recipient of the PHI, a brief description of the PHI disclosed, and the purposes of the disclosures.

   (b) Within ten (10) calendar days of notice by City to Contractor that City has received a request for an accounting of disclosures of PHI regarding an individual, Contractor shall make available to City such information as is in Contractor's possession and is required for City to make the accounting.

5. **Reporting of Disclosures of Protected Health Information**: Contractor shall, within five (5) business days (Monday - Friday) of becoming aware of a use or disclosure of PHI in violation of this Contract by Contractor or Contractor Agents, report such disclosure or use in writing to Chris Echols in the Employee Benefits Division of the City's Human Resources Department and describe remedial action taken or proposed to be taken with respect to such use or disclosure.

6. **Contracts by Third Parties**: Contractor shall enter into an agreement with any agent or subcontractor that will have access to PHI that is received from, or created or received by Contractor on behalf of City, in which such agent or subcontractor agrees to be bound by the same restrictions, terms, and conditions that apply to Contractor under this Contract.

7. **Disclosure to U.S. Department of Health and Human Services:** Contractor shall make its internal practices, books and records, including policies and procedures, relating to the use and disclosures of PHI available to the Secretary of the United States Department of Health and Human Services, for purposes of determining compliance with HIPAA.

8. **Access by Individuals:** Within ten (10) calendar days of receipt of a request by City, Contractor shall permit any individual whose PHI is maintained by Contractor to have access to and to copy his or her PHI, in the format requested, unless it is not readily producible in such format, in which case it shall be produced in hard copy format. In the event any individual requests access to PHI held by Contractor directly from Contractor, Contractor shall, within two (2) days forward such request to City. Any denial of access

to the PHI requested shall be the responsibility of City.

9. **Correction of PHI**: Contractor agrees to make any amendments to PHI that the City directs or agrees to under HIPAA. City shall provide Contractor with written instructions regarding any such amendment.

10. **Amendment**: Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or the publication of any decision of a court of the United States or Texas relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, City may, by written notice to Contractor, amend this Contract in such manner as City determines necessary to comply with such law or regulation. If Contractor disagrees with any such amendment, it shall so notify City in writing within thirty (30) days of the date of the notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate the Contract upon written notice to the other.

11. **Breach:** Without limiting the rights of the parties under Section 2 this Agreement, should Contractor breach any of its obligations under this Amendment, City may, at its option:

    a. Exercise any of its rights of access and inspection under Section 2 of this Agreement;

    b. Provide Contractor with notice of the breach and an opportunity to cure such breach within thirty (30) calendar days of the notice of breach. If Contractor fails to cure the breach to City's satisfaction within such cure period, City may terminate the Contract by providing written notice to Contractor. If Contractor cures the breach within the cure period, City may require Contractor to submit to a plan of monitoring and reporting of uses and disclosures of PHI, as City may determine necessary to maintain compliance with this Amendment. Any such monitoring plan shall be made a part of the Contract;

    c. Immediately terminate the Contract, with or without an opportunity to cure the breach; or

    d. If termination is not feasible, report the breach to the Secretary of the United States Department of Health and Human Services.

    City's remedies under this Agreement shall be cumulative, and the exercise of any remedy shall not preclude the exercise of any other.

12. **Procedure Upon Termination.**

    (1) Except as provided in paragraph (2) below, upon termination of the Contract, for any reason, Contractor shall return or destroy all PHI received from City or created or received by Contractor on behalf of City. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of the PHI.

    (2) In the event that Contractor determines that returning or destroying the PHI is not feasible, Contractor shall provide to City written notification of the conditions that make return or destruction infeasible. Upon agreement by City that return, or destruction of PHI is not feasible, Contractor shall extend the protections of this Contract to such PHI and limit further uses and disclosures of such PHI to those

purposes that make the return or destruction infeasible, for so long as Contractor maintains the PHI.

13. **Indemnification.** Contractor shall indemnify and hold harmless City from and against any and all costs, liabilities, losses, damages and expenses (including, but not limited to, reasonable attorneys' fees) resulting from any claim, lawsuit or proceeding brought by a third party against City and arising from or related to a breach or alleged breach by Contractor or Contractor's Agents of the obligations referenced herein. Contractor's obligation to indemnify shall survive the expiration or termination of the Contract.

14. **Definitions for Use in this Addendum**:

(a) *HIPAA Rules and/or HIPAA* shall mean the Privacy, Security, Breach Notification, and Enforcement Rules implementing HIPAA and set out at 45 CFR Part 160 and Part 164.

(b) *Individually Identifiable Health Information* shall mean information that is a subset of health information, including demographic information collected from an individual, that:

(i) is created or received by a health care provider, health plan, employer, or healthcare clearinghouse; and

(ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

(b) *Protected Health Information* shall mean Individually Identifiable Health Information that is (i) transmitted by electronic media; (ii) maintained in any medium constituting electronic media; or (iii) transmitted or maintained in any other form or medium.

(c) *Agent and Subcontractor* shall mean a third party who is not an employee in the workforce of the Business Associate and who receives Protected Health Information form the Business Associate for purposes of carrying out any part of the Business Associate's responsibilities under its services agreement with the City.

(d) *Business Associate* shall have the meaning as the term "business associate" set out at 45 CFR Part 160.103, and in reference to the party of this agreement, shall be the party designated as a Business Associate.

CITY OF AUSTIN PURCHASING OFFICE
REQUEST FOR PROPOSAL NO. RFP 5800 XXXXXX
FLEXIBLE SPENDING ACCOUNT ADMINISTRATION

"CITY"

CITY OF AUSTIN, A Home Rule Municipality

Signature: _____

Printed Name: _____

Title: _____

"CONTRACTOR"

Signature: Michael Reamer

Printed Name: Michael Reamer

Title: Chief Marketing Officer

10.10. Exceptions

Avēsis takes no exceptions to any portion of the Solicitation.

10.11. Local Business Presence

While Avēsis maintains locations and employees in Texas, including the key account team that will serve the City, we currently do not qualify for Local Business Presence. Please note that Avēsis is willing to contract with a MWBE located in the Austin Corporate City Limits for enrollment assistance and health fair events

10.12. Service-Disabled Veteran Business Enterprise

Avēsis is not certified by the State of Texas, Comptroller of Public Accounts as a Historically Underutilized Business and is not a Service-Disabled Veteran Business Enterprise.

11. Offer and Certifications

The following pages include each of the applicable forms requiring completion within RFP 5800 LMI3000.

OFFER CERTIFICATION

Instructions. Offerors shall complete and sign the Offer Certification section of this section as indicated. Offerors shall not complete any portions of the Acceptance section below. Submittals with incomplete and/or unsigned Offer Certification are not considered to be Offers and will be rejected as nonresponsive.

Company Name: **Avēsis Third Party Administrators, Inc.**

Company Address: **10400 N. 25th Avenue, Suite 200**

City, State, Zip: **Phoenix, AZ 85021**

Company's Austin Finance Online Vendor Registration No. **V00000968993**

Company's Officer or Authorized Representative: **Michael Reamer**

Title of Officer or Authorized Representative: **Chief Marketing Officer**

Email: **mreamer@avesis.com** Offeror's Phone: **410.413.9162**

Offeror's Signature: Michael Reamer Date: **2/22/2021**

OFFER: The above signed, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Offeror, by submitting and signing below, acknowledges that he/she has received and read the entire document packet including all revisions, and addenda and agrees to be bound by the terms therein.

ACCEPTANCE BY THE CITY

For City Staff only. The City will complete and sign this section only if the City accepts the Offer.

Contract Number:_____

Printed Name of City's Authorized Procurement Staff: _____

Title of City's Authorized Procurement Staff: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

ACCEPTANCE: The Offer is hereby accepted. Contractor is now bound to sell the materials or services specified in the Contract.

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has read the following and will comply with Austin City Code, Sec. 5-4-2.

1. Not to engage in any discriminatory employment practice defined in this chapter;

2. To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment;

3. To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.

4. To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.

5. To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.

6. To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.

7. To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of $2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter.

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Non-Discrimination and Non-Retaliation Policy set forth below.

MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICY

1. As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations. The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

2. The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

3. Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their compliant, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

4. Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and nonretaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

5. UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NONDISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

6. Contractor agrees that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

7. The Contractor agrees that this Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filling. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

SUSPENSION AND DEBARMENT CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has **NOT** been debarred from contracting with the City of Austin, any other local governments or states, or the US federal government.

Suspended or Debarred Offerors. The City finds that offerors, including any subcontractors that may be included in the Offer, that are suspended or debarred from contracting with the US federal government, any state or local government, as of the submission date of their offer, are not sufficiently responsible to contract with the City. The City may reject and set aside any offer, or terminate for cause any contract resulting from an offer, in which the offeror falsely certified they were not suspended or debarred when in fact they were.

NON-COLLUSION AND NON-CONFLICT OF INTEREST CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has **NOT** engaged in collusion and is not aware of any conflicts of interests as described below.

Offeror. The term "Offeror", as used in this document, includes the individual or business entity submitting the Offer. For the purpose of this Affidavit, an Offeror includes the directors, officers, partners, managers, members, principals, owners, agents, representatives, employees, other parties in interest of the Offeror, and any person or any entity acting for or on behalf of the Offeror, including a subcontractor in connection with this Offer.

Anti-Collusion Statement. Offeror has not in any way directly or indirectly:

a. colluded, conspired, or agreed with any other person, firm, corporation, Offeror or potential Offeror to the amount of this Offer or the terms or conditions of this Offer.

b. paid or agreed to pay any other person, firm, corporation Offeror or potential Offeror any money or anything of value in return for assistance in procuring or attempting to procure a contract or in return for establishing the prices in the attached Offer or the Offer of any other Offeror.

Preparation of Solicitation and Contract Documents. Offeror has not received any compensation or a promise of compensation for participating in the preparation or development of the underlying Solicitation or Contract documents. In addition, the Offeror has not otherwise participated in the preparation or development of the underlying Solicitation or Contract documents, except to the extent of any comments or questions and responses in the solicitation process, which are available to all Offerors, so as to have an unfair advantage over other Offerors, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.

Participation in Decision Making Process. Offeror has not participated in the evaluation of Offers or other decision making process for this Solicitation, and, if Offeror is awarded a Contract no individual, agent, representative, consultant, subcontractor, or sub-consultant associated with Offeror, who may have been involved in the evaluation or other decision making process for this Solicitation, will have any direct or indirect financial interest in the Contract, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.

Present Knowledge. Offeror is not presently aware of any potential or actual conflicts of interest regarding this Solicitation, which either enabled Offeror to obtain an advantage over other Offerors or would prevent Offeror from advancing the best interests of the City in the course of the performance of the Contract.

City Code. As provided in Sections 2-7-61 through 2-7-65 of the City Code, no individual with a substantial interest in Offeror is a City official or employee or is related to any City official or employee within the first or second degree of consanguinity or affinity.

Chapter 176 Conflict of Interest Disclosure. In accordance with Chapter 176 of the Texas Local Government Code, the Offeror:

a. does not have an employment or other business relationship with any local government officer of the City or a family member of that officer that results in the officer or family member receiving taxable income; Section 0810, Non-Collusion, 1 Revised 12/22/15 Non-Conflict of Interest, and Anti-Lobbying Certification;

b. has not given a local government officer of the City one or more gifts, other than gifts of food, lodging, transportation, or entertainment accepted as a guest, that have an aggregate value of more than $100 in the twelve month period preceding the date the officer becomes aware of the execution of the Contract or that City is considering doing business with the Offeror; and

c. does not have a family relationship with a local government officer of the City in the third degree of consanguinity or the second degree of affinity.

ANTI-LOBBYING CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has and will continue to comply with the City's Anti-Lobbying Ordinance, Chapter 2-7, Article 6.

Applicability. This Solicitation is subject to City Code, Ch. 2-7, Article 6, Anti-Lobbying and Procurement.

No Lobbying Period. The No-Lobbying Period begins on the data this Solicitation was initially published and continues through the earlier of (i) 60-days following Council authorization of any contracts resulting from this Solicitation, (ii) the date the last resulting contract is signed, (iii) the date this Solicitation is cancelled.

Prohibited Communications. During the No Lobbying Period, Respondents to this Solicitation or their Agents, shall not make prohibited communications to City officials or City employees.

Ordinance. https://www.austintexas.gov/financeonline/afo_content.cfm?s=15&p=145

Rules. https://www.austintexas.gov/financeonline/afo_content.cfm?s=16&p=77

NONRESIDENT BIDDER AND MANUFACTURING CERTIFICATION

Instruction. Offerors shall read and checking the applicable boxes in response to both certifications below.

☒ **YES** ☐ **NO**
(Check One)

OFFEROR HEREBY CERTIFIES
Offeror **IS (YES)** or **IS NOT (NO)** a Nonresident Bidder in accordance with Texas Government Code Ch. 2252.002.

If "Yes" is checked, provide the name of the state where Nonresident Bidder's Principle Place of Business is located.

Arizona
(State)

☐ **YES** ☒ **NO**
(Check One)

OFFEROR HEREBY CERTIFIES
Offer **INCLUDES (YES)** or **DOES NOT INCLUDE (NO)** Equipment, Supplies and/or Materials in accordance with Texas Government Code Ch. 2252.002

If "YES" is checked, provide the name of the State where majority of the Equipment, Supplies and/or Materials were manufactured

Click or tap here to enter text.
(State)

Reciprocal Preference. In accordance with Texas Government Code Ch. 2252.002 (see below), the City must apply a reciprocal preference to a Nonresident Bidder's offer, consistent with the applicable preference granted by the state of the Nonresident Bidder's principal place of business. The City will also apply a reciprocal preference to a Resident Bidder or Nonresident Bidder's offer, consistent with the applicable preference granted by the state where the majority of the equipment, supplies and/or materials were manufactured.

Resident bidder. An Offeror whose principal place of business is in Texas, including a contractor whose ultimate parent company or majority owner has its principal place of business in Texas.

Nonresident Bidder. An Offeror that is not a Resident Bidder.

Statute: https://statutes.capitol.texas.gov/Docs/GV/htm/GV.2252.htm

LOCAL PRESENCE CERTIFICATION – OPTIONAL

Instruction. Offerors wishing to claim Local Presence shall read and acknowledge this certification by checking the applicable box and providing the physical address below.

OFFEROR HEREBY CERTIFIES
Offeror's **HEADQUARTERS** or a **BRANCH OFFICE** is within the Austin Corporate City Limits.

☐ **HEADQUARTERS**
☐ **BRANCH OFFICE**
(Check One)

None
(Physical Address of Offeror's Headquarters or Branch Office)

Do you employ anyone at the location checked above who is a resident of the City of Austin?

☐ **Yes**
☐ **No**
(Check One)

Benefit to the City. In accordance with Resolution, 20140807-113, Council has determined that contracts awarded to local companies that provide employment to Austin residents is an economic benefit.

Local Presence. Offerors may claim Local Presence if at least one (1) of the following are located within the Austin Corporate City Limits, employing residents of Austin.
1. Headquarters; or
2. Branch office.

Austin Corporate City Limits. The City of Austin's Full Purpose Jurisdiction, not including the City's Extraterritorial Jurisdiction.

Headquarters. The Offeror's administrative center where most of the company's important functions and full responsibility for managing and coordinating the business activities of the firm are located.

Branch Office. A company office other than the Offeror's headquarters, that has been in place for at least five (5) years.

SUBCONTRACTING UTILIZATION FORM

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:
a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Avēsis Third Party Administrators, Inc.		
City Vendor ID Code	V00000968993		
Physical Address	10400 N. 25th Avenue, Suite 200		
City, State Zip	Phoenix, AZ 85021		
Phone Number	281.682.0989	Email Address	mreamer@avesis.com
Is the Offeror City of Austin M/WBE certified?	☒ NO ☐ YES Indicate one: ☐ MBE ☐ WBE ☐ MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form,** and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract

Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Michael Reamer, Chief Marketing Officer — Michael Reamer 2/21/2021

Name and Title of Authorized Representative (Print or Type) — Signature/Date

SUBCONTRACTING UTILIZATION PLAN

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☐ **I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;
STEP TWO: Perform Good Faith Efforts (Check List provided below);
STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☐ **Advertise**. Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐ MBE ☐ WBE	Ethnic/Gender Code: ☐ NON-CERTIFIED
Company Name		
Vendor ID Code		
Contact Person		Phone Number:
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$	
List commodity codes & description of services		
Justification for not utilizing a certified MBE/WBE		

Subcontractor/Sub-consultant		
City of Austin Certified	☐ MBE ☐ WBE	Ethnic/Gender Code: ☐ NON-CERTIFIED
Company Name		
Vendor ID Code		
Contact Person		Phone Number:
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$	
List commodity codes & description of services		
Justification for not utilizing a certified MBE/WBE		

SMBR Contact Information			
SMBR Contact Name	**Contact Date**	**Means of Contact**	**Reason for Contact**
		☐ Phone **OR** ☐ Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

_____ _____

Reviewing Counselor Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

_____ _____

Director/Assistant Director or Designee Date

12. Attachments

12.1. Optional Plan Design

While the core vision plan we have proposed matches the City's current benefit levels, we would also like to discuss with the City the option for employees to purchase a high-option plan that:

- Lowers the materials copayment
- Increases the frame and contact lens benefit
- Covers fit and follow-up in full
- Covers the most popular lens options in full, including
  - Polycarbonate (Single Vision/Multi-Focal)
  - Standard Scratch-Resistant Coating
  - Ultra-Violet Screening
  - Solid or Gradient Tint
  - Standard Anti-Reflective Coating
  - Level 1 Progressives

The following page includes the plan design and rates for this optional plan.

Vision Plan Proposal For: City of Austin - Buy-Up Option

Effective Date: January 1, 2022

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after $10 copay	Up to $35
Contact Lens Fit and Follow-up		
Standard Contact Lens Fitting	Covered in full	Up to $25
Custom Contact Lens Fitting	Covered in full	Up to $25
MATERIALS*	$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	$150 allowance	Up to $50
Standard Spectacle Lenses		
Single Vision	Covered in full after $10 copay	Up to $25
Bifocal	Covered in full after $10 copay	Up to $40
Trifocal	Covered in full after $10 copay	Up to $50
Lenticular	Covered in full after $10 copay	Up to $80
Prefered Pricing Options Level 5 Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to $10
Standard Scratch-Resistant Coating	Covered in Full	Up to $5
Ultra-Violet Screening	Covered in Full	Up to $6
Solid or Gradient Tint	Covered in Full	Up to $4
Standard Anti-Reflective Coating	Covered in Full	Up to $24
Level 1 Progressives	Covered in Full	Up to $40
Level 2 Progressives	$110	Up to $40
All Other Progressives	$120 allowance + 20% discount	Up to $40
Transitions® (Single Vision/Multi-Focal)	$70/$80	N/A
Polarized	$75	N/A
PGX/PBX	$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	$150 allowance	Up to $128
Medically Necessary	Covered in full	Up to $250
Refractive Laser Surgery	Onetime/lifetime $150 allowance Provider discount up to 25%	Onetime/lifetime $150 allowance

PLAN DETAILS

Contribution	Employer Paid	
Frequency		**Rates**
Eye Exam	Once every 12 months	Employee Only: $10.90
Lenses and Contact Lenses	Once every 12 months	Employee + Spouse: $19.94
Frame	Once every 12 months	Employee + Child(ren): $23.29
		Employee + Family: $29.30

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Employer Paid - Minimum group size and participation of 2 eligible employees. Minimum contribution of 75% toward the EO Rate.

Voluntary Groups - Minimum group size and participation of 2 eligible employees. Minimum 0-49% Employer contribution on the EO Rate.

Contributory Groups - Minimum groups size and participation of 2 eligible employees. Minimum 50-74% contribution on the EO Rate.

Policies and rates are guaranteed for 4 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

avēsis a GUARDIAN company

150150CY3L5

Discounts are not insured benefits.
*At participating Walmart/Sam's locations, retail pricing for your plan is $82. At participating Costco locations, retail pricing is $84.99.
†Prior Authorization is required for medically necessary contacts.

USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

1) Orthoptics or vision training;
2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
3) Plano (non-prescription) lenses, sunglasses;
4) Two pair of glasses in lieu of bifocal lenses;
5) Any medical or surgical treatment of eye or supporting structures;
6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether
Federal, State, or subdivision thereof.
9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2) Medical or surgical procedures, services, or treatments:not specifically covered under this Rider;
    a. provided free of charge in the absence of insurance
    b. payable under any Workers' Compensation law or similar statutory authority
    c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

avēsis
a GUARDIAN company

12.2. Plan Documents and Materials

The following pages include samples of items Avēsis will require the City to complete, as well as sample plan and marketing materials.

avēsis
ESSENTIAL BENEFITS

Application for Vision Care Benefits

Underwritten by Avesis Insurance Company
Phoenix, Arizona

I. EMPLOYER INFORMATION

Employer Name: _____ Tax ID#: _____

DBA Name (if other than above) _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if other than above)

Key Contact: _____ Title: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Executive Contact: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Type of Business: ☐ Proprietorship ☐ Corporation ☐ Partnership ☐ Other (Specify) _____

If any subsidiary or affiliated companies are to be insured or any Employees are working at a location other than the address above, please explain:

_____

_____

Will this plan replace any existing coverage: ☐ Yes ☐ No (if yes, indicate name and address of existing insurer)

Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

(If "yes," are any employees on COBRA)? ☐ Yes ☐ No How many? _____

Effective date of existing coverage: _____

Termination date of existing coverage (if applicable): _____

Number of full-time employees: _____ Number applying: _____

Are domestic partners covered under this plan?* ☐ Yes ☐ No *except as required by state law

Unless your specific state mandates otherwise, do you wish to cover dependents until age 26, regardless of financial dependency, residency, student status or marital status? ☐ Yes ☐ No

II. PLAN SELECTION

☐ **Employer Paid** ☐ **Voluntary**

	Exam	Lenses	Frame	Contact Lenses
☐ AVESIS Advantage Vision Basic Plan	☐ 12 months,	12 months,	12 months,	12 months
☐ AVESIS Advantage Vision Enhanced Plan	☐ 12 months,	12 months,	24 months,	12 months
☐ AVESIS Advantage Vision Plus Plan	☐ 12 months,	12 months,	24 months,	24 months
☐ AVESIS Advantage Vision Preferred Plus Plan	☐ 12 months,	24 months,	24 months,	24 months
☐ Other _____	☐ 24 months,	24 months,	24 months,	24 months
	☐ __ months,	__ months,	__ months,	__ months

Select Tier Structure: ☐ 2 Tier ☐ 3 Tier ☐ 4 Tier

Co-payment: **$** _____ **Examination** **$** _____ **Other**

$ _____ **Frames/Lenses** **$** _____ **Other**

	No. of employees		Rate		Total Remittance
Employee Only	_____	X $	_____	=	$ _____
Employee + Spouse	_____	X $	_____	=	$ _____
Employee + Child(ren)	_____	X $	_____	=	$ _____
Employee + Family	_____	X $	_____	=	$ _____
			TOTAL	=	$ _____

III. PREMIUMS

Employee contribution towards premium?: ☐ Yes ☐ No

Employer's Premium Contribution for: Employees: % _____ Dependents: % _____

Are Employee and Dependent premiums being paid through a Section 125 Plan? ☐ Yes ☐ No

Are Employee and Dependent premiums being collected by payroll deduction? ☐ Yes ☐ No

Premium received with application: _____

Note: Please attach a list of all participants to this application. Premiums shall be payable in advance.

IV. ELIGIBILITY (Choose one)

PROBATIONARY PERIOD FOR NEW EMPLOYEES ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 120 Days

☐ 180 Days ☐ Other _____

Probationary Period is Waived for Present Employees: ☐ Yes ☐ No

ELIGIBLE CLASS (Choose One)

☐ The Employees eligible for insurance under the Policy shall be **all the full-time Employees** of the above-named Employer and each Employee's Dependents. If both husband and wife are Employees, either the husband or wife, but not both, may elect coverage for their Dependents. Eligible Dependents may be added to the Policy on any premium due date.

No Part-time Employee, or his or her Dependents, may be included as Eligible Persons.

☐ As used here, full-time Employee means an Employee who is performing all the usual duties of his or her position at the Employer's usual place of business at least 20-40 or more hours per week. A part-time Employee is an Employee who does not meet this definition.

Dependents may not be included as Eligible Persons unless the Dependent's parent or spouse is covered under the Policy.

☐ The Employees eligible for insurance under the Policy shall be **all the Employees** of the above named Employer, and each Employee's Dependents. If both husband and wife are Employees, either the husband or wife, but not both, may elect coverage for their Dependents. Eligible Dependents may be added to the Policy on any premium due date.

The Employees eligible for insurance under the Policy shall be _____

_____

DATE ELIGIBLE

1. Each Employee included in an Eligible Class on the Policyholder's Effective Date will be eligible on that date, provided the Employee has completed any required probationary period shown below.
2. Each Employee included in an Eligible Class on the Policyholder's Effective Date, and who had partially satisfied the required probationary period prior to the Policyholder's Effective Date, will be eligible for coverage on the first day after completion of the probationary period.
3. Each Employee who enters an Eligible Class AFTER the Policyholder's Effective Date will be eligible on the first day of the calendar month coinciding with or next following:
   a. completion of any required probationary period; or
   b. the Employee's date of employment, if a probationary period is not required.

EMPLOYEE ENROLLMENT

1. Each Employee may request coverage for him or herself and eligible Dependents.
2. The Company reserves the right, based upon Our underwriting procedures, to require that the eligible Employee and/or eligible Dependent of a Policyholder submit an enrollment form and agree to pay any premium contribution, if required, before coverage will become effective for the Employee and/or Dependent.

DELAYED ENROLLMENT

Each Employee who waives or declines insurance when he or she becomes eligible will not be eligible again until the next Policy anniversary date or _____. If insurance is waived or declined for eligible Dependents then those Dependents will not become eligible again until the next Policy anniversary date or _____.

PARTICIPATION REQUIREMENT

The Policyholder is required to maintain the minimum participation requirements of the Company as follows:

If part of the premium is derived from funds contributed by the insured Employees, at least 10-25% of the eligible Employees must elect to make the required contribution, and at least 2-100 Employees must be covered on the Policy's Effective Date.

When a contribution is not required by the Employee, then 100% of the eligible Employees must be covered at all times.

V. EFFECTIVE DATE

It is desired that the policy shall become effective at 12:01 A.M. Standard Time at the Employer's address herein, on the _____ day of _____, _____ , provided this application shall have been accepted by the Company.

The Policy, if issued, rates are guaranteed for a term of _____ {months} {year(s)}.

The total premium rate is subject to modification based upon any change in benefits, policyholder contributions, number of eligible employees, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Company's risk in underwriting this coverage. The rate guarantee is also subject to change for any regulatory assessments, fees, or taxes created by federal or state governments, and the associated administrative costs.

The Employer hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Employer agrees to maintain and furnish any records necessary to administer the plan, and to forward premiums monthly in advance.

The Employer certifies that all the information shown on this application and any attachments are correct and complete and understands that the Insurance Company intends to rely on this information in determining whether or not the enrolling Employees may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE INSURANCE COMPANY**; and that no field representative of the Insurance Company has the authority to modify any conditions of application, or policies, by making any promise or representation. It is understood that the insurance as to any Employee will not become effective on the date insurance should otherwise become effective if he is not at work on such date performing all duties of his occupation and otherwise meets the requirements of the Insurance Company.

I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile.

Dated at: _____ this _____ day of _____ , 20 _____

Signed for the Employer: _____ Title: _____

Separate Billing Required: ☐ Yes ☐ No (if yes, please attach names of classifications, location addresses and contact)

We wish to be included in the Avesis e-billing system: ☐ Yes ☐ No

WRITING BROKER'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s).

Firm Name: _____

Broker Name: (print) _____ Broker No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Commission Check Payable to: _____ Firm Name: _____ Tax ID#: _____

Commission Check Payable to: _____ Broker Name: _____ SS#: _____

Broker Signature: _____ Phone: _____

This application signed this _____ day of _____ , 20 _____

APPLICATION INSTRUCTIONS

Complete this application form. Be sure to sign where indicated above.

Return the completed application form along with the first month's premium payable to AVESIS INSURANCE COMPANY to:

Avesis Third Party Administrators, Inc.
P.O. Box 53548
Phoenix, Arizona 87072-3548

Subsequent payments to be payable to AVESIS INSURANCE INCORPORATED and sent to the address above.

FRAUD WARNING NOTICE	
For residents of all states (except the following:)	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
Arkansas, Louisiana Rhode Island, West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas, Oregon, Texas, Vermont	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement is guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
North Carolina	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee, Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vision Resources

At Avēsis, we strive to give you the simplicity you seek when using your benefits and signing up online to manage them. Here, we show you exactly what you'll need to get started.

Using Your Benefits

1. Select a provider from our Provider Directory at www.avesis.com. Search by provider type, name, zip code, location, mile radius, and more, then further narrow your search to include other preferences.
2. Call to schedule an appointment, identifying yourself as an Avēsis member; confirm the provider accepts Avēsis. No ID cards are necessary to recieve services.
3. At your visit, pay any copays and non-covered expenses.

That's it! It really is as easy as 1-2-3.

Signing Up Online

1. Visit www.avesis.com and click Members from the top navigation.
2. Click Sign Up to register your account. You'll be required to enter your first and last names, date of birth, mobile phone number, and email address.
3. Create a username and password that conforms with the password requirements.
4. Click Submit & Get Started.

Once you're registered, you'll get a confirmation message that your registration was successful. Log in and use the dashboard to search for providers; check eligibility; view vision benefits, claim status, and forms and documents; print an ID card; get messages; and edit your profile.

Learn more about sight through our FAQs, glossary, and vital vision facts.

Need Assistance?
Our Customer Care Center can be reached at 800-828-9341, Monday through Friday, 7:00 a.m. to 8:00 p.m. EST.

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Rev (1/19) | 078

Avēsis
10400 N. 25th Ave.
Suite 200
Phoenix, AZ 85021

www.avesis.com

avēsis
a GUARDIAN company

Member Technology

Using and managing your healthcare benefits should fill you with a sense of wellbeing. Avēsis makes it easy with our Member Portal. The first step is signing up. Visit www.avesis.com, and click Members. The only thing you'll need is information you already know, like your name and date of birth. Once you're registered, you'll have the secure access you seek to everything you need for clear vision!

Need Assistance?
Our Customer Care Center can be reached at 800-828-9341, Monday through Friday, 7:00 a.m. to 8:00 p.m. EST.

Print ID Cards
Didn't get one in the mail yet? Need an extra? Lost your card? Print a replacement easily right from our portal. But remember: you never need to show your ID to receive benefits.

See Claims Status
If you've submitted a claim for an out-of-network service, you can see its progress here. You can also check to see whether Avēsis has paid your vision care provider.

View Benefit Summaries
See the full range of benefits—from eye exams to LASIK—of your plan for you and all non-adult members covered under your plan.

Check Eligibility
Wonder when you can get that pair of frames you've been longing for? See when you had service last and when you'll be eligible again!

Search for Providers
Find your most convenient provider from among the tens of thousands who participate with us. Search by mile radius, provider name, city and state, and more.

Nominate Providers
Don't see your eye doctor on our list? Nominate one using a handy form on our website. Give us as much information as you can, and we'll do the rest!

Learn More
Good ocular health begins with you. Learn more about sight through our FAQs, glossary and vital vision facts.

Avēsis Incorporated and Avēsis Third Party Administrators, Inc., are wholly owned subsidiaries of Guardian. Guardian® is a registered service mark of The Guardian Life Insurance Company of America, New York, New York. #2019-74423 (exp. 8/19)

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Rev (1/19) | 012

Avēsis
10400 N. 25th Ave.
Suite 200
Phoenix, AZ 85021

www.avesis.com

Vision Retail Flyer

We've Got You Covered

See for Miles and Miles

Networks are the fabric of a benefits program. Ours is tightly woven—with credentialed, well-respected vision care providers—to bring you insurance coverage you can trust no matter where you travel throughout the entire country.

Set Your Sights on Convenience

Our national network has been built with you in mind! Having a balanced mix of independent and retail ophthalmologists, optometrists, and opticians makes it easy to find the right provider for your eye care needs. With over 75,000 access points, it's no wonder 97 percent of Avēsis members stay in network.

Go the Distance with Us

Visit www.avesis.com and click Provider Search to find a network provider.

Looking for LASIK doctors who participate with us? Visit the QualSight LASIK® website for a list. (www.qualsight.com/-avesis)

Still have questions? Call 800-828-9341.

Here are just a few of the major retailers who participate with Avēsis:

- America's Best Contacts & Eyeglasses™
- Cohen's Fashion Optical®
- Costco® Wholesale
- Eyeglass World®
- Eyemart Express™
- EyeMasters
- For Eyes
- JCPenney Optical
- Midwest Vision Centers
- MyEyeDr.
- Nationwide™ Vision
- Pearle Vision®
- Sam's Club®
- Sears Optical®
- Shopko®
- Sterling Optical®
- SVS Vision Optical Centers
- Target® Optical
- TSO™ Texas State Optical
- Visionworks®
- Walmart®

Some locations may not offer all services. Full-service or materials-only status can be found through the provider search tool. Please check www.avesis.com prior to scheduling an appointment. Avēsis Incorporated and Avēsis Third Party Administrators, Inc. (Avēsis), are wholly owned subsidiaries of Guardian. Guardian® is a registered service mark of The Guardian Life Insurance Company of America, New York, NY. ©2019 Avēsis Incorporated. ©2019 Guardian. All rights reserved. Used with express permission. QualSight® LASIK is a vision correction benefit management company that provides certain vision correcting procedures through a third-party arrangement between Avēsis and QualSight. #2019-78289 (exp. 5/20).

Rev (05/19) | 044

Avēsis
10400 N. 25th Ave.
Suite 200
Phoenix, AZ 85021

www.avesis.com

Avēsis Vision Delivered

Vision at a Distance

Update Your Vision—and Your Look—From The Comfort Of Home

Introducing Avēsis Vision Delivered, powered by UVP. It's just what you need to keep your vision sharp and your look fresh when visiting your provider for new glasses is inconvenient. Shop online using your in-network benefits—no claim form required. Avēsis Vision Delivered delivers!

Get The Most Out Of Your Vision Insurance Benefits

Call customer service, available 24/7, at 844-244-1184 with any questions or concerns.

Use our virtual try-on tool that shows members how the glasses will look on you.

Enjoy a risk-free shopping experience with free shipping and returns.

Choose from over 6,000 styles of glasses and sunglasses, including designer brands.

Choose state-of-the-art coatings and lenses for all prescription types: blue light blocking, mirrored, polarized, Transitions®, polycarbonate, digital progressive, and thin high-index lenses.

Getting glasses online is easy!

1. Log into your Avēsis account.
2. Click the link to our online portal.
3. Explore thousands of styles.
4. Try on glasses virtually.
5. Complete your order. (You can enter your prescription manually or upload a photo of it to your account.)
6. Enjoy free shipping, free returns, and a risk-free, money-back guarantee.

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Avēsis
10400 N. 25th Ave.
Suite 200
Phoenix, AZ 85021

www.avesis.com

000001

JOHN Q SAMPLE
10324 S. DOLFIELD RD
OWINGS MILLS, MD 21117-3991

>000000 99999 001 P50090

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a GUARDIAN company

10400 N. 25th Avenue Suite 200
Phoenix AZ 85021

Welcome to the Avesis Vision Plan

You have joined millions of people who use Avesis to meet their vision care needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!

avēsis
a GUARDIAN company

MEMBER NAME
JOHN Q SAMPLE

MEMBER #	EFFECTIVE DATE	EXAM
219865212X	**01/01/2011**	**$10 COPAY**

PLAN #	D-CODE	MATERIALS
924-L3	**FAM**	**$10 COPAY**

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MEMBER NAME
JOHN Q SAMPLE

MEMBER #	EFFECTIVE DATE	EXAM
219865212X	**01/01/2011**	**$10 COPAY**

PLAN #	D-CODE	MATERIALS
924-L3	**FAM**	**$10 COPAY**

Welcome to the Avesis Vision Plan

Attached are your new vision care identification cards that will assist our network providers in verifying coverage.

Need Assistance in Locating a Provider?

When you need to visit an eyecare professional the Avesis website, www.avesis.com provides easy provider lookup tools to find a location convenient for you. In addition to the website, calling our Customer Service Center at 1-800-828-9341 will also provide assistance in locating a provider. Call center hours are Monday - Friday 7:00 am - 8:00 pm (EST).

Important Contact Information

Website: www.avesis.com
Members call: 1-800-828-9341
Providers call: 1-866-234-4806

Attention Members

Please refer to your Benefit Summary for complete details of your vision coverage. See your Benefits Administrator or visit www.avesis.com to obtain a copy of your Benefit Summary.

This card is not a guarantee for services or materials. Eligibility should be verified in advance.

Providers send claims to:

Avesis Claims Department
P.O. Box 38300
Phoenix, Arizona
85069-8300

Underwritten by:

Fidelity Security Life Insurance Company, Kansas City, MO

000001

Important Contact Information

Website: www.avesis.com
Members call: 1-800-828-9341
Providers call: 1-866-234-4806

Attention Members

Please refer to your Benefit Summary for complete details of your vision coverage. See your Benefits Administrator or visit www.avesis.com to obtain a copy of your Benefit Summary.

This card is not a guarantee for services or materials. Eligibility should be verified in advance.

Providers send claims to:

Avesis Claims Department
P.O. Box 38300
Phoenix, Arizona
85069-8300

Underwritten by:

Fidelity Security Life Insurance Company, Kansas City, MO

000001

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a GUARDIAN company

AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company *Kansas City, Missouri*

Policy No. VC-16

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name	Employee First Name	MI

Date of Birth	Social Security Number	Sex
/ /	- -	☐ Male ☐ Female

Street Address	Apartment No.

City	State	Zip Code
		-

Do you wish to cover your eligible dependents? ☐ Yes ☐ No

If yes, complete the following:

	Dependent Name FIRST	Dependent Name LAST	Date of Birth
Spouse / Domestic Partner			/ /
Child			/ /
Child			/ /
Child			/ /
Child			/ /
Child			/ /
Child			/ /

☐ *I would like to cover additional eligible dependents* (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.
Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Signature	Date
	/ /

A-00713FL

M-9079FL/M-9107FL

TO BE COMPLETED BY THE EMPLOYER

☐ **New Enrollment**	☐ **Add** ○ Dependent(s)	☐ **Change** ○ Address ○ Phone ○ Name ○ COBRA	☐ **Cancel Coverage** ○ Policy Holder ○ Dependent(s)

Reason for Change ☐ Employment Status ☐ Qualifying Event: (PLEASE STATE) _____

Member Effective Date	Date of Employment
/ /	/ /

12.3. Sample Reports

The following pages include a sample Avēsis reporting package.

Sample **Reporting**

The Avesis system has robust reporting capabilities that can be tailored to any health plan's specific needs for timely and accurate information.

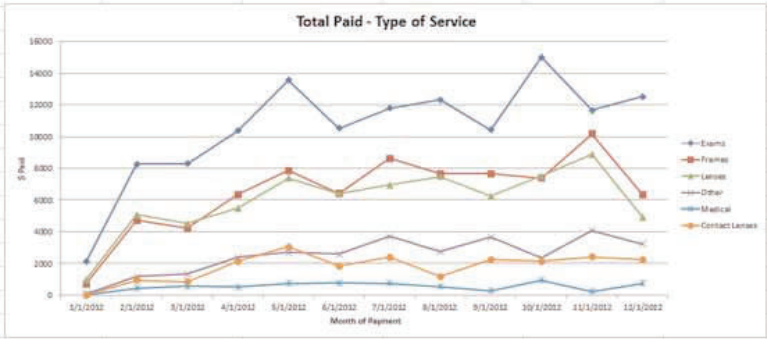
Utilization by Type of Service Summary

Provides a breakdown by month of service and type of benefit (i.e. Exams, Frames, Lenses, Contacts)

	Month of Payment											
Month of Service	1/1/2012	2/1/2012	3/1/2012	4/1/2012	5/1/2012	6/1/2012	7/1/2012	8/1/2012	9/1/2012	10/1/2012	11/1/2012	12/1/2012	Grand Total

Total Paid - Type of Service

Month of Payment	Exams	Frames	Lenses	Other	Medical	Contact Lenses	Grand Total



Claims Utilization Paid by Provider

This report provides a high level summary of our network by categories such as E&M visits, surgeries, and eye diagnostic tests.

Provider #	Provider Last Name	Provider First Name	Provider Full Name	Prov Type/Sub Spec	Business Name	Category	Total Procedure Codes

Total Unique Members	Total Billed	Total Allowed	Total Paid	Procedures / Members

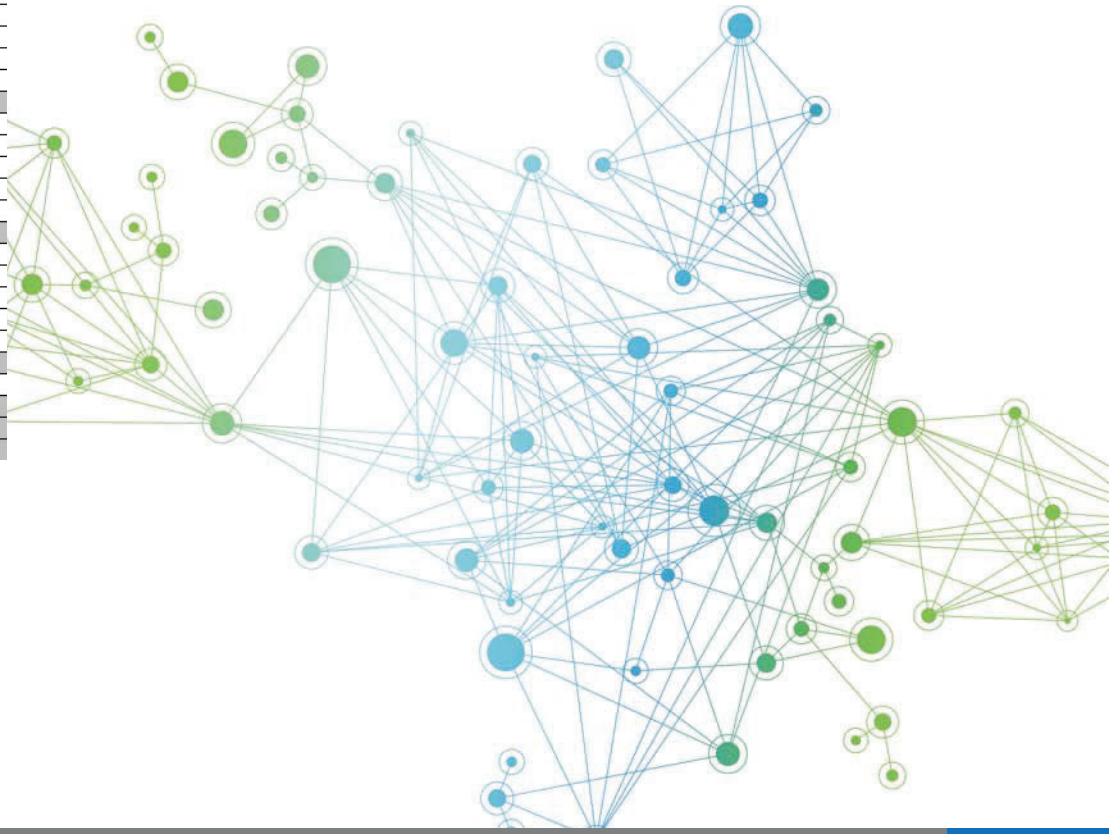
Call Center Report

This report is available for both Provider and Member calls. This report is also available for Vision and Dental. Provides a breakdown of daily call statistics, call abandonment percent, service level, and average speed of answer.

Call Center Report

Date Range:12/01/2012-12/31/2012

DATE	NCO	NCA	NCA AT	NC ABD AT	ABD%	ATT		ASA
	Calls Offered	Calls Answered	Calls Answered Before Threshold (30 sec)	Calls Abandoned After Threshold (30 sec)	Abandoned %	Average Talk Time (min:sec)	Service Level %	Average Speed Of Answer (min:sec)
12/03/12								
12/04/12								
12/05/12								
12/06/12								
12/07/12								
Wk to date								
12/10/12								
12/11/12								
12/12/12								
12/13/12								
12/14/12								
Wk to date								
12/17/12								
12/18/12								
12/19/12								
12/20/12								
12/21/12								
Wk to date								
12/24/12								
12/25/12								
12/26/12								
12/27/12								
12/28/12								
Wk to date								
12/31/2012								
Wk to date								
Mo to date								
Yr to date								



Provider/Member Top 5 Call Reasons

These reports show Top 5 Calls by Members and Providers into our Call Center.

Top 5 calls by Member

Top 5 Call Types Made by Members by Group
Calls Received between 12/1/2012 and 12/31/2012

Group:	Total Calls: 1,611	
12/2012		
	Benefit Explanations	513
	Provider Referral	322
	Dental ERN	291
	Claim Status	152
	Pre-Auth/PTE Status	150

Group:	Total Calls: 4	
12/2012		
	Claim Status	2
	Benefit Explanations	1
	OPEN IN ERROR	1

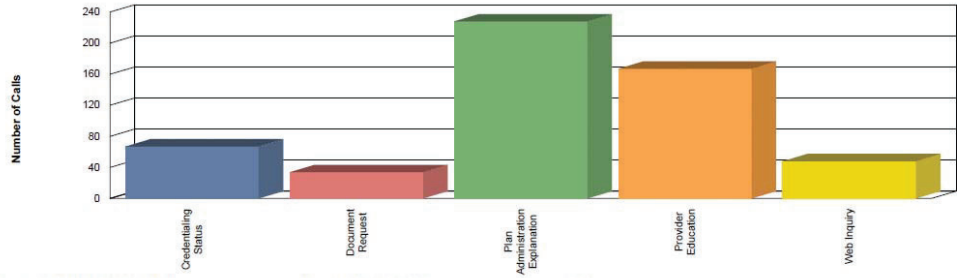
Group:	Total Calls: 1,561	
12/2012		
	Benefit Explanations	410
	Dental ERN	401
	Provider Referral	231
	Claim Status	225
	Pre-Auth/PTE Status	105

Group:	Total Calls: 85	
12/2012		
	Benefit Explanations	41
	Claim Status	15
	Provider Referral	14
	Claims Reprocessing Request	3
	Dental ERN	3
	Document Request	3

Group:	Total Calls: 29	
12/2012		
	Claim Status	10
	Benefit Explanations	9
	Dental ERN	4
	Provider Referral	4
	Check Status	1
	Claims Reprocessing Request	1

Top 5 calls by Provider

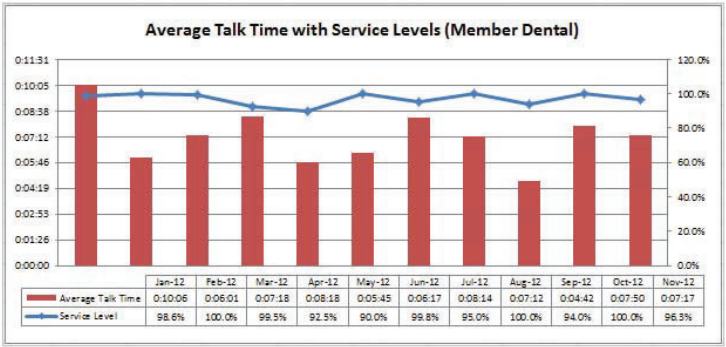
Top 5 Call Types for Calls Received between 2012-12-01 and 2012-12-31



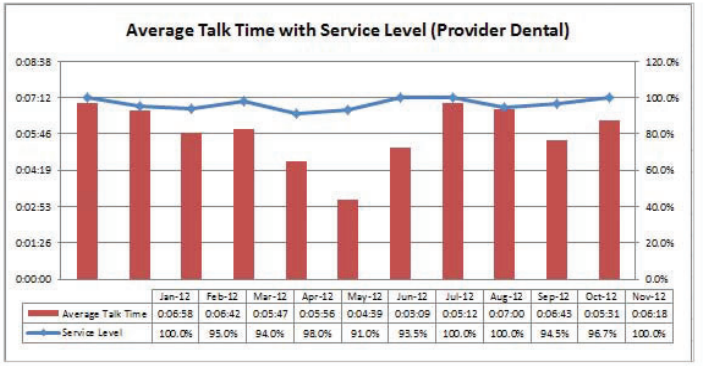
Plan Administration Explanation	Subtotal of Call ID: 228	32%
Provider Education	Subtotal of Call ID: 167	23%
Credentialing Status	Subtotal of Call ID: 67	9%
Web Inquiry	Subtotal of Call ID: 48	7%
Document Request	Subtotal of Call ID: 34	5%
	Grand Total of Call ID: 713	

Call Center Performance Standard Visualization Chart

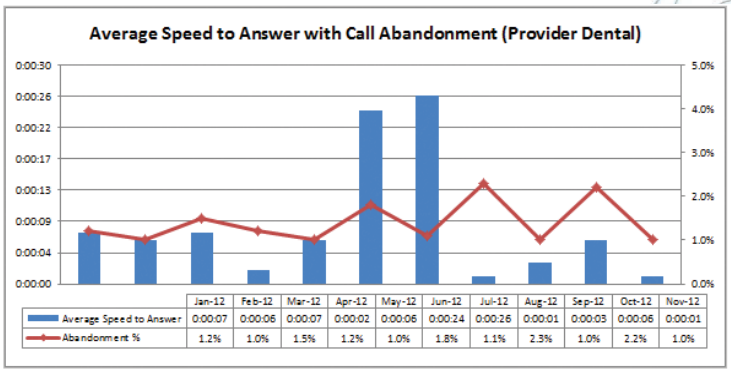
This report graphs our Call Center statistics for Providers and Members for both vision and dental.



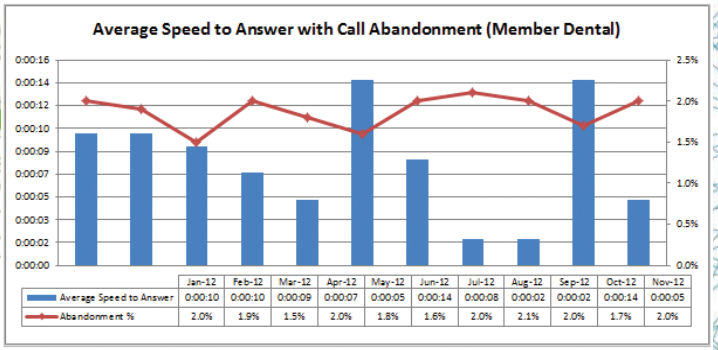
	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Average Talk Time	0:10:06	0:06:01	0:07:18	0:08:18	0:05:45	0:06:17	0:08:14	0:07:12	0:04:42	0:07:50	0:07:17
Service Level	98.6%	100.0%	99.5%	92.5%	90.0%	99.8%	95.0%	100.0%	94.0%	100.0%	96.3%



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Average Talk Time	0:06:58	0:06:42	0:05:47	0:05:56	0:04:39	0:03:09	0:05:12	0:07:00	0:06:43	0:05:31	0:06:18
Service Level	100.0%	95.0%	94.0%	98.0%	91.0%	95.5%	100.0%	100.0%	94.5%	96.7%	100.0%



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Average Speed to Answer	0:00:07	0:00:06	0:00:07	0:00:02	0:00:06	0:00:24	0:00:26	0:00:01	0:00:03	0:00:06	0:00:01
Abandonment %	1.2%	1.0%	1.5%	1.2%	1.0%	1.8%	1.1%	2.3%	1.0%	2.2%	1.0%



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Average Speed to Answer	0:00:10	0:00:10	0:00:09	0:00:07	0:00:05	0:00:14	0:00:08	0:00:02	0:00:02	0:00:14	0:00:05
Abandonment %	2.0%	1.9%	1.5%	2.0%	1.8%	1.6%	2.0%	2.1%	2.0%	1.7%	2.0%

Claims Timeliness Report

This report summarizes the quarterly Claims payment timeliness.

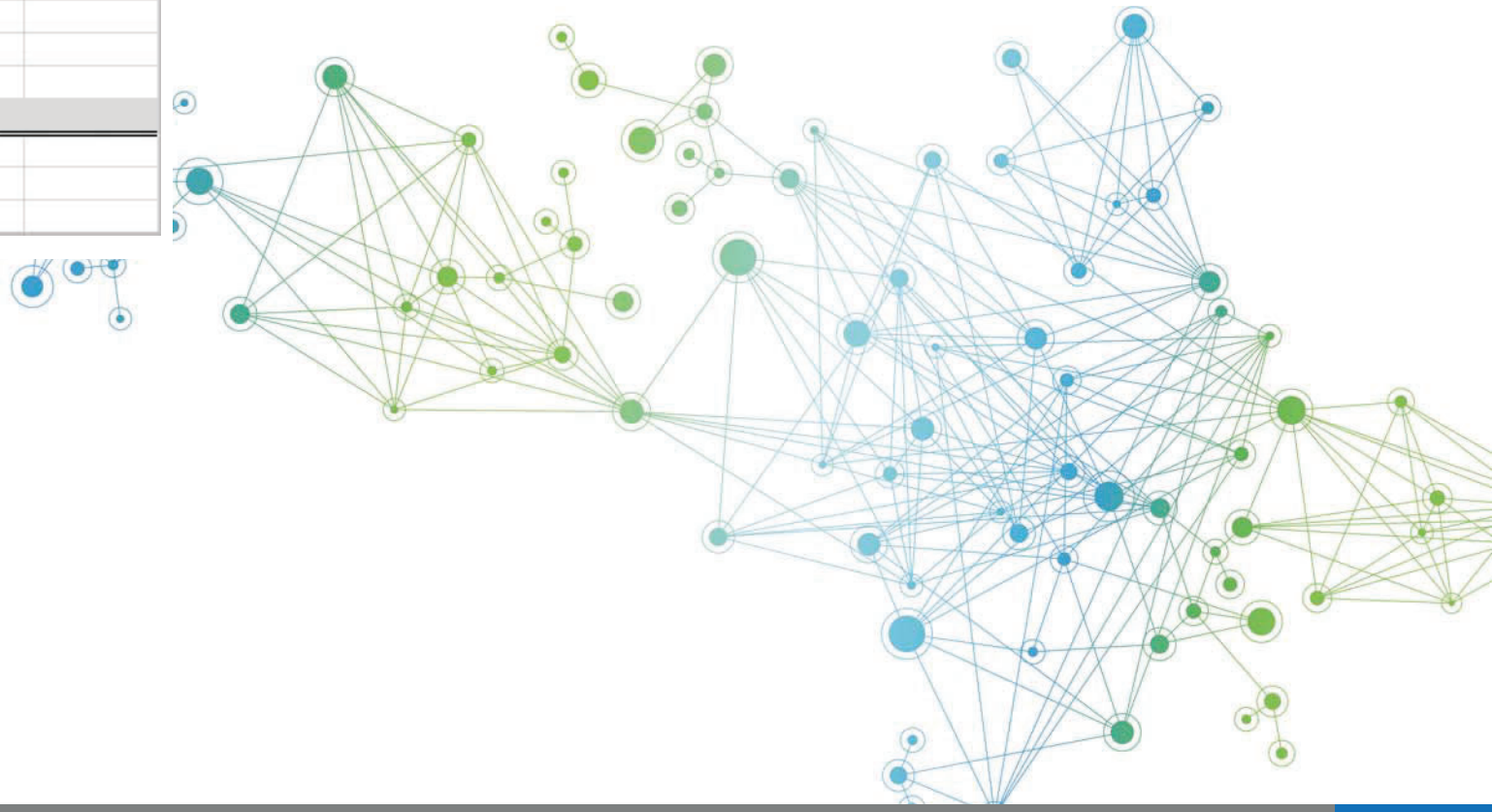
2012 Avesis Dashboard

	Member Call Center Stats								Claims Timeliness					
Month	Calls Offered	Calls Answered by DSR	Calls Abandoned	% Abandon Rate	Average Que	# of Calls Ans < 30 secs	% of Calls Ans < 30 secs	Quality Score	1-30 Days	31-60 Days	> 60 Days	Total	% Paid in 30 Days	Quality Score
				< 5%	< 2:00		> 80%	> 4.0					> 95%	> 95%
January														
February														
March														
Q1	0	0	0		0:00	0								
April														
May														
June														
Q2	0	0	0		0:00	0								
July														
August														
eptember														
Q3	0	0	0		0:00	0								
October														
Jovember														
Jecember														
Q4	0	0	0		0:00	0								
YTD	0	0	0		0:00	0								

Claims Summary

This report provides a summary of the monthly claims detail report.

AVESIS MONTHLY CLAIMS REPORT SUMMARY REPORTING PERIOD - 12/1/2012 To 12/31/2012	
Dental Summary	**Total**
#Claim	
#Paid	
#Denied	
Avg. TAT (Avg. Aging)	
PaidAmount	
Vision Summary	**Total**
#Claim	
#Paid	
#Denied	
Avg. TAT (Avg. Aging)	
PaidAmount	
Procedural Accuracy Percent	
Financial Accuracy Percent	

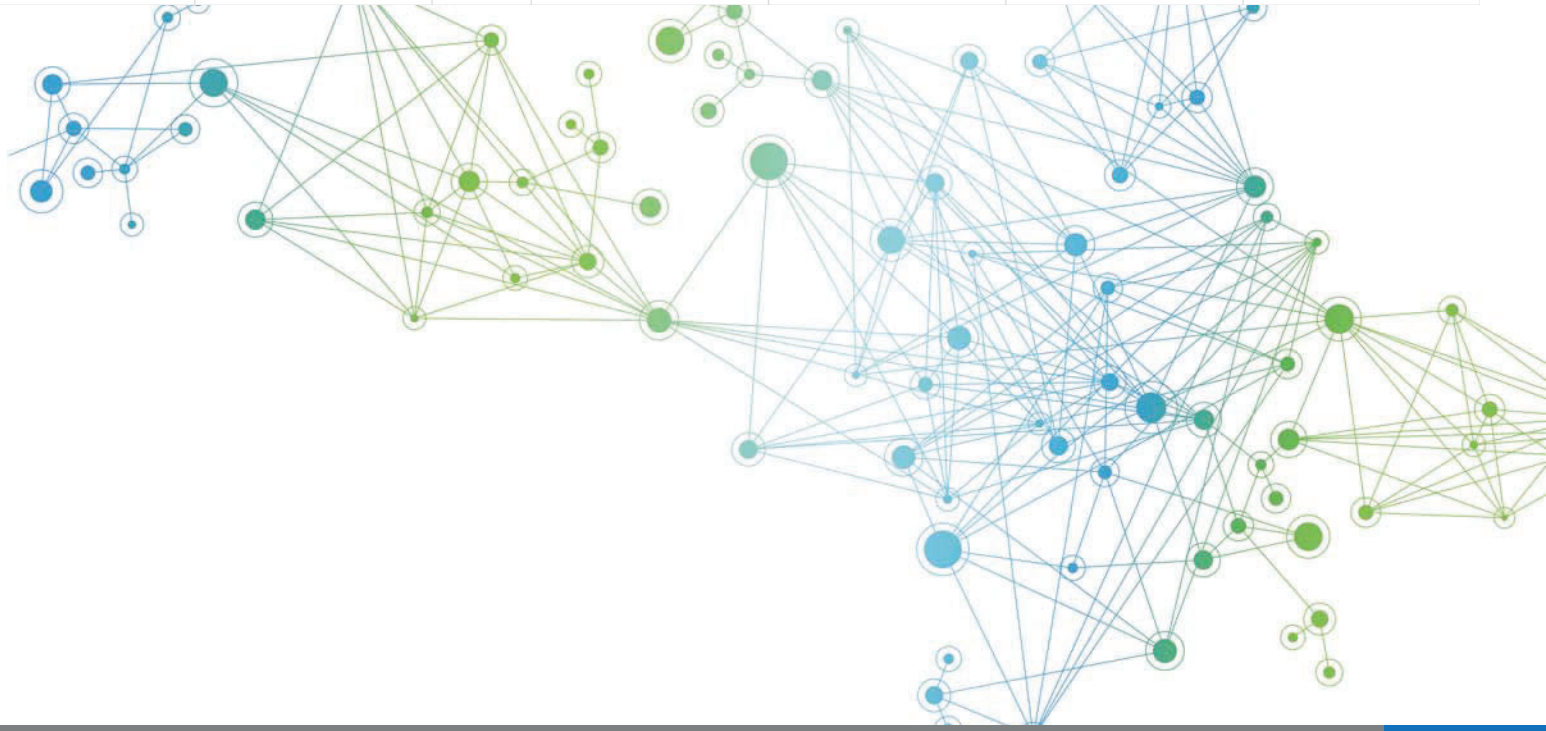


Claims Detail Reports

This report is available for both Vision and Dental. This report provides a comprehensive look at the claim detail information for the month.

Claim #	Member #	Detail Group_id	Plan name	Procedure Code	Line Charged Amount	Line Paid_Amount	DOS	Status

Date Receive	Adjustment Date	CheckDate	Aging	Network	ProvName	DenialReason	diag_code_1	diag_code_2



Adverse & Fully Favorable Claims Reports

This report breaks down the claims detail to show all claim lines that were denied (Adverse) and all claim lines that were paid (Fully Favorable).

Adverse

Claim #	Member #	Detail Group_id	Plan name	Procedure Code	Line Charged Amount	Line Paid_Amount	DOS	Status	Date Receive	Adjustment Date	CheckDate	Aging	Network	ProvName	DenialReason	diag_code_1	diag_code_2

Fully Favorable

Claim #	Member #	Detail Group_id	Plan name	Procedure Code	Line Charged Amount	Line Paid_Amount	DOS	Status	Date Receive	Adjustment Date	CheckDate	Aging	Network	ProvName	DenialReason	diag_code_1	diag_code_2

Monthly Breakdown Claims Report

This report provides a graphical summary of the average cost per claim by month.

Month of Payment	1/1/2012	2/1/2012	3/1/2012	4/1/2012	5/1/2012	6/1/2012	7/1/2012	8/1/2012	9/1/2012	10/1/2012	11/1/2012	12/1/2012	Grand Total

Monthly/YTD Claims Processing Report

This report summarizes the monthly and YTD claims that were paid, pended, or denied during the month.

Health Plan

Claims Report for All Regions

End of Month / YTD Report

Reporting Entity								
Reporting Date:		09/01/09-09/30/09		09/01/09-09/30/09		09/01/09-09/30/09		
		Dental		Vision		Total		
Claims Received		End of Month	YTD	End of Month	YTD	End of Month	YTD	
	EDI							
	Paper							
	Web							
	Total							

CMS 1500 Claims		CMS 1500 Count	CMS 1500 Charges / PAID	CMS 1500 Count	CMS 1500 Charges / PAID	Total 1500 Count	Total 1500 Charges / PAID
Current	Set to Pay						
Current	Set to Deny						
Current	Pended						
End of Month	Denied						
End of Month	Denied Late						
End of Month	Paid						
End of Month	Paid Late						
YTD	Denied						
YTD	Denied Late						
YTD	Paid						
YTD	Paid Late						

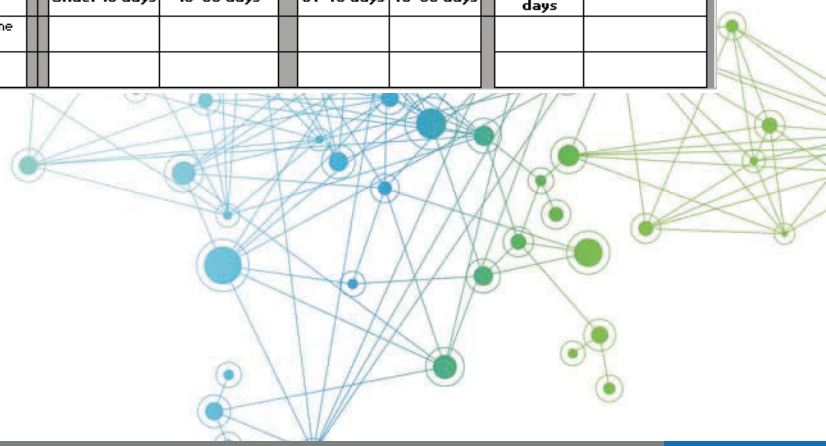
Total Claims		Count	Charges / PAID	Count	Charges / PAID	Total Claims Count	Total Claims Charges / PAID
Current	Set to Pay	0	$0.00	0	$0.00	0	$0.00
Current	Set to Deny	0	$0.00	0	$0.00	0	$0.00
Current	Pended	0	$0.00	0	$0.00	0	$0.00
End of Month	Denied	0	$0.00	0	$0.00	0	$0.00
End of Month	Denied Late	0	$0.00	0	$0.00	0	$0.00
End of Month	Paid	0	$0.00	0	$0.00	0	$0.00
End of Month	Paid Late	0	$0.00	0	$0.00	0	$0.00
YTD	Denied	0	$0.00	0	$0.00	0	$0.00
YTD	Denied Late	0	$0.00	0	$0.00	0	$0.00
YTD	Paid	0	$0.00	0	$0.00	0	$0.00
YTD	Paid Late	0	$0.00	0	$0.00	0	$0.00

Count of Appealed Claims		Count	Charges / PAID	Count	Charges / PAID	Count	Charges / PAID
End of Month	Paid						
End of Month	Denied						
YTD	Paid						
YTD	Denied						

Top 5 Denied Reasons							
	Reason 1						
	Reason 2						
	Reason 3						
	Reason 4						
	Reason 5						

Paid Interest Penalties							
End of Month							
YTD							

Claims Lag							
Average # of days between 1st date of service on claim and CMO receipt of claim from provider							
Average # of days from receipt of claim by CMO to adjudication and remittance							
		Under 15 days	15-30 days	31-45 days	46-90 days	Over 90 days	
Average Turn Around Time							



Reconciliation Report

This report shows on-time and late payments to Providers for the current and previous months.

Client Name
For the month of September 2012

Payments to Providers Reconciliaton Paid(on time + late)

Current Month Gross Total Payments - Paid
Current Month Adjustments - Paid

Current Month Adjusted Total Payments - Paid
Current Month Year To Date - Paid

Previous Month Year To Date - Paid

Payments to Providers Reconciliaton Denied(on time + late)

Current Month Gross Total Charges - Denied
Current Month Adjustments - Denied

Current Month Net Total Charges - Denied

Current Month Year To Date - Denied

Previous Month Year To Date - Denied

Payments to Providers Reconciliaton Paid(late)

Current Month Gross Total Payments - Paid Late
Current Month Adjustments - Paid Late

Current Month Adjusted Total Payments - Paid Late
Current Month Year To Date - Paid Late

Previous Month Year To Date - Paid Late

Payments to Providers Reconciliaton Denied(late)

Current Month Gross Total Charges - Denied Late
Current Month Adjustments - Denied Late

Current Month Adjusted Total Charges - Denied Late
Current Month Year To Date - Denied Late

Previous Month Year To Date - Denied Late

Reporting Claims

This report provides a full listing of prior claims as well as a summary of the data.

Summary

Contract	LOB	Number of Organization Determinations - Fully Favorable (6.1)	Number of Organization Determinations - Partially Favorable (6.2)	Number of Organization Determinations - Adverse (6.3)	Number of Organization Determinations - Non-Par Fully Favorable (6.1)	Number of Organization Determinations - Non-Par Partially Favorable (6.2)	Number of Organization Determinations - Non-Par Adverse (6.3)

Raw Data

Contract Code	Member ID	Claim Number	Par Status	Adjudication Date	Decision Status

12.4. Geo Access Report

The following pages include a full geo access report showing City employee access to at least two Avēsis network providers within 20 miles.

Network Access Analysis

City of Austin 2-20

National Network

Created for...

Rusty Rice

Created by...

Cindi D'Amelio

Avesis Incorporated

February 19, 2021

Created with the Quest Analytics Suite
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Contents

Report Contents

Access Overview . . . 3
Access Summary By City . . . 4
Access Detail By City . . . 5
Access Detail By City . . . 19
Access Standard Detail By Zip Code . . . 21
Radius Search Results By Zip Code . . . 36

Access Overview

February 19, 2021

Created for...
Rusty Rice

Created by...
Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

Access Map
Employee locations
◆ With access
● Without access

Service areas:
National Network
640.97 miles

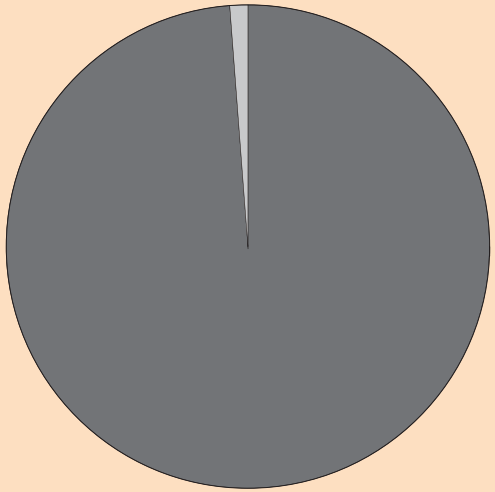
Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

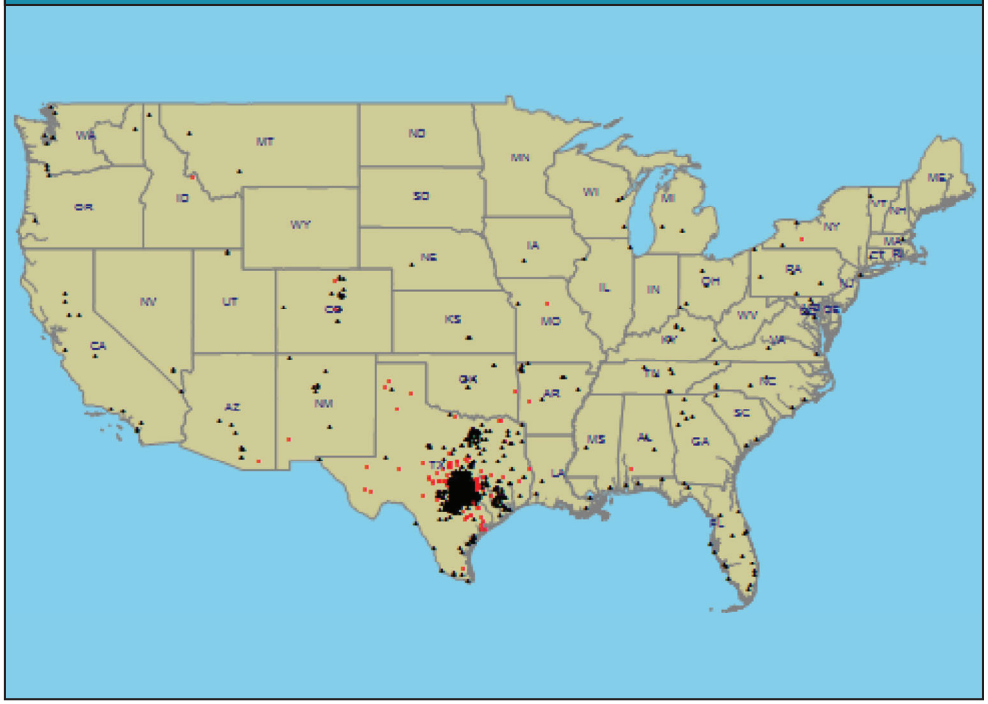
Overall Access[1]

13,112 Employees
29,898 providers at 18,646 locations (Avesis Network Providers)

12,952 (98.8%) Employees with access
160 (1.2%) Employees without access



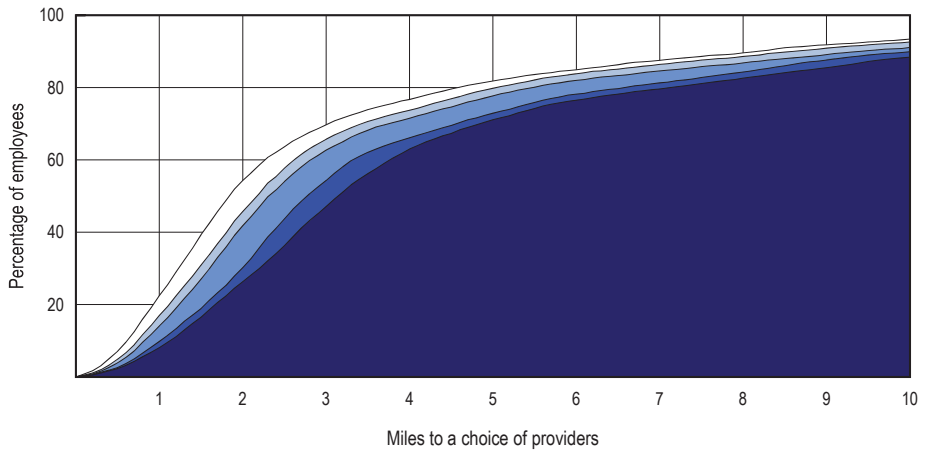
Employees With and Without Access



Distances

	Average
Distance to 1st closest provider	3.4 miles
Distance to 2nd closest provider	3.7 miles
Distance to 3rd closest provider	4.1 miles
Distance to 4th closest provider	4.6 miles
Distance to 5th closest provider	5.0 miles

Access Standard Comparison



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Access Summary By City

February 19, 2021

Created for...
Rusty Rice

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Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee Group
City of Austin

Provider Group
Avesis Network Providers

Areas With Access
Top 17 Cities in the market, sorted by the number of employees with access

Areas Without Access
Bottom 17 Cities in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With and Without Access

Employee Group	13,112 employees 12,952 (98.8%) employees with access 160 (1.2%) employees without access	**Provider Group**	29,898 unique providers at 18,646 unique locations (94,829 total access points)

Key Geographic Areas

	City	Employee	With Access[1]		Without Access[1]		Average Distance				
		#	#	%	#	%	1	2	3	4	5
With Access	Austin, TX	5,867	5,867	100.0	0	0.0	2.0	2.3	2.4	2.8	3.0
	Round Rock, TX	733	733	100.0	0	0.0	1.7	2.1	2.4	2.5	2.5
	Pflugerville, TX	642	642	100.0	0	0.0	1.7	1.7	1.7	2.4	2.6
	Buda, TX	610	610	100.0	0	0.0	2.8	3.0	3.1	4.4	5.2
	Kyle, TX	539	539	100.0	0	0.0	3.4	3.5	3.6	3.8	3.8
	Leander, TX	413	413	100.0	0	0.0	3.5	4.2	4.4	4.5	4.6
	Georgetown, TX	399	399	100.0	0	0.0	3.0	3.2	3.3	3.3	3.4
	Cedar Park, TX	303	303	100.0	0	0.0	1.0	1.3	1.5	1.6	1.8
	Manor, TX	285	285	100.0	0	0.0	3.8	4.0	4.4	8.5	8.9
	Bastrop, TX	258	258	100.0	0	0.0	4.0	4.0	4.0	4.1	4.1
	Del Valle, TX	216	216	100.0	0	0.0	10.3	10.6	10.7	11.1	11.2
	Hutto, TX	214	214	100.0	0	0.0	2.3	2.3	2.3	4.1	4.4
	Elgin, TX	208	208	100.0	0	0.0	4.3	5.2	5.4	7.4	12.0
	Cedar Creek, TX	154	154	100.0	0	0.0	10.6	10.6	10.6	11.2	11.2
	San Marcos, TX	139	139	100.0	0	0.0	3.0	3.0	3.1	3.2	3.2
	Liberty Hill, TX	134	134	100.0	0	0.0	4.0	5.7	11.3	12.1	12.2
	Dripping Springs, TX	130	130	100.0	0	0.0	5.1	5.1	5.3	5.5	5.5
Without Access	Lexington, TX	24	6	25.0	18	75.0	24.8	24.8	25.1	27.3	31.8
	Giddings, TX	20	5	25.0	15	75.0	21.3	21.5	26.0	26.0	26.0
	Rockdale, TX	15	1	6.7	14	93.3	25.9	25.9	34.8	35.1	35.1
	Llano, TX	13	2	15.4	11	84.6	26.6	26.6	26.6	29.5	29.6
	Goldthwaite, TX	7	0	0.0	7	100.0	37.0	37.4	37.4	44.8	44.8
	Flatonia, TX	4	0	0.0	4	100.0	26.7	26.7	27.4	27.4	27.4
	Paige, TX	18	14	77.8	4	22.2	19.5	21.7	21.7	21.9	23.6
	Cameron, TX	3	0	0.0	3	100.0	34.7	34.8	35.1	35.1	35.9
	Thorndale, TX	15	12	80.0	3	20.0	21.4	21.4	24.4	24.4	24.5
	Caldwell, TX	4	2	50.0	2	50.0	26.2	26.2	26.2	26.2	26.2
	Cuero, TX	2	0	0.0	2	100.0	29.8	29.8	30.3	30.3	30.6
	Fischer, TX	5	3	60.0	2	40.0	20.3	20.3	20.3	20.6	20.7
	Hallettsville, TX	2	0	0.0	2	100.0	32.9	32.9	35.4	35.4	35.4
	Hamilton, TX	2	0	0.0	2	100.0	37.2	37.2	37.2	37.5	37.7
	Hearne, TX	3	1	33.3	2	66.7	25.9	26.5	27.4	27.4	28.8
	Lincoln, TX	2	0	0.0	2	100.0	24.6	25.0	25.1	25.4	31.7
	London, TX	2	0	0.0	2	100.0	55.1	55.1	55.1	56.3	56.3

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Access Detail By City

February 19, 2021

Created for...
Rusty Rice

Created by...
Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Abilene, TX	79602	3	3	100.0	4.0	5.4	5.9	6.2	6.2
	79605	1	1	100.0	1.6	1.6	1.6	1.7	1.7
Adkins, TX	78101	1	1	100.0	8.1	8.1	8.1	8.1	8.1
Albuquerque, NM	87108	1	1	100.0	0.9	0.9	0.9	0.9	0.9
Allyn, WA	98524	1	1	100.0	11.5	11.5	11.8	18.1	18.1
Altavista, VA	24517	1	1	100.0	1.5	2.7	2.7	2.7	2.7
Alvin, TX	77511	1	1	100.0	0.8	0.8	0.8	0.8	0.8
Amarillo, TX	79119	1	1	100.0	3.9	4.0	4.0	4.3	4.3
Appleton, WI	54911	1	1	100.0	2.4	2.4	2.4	2.4	2.4
Aransas Pass, TX	78336	5	5	100.0	2.6	2.6	10.5	11.4	15.3
Argyle, TX	76226	2	2	100.0	7.5	7.5	7.9	8.0	8.0
Arvada, CO	80004	1	1	100.0	1.2	1.7	1.7	1.7	1.7
Aurora, CO	80014	1	1	100.0	0.7	0.7	0.7	0.7	0.7
Austin, TX	78701	21	21	100.0	1.2	2.3	2.5	2.5	2.7
	78702	245	245	100.0	1.5	1.7	1.7	2.4	2.7
	78703	43	43	100.0	1.6	2.0	2.1	2.2	2.4
	78704	251	251	100.0	1.4	1.7	1.9	2.1	2.3
	78705	26	26	100.0	0.5	1.3	1.3	1.3	1.8
	78708	5	5	100.0	1.7	1.7	1.7	1.7	1.7
	78709	8	8	100.0	1.5	1.5	1.5	1.6	1.6
	78711	2	2	100.0	1.0	2.2	2.2	2.2	2.5
	78714	22	22	100.0	1.8	1.8	1.8	3.1	3.1
	78715	11	11	100.0	1.3	1.3	1.3	1.3	1.3
	78716	3	3	100.0	0.8	0.8	0.8	0.8	1.1
	78717	103	103	100.0	1.9	1.9	2.9	2.9	3.0
	78719	15	15	100.0	8.0	8.1	8.3	8.7	8.8
	78720	5	5	100.0	0.0	1.1	1.1	1.4	1.4
	78721	125	125	100.0	1.2	1.2	1.2	3.5	3.6
	78722	60	60	100.0	1.0	1.0	1.0	1.0	1.0
	78723	247	247	100.0	1.6	1.6	1.6	1.7	1.7
	78724	162	162	100.0	4.7	4.8	4.8	5.6	5.6
	78725	142	142	100.0	6.7	7.0	7.1	7.8	8.1
	78726	25	25	100.0	2.6	2.6	2.6	2.6	2.6
	78727	127	127	100.0	1.8	1.8	1.9	2.3	2.8
	78728	107	107	100.0	1.9	1.9	2.0	2.2	2.4
	78729	116	116	100.0	1.5	1.5	2.0	2.4	2.5
	78730	20	20	100.0	3.0	5.2	5.2	5.2	5.7
	78731	73	73	100.0	1.1	1.2	1.2	1.4	1.4
	78732	25	25	100.0	4.6	5.2	5.6	6.2	6.2
	78733	27	27	100.0	4.3	5.4	5.7	5.8	5.8

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Continued on next page...

Access Detail By City

February 19, 2021

Created for...
Rusty Rice

Created by...
Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee	With Access[1]		Average Distance				
		#	#	%	1	2	3	4	5
Austin, TX	78734	61	61	100.0	3.7	5.7	6.0	6.0	6.0
	78735	90	90	100.0	2.8	3.2	3.3	3.3	3.3
	78736	54	54	100.0	3.9	4.5	4.6	5.0	5.1
	78737	142	142	100.0	2.8	3.4	3.8	6.2	7.1
	78738	52	52	100.0	2.5	3.5	3.5	3.5	3.5
	78739	118	118	100.0	2.4	4.0	4.3	4.3	4.3
	78741	247	247	100.0	1.3	2.0	2.6	2.7	3.7
	78742	4	4	100.0	3.6	4.1	4.2	4.3	4.8
	78744	368	368	100.0	2.2	2.8	2.8	3.1	3.6
	78745	511	511	100.0	1.4	1.8	1.9	2.0	2.2
	78746	52	52	100.0	2.7	2.9	2.9	2.9	2.9
	78747	208	208	100.0	3.5	3.8	3.8	4.0	4.0
	78748	516	516	100.0	1.3	1.3	1.3	1.3	1.3
	78749	289	289	100.0	1.4	1.9	1.9	2.3	2.9
	78750	91	91	100.0	1.5	1.9	2.0	2.1	2.2
	78751	59	59	100.0	0.7	0.7	0.8	0.8	0.9
	78752	76	76	100.0	0.7	0.7	1.0	1.3	1.5
	78753	232	232	100.0	1.8	2.1	2.1	2.5	3.4
	78754	154	154	100.0	3.1	3.3	3.3	4.2	4.5
	78755	2	2	100.0	0.4	0.4	0.4	0.4	0.4
	78756	58	58	100.0	0.5	0.7	1.1	1.2	1.3
	78757	107	107	100.0	0.8	0.8	1.0	1.0	1.1
	78758	171	171	100.0	1.9	1.9	1.9	2.0	2.2
	78759	139	139	100.0	0.9	1.0	1.1	1.5	1.6
	78760	12	12	100.0	1.7	1.7	1.8	2.1	3.6
	78761	8	8	100.0	0.8	0.8	0.8	1.3	1.3
	78762	9	9	100.0	1.9	2.2	2.2	2.2	2.7
	78763	4	4	100.0	2.0	2.1	2.1	2.1	2.9
	78764	3	3	100.0	0.9	0.9	1.4	2.6	2.6
	78765	2	2	100.0	0.8	0.8	0.8	1.2	1.2
	78766	3	3	100.0	0.4	0.4	0.4	0.4	0.4
	78767	4	4	100.0	1.3	2.6	2.6	2.6	2.6
	78768	4	4	100.0	1.3	2.6	2.6	2.6	2.6
	78778	1	1	100.0	1.0	2.2	2.2	2.2	2.7
Baltimore, MD	21217	1	1	100.0	0.7	1.5	1.7	1.7	1.7
Barry, TX	75102	1	1	100.0	7.5	7.5	10.4	10.4	10.4
Bartlett, TX	76511	3	2	66.7	13.8	13.8	16.9	16.9	19.0
Bastrop, TX	78602	258	258	100.0	4.0	4.0	4.0	4.1	4.1
Batesville, AR	72501	2	2	100.0	1.4	1.4	29.4	29.4	37.2
Beaufort, SC	29907	1	1	100.0	2.3	2.8	2.8	2.8	2.8

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Beaumont, TX	77713	1	1	100.0	5.1	5.1	5.1	5.1	5.5
Bedford, TX	76022	2	2	100.0	2.3	2.3	2.8	2.8	2.9
Bellingham, WA	98225	1	1	100.0	3.9	3.9	3.9	3.9	3.9
Belton, TX	76513	15	15	100.0	4.2	4.3	4.4	4.4	6.6
Bertram, TX	78605	20	20	100.0	10.6	11.1	11.7	13.8	15.6
Blanco, TX	78606	10	10	100.0	15.8	15.8	15.8	15.9	19.5
Blanket, TX	76432	1	1	100.0	14.5	16.0	16.0	40.6	40.6
Bluffton, TX	78607	1	1	100.0	19.6	19.6	19.6	26.9	26.9
Boca Raton, FL	33486	1	1	100.0	2.0	2.0	2.0	2.3	2.6
Boerne, TX	78006	1	1	100.0	2.7	2.7	2.7	2.9	2.9
Bonifay, FL	32425	1	1	100.0	13.4	13.4	27.2	28.1	28.1
Bozeman, MT	59718	1	1	100.0	1.0	1.0	1.0	1.0	2.8
Brenham, TX	77833	2	2	100.0	1.4	2.3	2.3	2.3	2.4
Briggs, TX	78608	2	2	100.0	14.5	14.9	15.2	15.2	15.7
Brighton, CO	80602	1	1	100.0	2.0	2.0	3.6	3.6	3.6
Brownsville, TX	78521	1	1	100.0	2.2	2.8	4.2	4.2	4.2
Bryan, TX	77801	1	1	100.0	1.1	2.2	2.2	2.5	3.3
	77802	1	1	100.0	0.7	0.7	1.2	1.7	1.9
	77808	1	1	100.0	6.8	6.8	7.3	7.3	7.3
Buchanan Dam, TX	78609	3	3	100.0	15.1	15.1	15.1	22.6	22.6
Buda, TX	78610	610	610	100.0	2.8	3.0	3.1	4.4	5.2
Bullhead City, AZ	86442	1	1	100.0	0.9	0.9	0.9	0.9	0.9
Burleson, TX	76028	2	2	100.0	2.4	2.6	2.6	2.6	2.6
Burlington, VT	05401	1	1	100.0	2.6	3.7	5.8	6.2	6.2
Burnet, TX	78611	27	27	100.0	6.1	6.1	6.1	14.1	14.1
Caldwell, TX	77836	4	2	50.0	16.8	18.1	18.1	18.1	18.1
Canon City, CO	81212	2	2	100.0	2.9	3.5	3.5	3.5	3.5
Canyon Lake, TX	78133	17	17	100.0	12.9	12.9	12.9	13.6	13.6
Carlsbad, CA	92011	1	1	100.0	2.3	5.1	5.1	5.1	5.2
Carrollton, TX	75007	1	1	100.0	0.6	0.6	1.5	1.5	1.5
	75010	1	1	100.0	1.2	1.2	1.6	1.6	2.2
Castroville, TX	78009	1	1	100.0	0.7	0.7	0.7	0.7	0.7
Cedar Creek, TX	78612	154	154	100.0	10.6	10.6	10.6	11.2	11.2
Cedar Hill, TX	75104	1	1	100.0	0.5	0.5	0.5	0.6	0.6
Cedar Park, TX	78613	299	299	100.0	1.0	1.3	1.5	1.6	1.8
	78630	4	4	100.0	0.5	0.5	0.7	0.7	0.9
Charleston, SC	29422	1	1	100.0	0.4	0.8	2.3	2.3	2.3
Charlotte, TX	78011	1	1	100.0	16.4	16.4	17.4	17.4	17.4
Chattanooga, TN	37421	2	2	100.0	1.1	2.8	2.8	3.1	3.1
Chesapeake Beach, MD	20732	1	1	100.0	10.0	10.0	10.0	10.0	10.0

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Chimayo, NM	87522	1	1	100.0	7.7	8.7	8.7	8.7	23.2
Cibolo, TX	78108	12	12	100.0	1.9	2.8	3.1	3.3	3.4
Cincinnati, OH	45211	1	1	100.0	2.0	2.0	2.1	2.1	2.1
Clanton, AL	35045	1	1	100.0	1.7	1.7	1.7	1.7	1.7
Coal Valley, IL	61240	1	1	100.0	3.5	3.7	3.7	3.7	3.7
Cocoa Beach, FL	32931	1	1	100.0	2.9	5.4	6.4	6.4	6.4
College Station, TX	77840	1	1	100.0	0.4	0.4	0.5	0.5	0.5
	77842	1	1	100.0	0.4	0.4	1.8	1.8	1.8
	77845	2	2	100.0	2.0	2.0	2.0	2.0	2.9
Colt, AR	72326	1	1	100.0	7.1	7.1	8.0	8.0	8.0
Comfort, TX	78013	2	2	100.0	18.0	18.0	18.1	18.1	18.1
Conroe, TX	77302	1	1	100.0	5.2	5.2	5.7	6.0	6.0
	77303	1	1	100.0	6.4	6.4	6.4	6.4	7.3
Converse, TX	78109	6	6	100.0	1.0	1.2	2.9	3.5	3.5
Copperas Cove, TX	76522	10	10	100.0	2.0	2.3	2.3	2.3	3.8
Corpus Christi, TX	78411	3	3	100.0	0.5	0.6	0.8	0.8	0.9
	78412	1	1	100.0	1.3	1.6	1.8	2.0	2.0
Coupland, TX	78615	11	11	100.0	8.7	8.9	9.7	10.5	10.7
Crosby, TX	77532	1	1	100.0	1.3	1.7	1.7	8.2	8.6
Crossville, TN	38558	1	1	100.0	0.5	0.5	2.0	2.0	2.0
Cypress, TX	77429	1	1	100.0	2.5	2.5	2.5	2.5	2.5
Dale, TX	78616	67	67	100.0	11.6	11.6	11.7	11.8	11.8
Dallas, TX	75204	1	1	100.0	0.2	0.2	0.7	0.7	0.7
	75241	1	1	100.0	3.9	3.9	5.9	5.9	5.9
De Pere, WI	54115	1	1	100.0	1.6	1.7	1.7	1.7	1.7
Decatur, GA	30032	1	1	100.0	0.9	0.9	0.9	0.9	2.9
Del Valle, TX	78617	216	216	100.0	10.3	10.6	10.7	11.1	11.2
Denton, TX	76208	1	1	100.0	2.4	2.4	2.9	2.9	2.9
	76209	1	1	100.0	3.4	3.4	3.4	3.4	3.4
Denver, CO	80210	1	1	100.0	0.2	0.2	0.2	0.2	0.2
	80228	1	1	100.0	2.1	3.7	3.7	3.7	3.7
Denver, PA	17517	1	1	100.0	5.7	5.7	5.8	5.8	5.8
Diamond Springs, CA	95619	1	1	100.0	1.4	3.5	4.6	9.8	9.8
Driftwood, TX	78619	48	48	100.0	7.1	7.2	7.7	8.7	8.8
Dripping Springs, TX	78620	130	130	100.0	5.1	5.1	5.3	5.5	5.5
Dublin, TX	76446	1	1	100.0	13.9	13.9	13.9	14.2	43.6
Eagle Pass, TX	78853	1	1	100.0	0.2	0.6	0.6	0.6	0.6
East Lansing, MI	48823	1	1	100.0	1.1	1.7	1.7	1.9	2.1
Eastland, TX	76448	1	1	100.0	1.3	1.3	1.3	40.3	40.3
Edinboro, PA	16412	1	1	100.0	1.2	1.2	1.4	13.9	13.9

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Edinburg, TX	78539	1	1	100.0	1.0	1.0	1.9	1.9	1.9
Edmond, OK	73013	1	1	100.0	1.5	3.1	3.5	3.5	3.5
El Paso, TX	79925	1	1	100.0	0.9	0.9	0.9	0.9	0.9
	79936	1	1	100.0	0.6	1.8	1.8	1.8	1.8
Elgin, TX	78621	208	208	100.0	4.3	5.2	5.4	7.4	12.0
Ellijay, GA	30536	1	1	100.0	6.2	6.2	6.2	8.0	14.1
Elm Mott, TX	76640	1	1	100.0	7.2	7.5	7.5	10.3	13.4
Eureka Springs, AR	72632	1	1	100.0	0.8	0.8	0.8	0.8	1.8
Evanston, IL	60202	1	1	100.0	0.3	0.3	0.3	0.3	0.3
Fairhope, AL	36532	1	1	100.0	2.1	3.7	3.7	3.7	3.7
Falls Church, VA	22042	1	1	100.0	1.1	1.9	1.9	1.9	2.0
Farmersville, TX	75442	1	1	100.0	9.4	9.4	9.4	14.6	14.6
Farmington, NM	87499	1	1	100.0	1.0	1.0	1.0	1.0	2.4
Fayetteville, AR	72701	3	3	100.0	3.4	3.6	3.6	3.7	4.3
	72704	1	1	100.0	1.9	3.4	3.4	3.4	3.4
Fayetteville, TX	78940	1	1	100.0	14.9	14.9	27.1	27.4	27.4
Federal Way, WA	98023	1	1	100.0	2.6	2.6	2.6	2.6	2.6
Fentress, TX	78622	1	1	100.0	12.6	12.6	12.6	12.8	12.8
Fischer, TX	78623	5	3	60.0	17.7	17.7	17.7	18.4	18.4
Florence, AZ	85132	1	1	100.0	9.8	9.8	9.8	11.3	11.3
Florence, TX	76527	9	9	100.0	10.9	11.0	11.5	11.5	11.5
Floresville, TX	78114	3	3	100.0	4.9	5.1	5.1	5.1	5.1
Flower Mound, TX	75022	1	1	100.0	3.5	3.5	4.3	4.3	4.3
	75028	1	1	100.0	1.0	1.0	2.8	2.8	2.8
Fort Collins, CO	80526	1	1	100.0	2.0	2.0	2.1	2.3	2.3
Fort Lauderdale, FL	33308	1	1	100.0	0.4	0.4	0.4	1.0	1.6
Fort Myers, FL	33919	1	1	100.0	0.1	0.4	0.4	1.4	1.4
Fort Worth, TX	76107	1	1	100.0	0.5	0.5	0.5	2.1	2.1
	76108	2	2	100.0	1.3	1.3	3.6	3.9	3.9
	76112	1	1	100.0	3.2	3.3	3.4	3.4	3.5
	76140	1	1	100.0	5.8	6.2	6.2	6.4	6.4
	76148	1	1	100.0	1.5	1.7	1.7	2.0	2.0
Frankfort, KY	40601	2	2	100.0	1.7	1.7	1.7	1.7	1.7
Fredericksburg, TX	78624	9	9	100.0	4.7	5.1	5.4	5.4	5.4
Fresno, CA	93722	1	1	100.0	0.3	0.8	1.0	3.7	3.7
Frisco, TX	75034	1	1	100.0	1.3	2.2	2.3	2.3	2.4
	75035	1	1	100.0	1.0	1.0	1.9	1.9	1.9
	75036	1	1	100.0	1.0	1.0	1.0	1.4	3.5
Fulton, TX	78358	1	1	100.0	1.4	1.4	17.5	17.5	26.1
Galliano, LA	70354	1	1	100.0	4.4	4.4	5.4	30.7	30.7

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Gatesville, TX	76528	2	2	100.0	0.9	0.9	0.9	6.9	21.4
Georgetown, TX	78626	137	137	100.0	3.3	3.7	3.8	3.8	4.0
	78627	6	6	100.0	0.7	1.1	1.1	1.1	1.1
	78628	177	177	100.0	2.8	2.9	3.0	3.0	3.2
	78633	79	79	100.0	3.0	3.2	3.3	3.3	3.3
Giddings, TX	78942	20	5	25.0	17.8	17.8	27.0	27.1	27.1
Gonzales, TX	78629	2	2	100.0	1.9	1.9	1.9	1.9	1.9
Granbury, TX	76048	2	2	100.0	1.7	1.7	2.2	2.2	2.2
	76049	1	1	100.0	4.1	4.1	4.1	4.1	4.1
Grand Junction, CO	81504	1	1	100.0	1.8	1.8	5.0	5.1	5.1
Grand Prairie, TX	75052	1	1	100.0	0.6	0.8	1.2	1.2	1.2
Grand Rapids, MI	49503	1	1	100.0	4.5	4.9	5.0	5.0	5.0
Granger, TX	76530	3	3	100.0	10.3	10.3	15.3	15.3	15.3
Green Valley, AZ	85614	2	2	100.0	0.7	0.7	1.7	1.7	1.8
Greenville, SC	29601	1	1	100.0	1.6	1.6	1.6	1.6	1.6
Greenville, TX	75401	1	1	100.0	2.4	2.4	3.7	3.7	16.9
Gridley, CA	95948	1	1	100.0	15.3	15.5	15.5	15.5	17.4
Harker Heights, TX	76548	10	10	100.0	1.5	1.5	1.6	1.6	1.6
Harlingen, TX	78553	1	1	100.0	1.5	1.5	1.5	1.5	1.5
Harper, TX	78631	1	1	100.0	18.5	18.5	18.5	19.9	19.9
Harwood, TX	78632	2	2	100.0	10.4	10.4	10.4	10.4	10.4
Havana, FL	32333	1	1	100.0	10.8	13.7	13.7	15.4	16.5
Hawkins, TX	75765	2	1	50.0	17.5	19.5	19.5	19.5	19.5
Hearne, TX	77859	3	1	33.3	17.6	17.6	17.6	17.6	17.6
Helotes, TX	78023	5	5	100.0	1.8	1.8	2.5	2.8	2.8
Henderson, NV	89052	1	1	100.0	0.4	1.6	1.6	1.6	1.6
Hendersonville, NC	28739	1	1	100.0	3.8	3.8	5.4	5.4	5.7
	28791	1	1	100.0	3.2	3.2	3.2	3.2	3.5
Holland, TX	76534	1	1	100.0	12.3	12.3	14.2	14.2	14.4
Homestead, FL	33030	1	1	100.0	0.6	0.6	0.6	0.6	0.6
Hondo, TX	78861	1	1	100.0	0.6	0.8	0.8	0.8	0.8
Horseshoe Bay, TX	78657	5	5	100.0	6.9	6.9	9.2	9.2	18.7
Hot Springs Village, AR	71909	1	1	100.0	13.5	14.3	15.9	15.9	15.9
Houston, TX	77008	2	2	100.0	0.7	1.2	1.2	1.2	1.2
	77014	1	1	100.0	1.8	2.1	2.1	2.2	2.5
	77040	1	1	100.0	0.9	0.9	1.8	1.8	2.1
	77066	1	1	100.0	1.5	1.5	1.5	1.5	1.5
	77067	1	1	100.0	1.7	2.3	2.3	2.3	2.3
	77084	1	1	100.0	2.5	2.5	2.5	2.5	2.5
Humble, TX	77346	1	1	100.0	0.2	0.5	0.5	0.7	0.7

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

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Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Huntsville, TX	77320	1	1	100.0	5.3	5.3	5.6	5.6	5.6
	77340	1	1	100.0	3.2	3.2	3.7	3.7	3.7
Hutto, TX	78634	214	214	100.0	2.3	2.3	2.3	4.1	4.4
Idaho Springs, CO	80452	1	1	100.0	18.0	18.0	20.2	22.2	22.2
Ingleside, TX	78362	1	1	100.0	5.8	5.8	8.0	8.1	17.7
Ingram, TX	78025	1	1	100.0	6.1	6.1	6.1	7.5	7.5
Irving, TX	75060	1	1	100.0	2.7	3.4	4.0	4.3	4.3
Jackson, MS	39209	1	1	100.0	2.6	2.6	3.0	3.0	3.4
Jacksonville, TX	75766	1	1	100.0	1.4	1.4	21.6	21.6	21.6
Jarrell, TX	76537	44	44	100.0	12.0	12.0	13.0	13.0	13.0
Jasper, TX	75951	2	2	100.0	0.9	2.7	29.7	39.8	42.0
Johnson City, TN	37601	1	1	100.0	1.7	1.9	1.9	1.9	1.9
Johnson City, TX	78636	14	14	100.0	5.2	5.2	5.2	5.2	18.7
Judson, TX	75660	1	1	100.0	2.8	2.8	3.5	3.5	3.5
Karnack, TX	75661	1	1	100.0	15.7	17.2	19.5	21.6	21.6
Katy, TX	77493	1	1	100.0	3.0	3.2	3.2	3.2	3.2
	77494	4	4	100.0	1.0	1.0	1.4	1.5	1.5
Keller, TX	76244	2	2	100.0	1.2	1.2	1.2	1.5	1.9
Kempner, TX	76539	8	8	100.0	5.4	5.8	5.8	5.8	7.2
Kerrville, TX	78028	4	4	100.0	1.4	1.4	1.4	1.8	1.8
Kihei, HI	96753	1	1	100.0	10.2	10.8	80.6	83.9	93.7
Killeen, TX	76541	2	2	100.0	0.3	1.8	2.1	2.1	2.2
	76542	9	9	100.0	2.9	3.0	3.3	3.5	3.6
	76543	6	6	100.0	2.2	2.3	2.5	2.5	2.6
	76549	15	15	100.0	2.0	2.2	3.0	3.9	4.0
Kingsbury, TX	78638	2	2	100.0	10.4	10.4	10.4	10.5	10.5
Kingsland, TX	78639	5	5	100.0	14.9	14.9	15.4	15.8	15.8
Kingsville, TX	78363	1	1	100.0	0.4	1.3	1.3	1.5	1.5
Kingwood, TX	77339	1	1	100.0	1.4	2.3	2.3	2.3	2.3
Kissimmee, FL	34759	1	1	100.0	4.4	4.4	4.6	4.6	4.6
Kyle, TX	78640	539	539	100.0	3.4	3.5	3.6	3.8	3.8
La Grange, TX	78945	13	13	100.0	3.6	3.6	35.6	35.6	35.6
La Vernia, TX	78121	2	2	100.0	1.2	1.2	1.2	1.2	1.2
Lake Charles, LA	70605	1	1	100.0	2.0	2.0	2.8	2.8	2.8
Lake Jackson, TX	77566	1	1	100.0	0.6	0.6	4.2	4.2	4.2
Lampasas, TX	76550	10	10	100.0	6.6	6.6	6.6	6.6	6.6
Laredo, TX	78041	1	1	100.0	0.3	0.3	0.3	0.3	0.3
Las Vegas, NV	89104	1	1	100.0	0.4	0.4	0.4	0.4	1.5
League City, TX	77573	1	1	100.0	1.4	1.4	2.1	2.1	2.1
Leander, TX	78641	354	354	100.0	3.0	3.5	3.8	3.9	4.0

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Continued on next page...

Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Leander, TX	78645	52	52	100.0	7.5	9.4	9.5	9.5	9.8
	78646	7	7	100.0	0.7	0.7	0.7	0.7	0.7
Lebanon, KY	40033	1	1	100.0	0.1	0.1	0.1	0.3	0.3
Ledbetter, TX	78946	1	1	100.0	19.6	19.6	23.4	24.1	24.2
Lexington, KY	40503	1	1	100.0	1.1	1.1	1.1	1.1	1.1
Lexington, TX	78947	24	6	25.0	16.4	16.8	17.0	19.3	25.5
Liberty Hill, TX	78642	134	134	100.0	4.0	5.7	11.3	12.1	12.2
Liberty, MO	64068	1	1	100.0	2.5	2.5	3.8	3.8	3.8
Linden, TX	75563	1	1	100.0	17.3	18.5	32.1	32.5	34.3
Littleton, CO	80122	1	1	100.0	0.2	0.7	0.7	0.9	0.9
Livingston, TX	77399	5	5	100.0	8.0	8.0	8.0	8.0	8.0
Llano, TX	78643	13	2	15.4	13.9	13.9	15.8	15.8	20.6
Lockhart, TX	78644	106	106	100.0	3.6	3.6	3.8	3.8	3.8
Locust Grove, AR	72550	1	1	100.0	13.4	13.4	26.3	26.3	27.7
Logan, UT	84321	1	1	100.0	1.0	1.0	1.0	1.0	1.4
Loganville, GA	30052	1	1	100.0	1.2	1.2	7.0	8.3	8.3
Lorena, TX	76655	2	2	100.0	7.0	8.7	10.1	10.1	10.3
Loveland, CO	80538	1	1	100.0	2.2	2.2	2.6	2.7	3.6
Loveland, OH	45140	1	1	100.0	2.8	2.8	2.8	2.8	2.8
Lufkin, TX	75904	1	1	100.0	2.5	2.5	2.6	5.7	5.7
	75915	1	1	100.0	1.2	1.3	1.3	2.0	2.2
Luling, TX	78648	22	22	100.0	3.4	3.4	3.4	3.4	3.4
Magalia, CA	95954	1	1	100.0	16.9	17.3	23.9	48.2	48.2
Manchaca, TX	78652	85	85	100.0	3.0	3.2	3.2	3.5	4.0
Manor, TX	78653	285	285	100.0	3.8	4.0	4.4	8.5	8.9
Marble Falls, TX	78654	21	21	100.0	4.5	4.5	6.2	6.2	14.3
Marietta, GA	30068	1	1	100.0	0.8	0.8	0.8	0.8	0.8
Marion, TX	78124	4	4	100.0	6.8	7.9	8.3	8.3	8.8
Martindale, TX	78655	6	6	100.0	7.0	7.0	7.0	7.0	7.0
Maxwell, TX	78656	9	9	100.0	5.8	5.8	6.0	6.1	6.2
Mc Dade, TX	78650	13	13	100.0	10.0	13.0	13.1	13.7	17.7
Mc Queeney, TX	78123	1	1	100.0	4.9	4.9	4.9	4.9	6.0
McAllen, TX	78502	1	1	100.0	1.9	1.9	1.9	2.0	2.0
Melbourne, FL	32940	1	1	100.0	1.1	1.1	2.0	2.0	2.0
Mesa, AZ	85207	1	1	100.0	2.9	3.2	3.2	3.2	3.2
Mesquite, TX	75149	1	1	100.0	2.5	2.5	2.8	2.8	2.9
Mexia, TX	76667	1	1	100.0	2.4	11.8	28.2	28.2	29.8
Miami, FL	33173	1	1	100.0	0.5	1.2	1.2	1.2	1.2
Milton, FL	32571	1	1	100.0	2.2	2.2	2.2	2.2	2.2
Milwaukee, WI	53220	1	1	100.0	1.3	1.6	1.6	1.6	1.6

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
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Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Missouri City, TX	77459	2	2	100.0	1.4	1.5	1.5	2.3	2.3
Mittie, LA	70654	1	1	100.0	19.9	19.9	19.9	19.9	19.9
Monterey, TN	38574	1	1	100.0	2.0	2.6	14.4	14.4	14.7
Montgomery, AL	36116	1	1	100.0	1.3	1.3	2.5	2.5	2.5
Montgomery, TX	77316	1	1	100.0	5.1	6.0	6.6	10.7	10.7
	77356	2	2	100.0	3.1	6.7	10.3	12.3	13.3
Mount Pleasant, NC	28124	1	1	100.0	10.3	11.6	11.6	11.6	11.6
Mount Pleasant, TX	75455	1	1	100.0	2.2	3.3	3.3	3.3	3.3
Mount Vernon, WA	98274	1	1	100.0	4.6	5.1	20.9	21.1	21.1
Naples, FL	34114	1	1	100.0	2.9	8.2	8.2	10.4	10.7
Nashville, TN	37214	1	1	100.0	4.7	4.7	4.7	4.7	5.0
New Braunfels, TX	78130	69	69	100.0	1.7	1.8	2.0	2.1	2.3
	78131	2	2	100.0	0.8	0.8	0.8	1.2	1.6
	78132	35	35	100.0	5.4	5.4	5.6	6.0	6.0
New Orleans, LA	70131	1	1	100.0	1.9	1.9	1.9	1.9	1.9
Newnan, GA	30265	1	1	100.0	1.6	1.6	1.6	1.6	1.6
Nolanville, TX	76559	1	1	100.0	3.9	3.9	3.9	3.9	3.9
Norman, OK	73070	1	1	100.0	2.2	2.8	2.9	2.9	2.9
	73071	1	1	100.0	3.9	4.5	4.5	4.5	4.5
North Fort Myers, FL	33903	1	1	100.0	0.3	0.3	1.1	2.6	2.6
North Platte, NE	69101	1	1	100.0	0.3	0.9	0.9	0.9	1.0
Ocala, FL	34476	1	1	100.0	5.0	5.1	6.0	6.0	6.0
Ocean Springs, MS	39564	1	1	100.0	1.2	1.2	6.7	6.7	8.1
Oceanside, CA	92056	1	1	100.0	1.5	1.9	2.7	2.7	2.7
Odessa, TX	79761	1	1	100.0	2.7	2.7	3.4	3.6	3.6
Okeechobee, FL	34974	1	1	100.0	1.1	1.1	1.4	2.2	2.2
Olean, NY	14760	1	1	100.0	1.9	1.9	1.9	1.9	1.9
Olympia, WA	98513	1	1	100.0	4.5	4.5	4.5	4.5	4.5
Ormond Beach, FL	32174	1	1	100.0	1.6	1.6	1.6	1.6	1.6
Owasso, OK	74055	2	2	100.0	0.7	1.4	1.8	1.8	1.9
Paige, TX	78659	18	14	77.8	14.5	15.1	15.1	15.2	15.7
Palestine, TX	75801	1	1	100.0	0.1	0.1	1.3	32.3	32.3
Pearland, TX	77581	1	1	100.0	0.6	0.6	0.8	0.8	0.8
	77584	1	1	100.0	0.9	0.9	1.0	1.0	1.0
Pearsall, TX	78061	1	1	100.0	0.4	0.4	0.4	0.4	0.4
Pflugerville, TX	78660	628	628	100.0	1.7	1.7	1.7	2.4	2.6
	78691	14	14	100.0	0.4	0.4	0.4	2.6	2.6
Pharr, TX	78577	1	1	100.0	0.5	0.8	0.8	1.2	1.2
Pikeville, KY	41501	1	1	100.0	6.1	6.1	7.1	8.6	8.6
Pipe Creek, TX	78063	1	1	100.0	11.6	18.1	18.1	18.4	18.5

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

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Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Pittsburg, TX	75686	1	1	100.0	10.5	10.8	10.8	10.8	10.8
Placitas, NM	87043	3	3	100.0	6.8	6.8	15.4	15.4	15.4
Plano, TX	75074	1	1	100.0	1.3	1.3	2.0	2.1	2.1
Plantersville, TX	77363	1	1	100.0	12.0	12.1	17.6	17.7	18.9
Pleasanton, TX	78064	1	1	100.0	3.6	3.6	3.6	3.6	3.6
Port Aransas, TX	78373	1	1	100.0	13.2	13.2	16.9	16.9	18.3
Portland, OR	97206	1	1	100.0	1.0	1.0	1.0	1.6	1.6
Powell, OH	43065	1	1	100.0	3.2	3.2	4.1	4.1	4.1
Prairie Lea, TX	78661	2	2	100.0	9.5	9.5	9.5	9.7	9.7
Red Rock, TX	78662	44	44	100.0	13.7	13.7	13.7	14.0	14.0
Reisterstown, MD	21136	1	1	100.0	1.0	1.0	1.0	1.0	1.0
Rice, TX	75155	1	1	100.0	10.5	10.5	10.5	10.5	10.5
Richardson, TX	75080	1	1	100.0	1.8	1.8	2.2	2.5	2.7
Richmond, TX	77406	2	2	100.0	2.2	2.2	3.1	3.2	3.2
	77469	1	1	100.0	0.6	0.6	0.8	0.8	1.1
Ridgefield, WA	98642	1	1	100.0	8.9	8.9	9.1	9.1	9.1
Rio Rancho, NM	87124	1	1	100.0	0.9	0.9	0.9	2.5	2.5
Riviera, TX	78379	1	1	100.0	15.2	15.2	16.3	17.6	17.6
Roanoke, TX	76262	1	1	100.0	0.4	0.6	0.6	1.2	1.2
Rochester, NY	14621	1	1	100.0	0.7	0.7	1.7	1.7	1.7
Rockdale, TX	76567	15	1	6.7	18.9	18.9	28.9	28.9	28.9
Rockport, TX	78381	1	1	100.0	1.5	1.5	14.8	14.8	23.6
	78382	4	4	100.0	2.7	2.7	14.9	14.9	23.6
Rogers, AR	72758	1	1	100.0	1.9	1.9	2.0	2.0	2.0
Rogers, TX	76569	2	2	100.0	17.2	17.2	17.3	17.3	17.7
Roma, TX	78584	1	1	100.0	11.8	11.8	11.8	11.8	11.8
Ronan, MT	59864	1	1	100.0	10.7	10.7	13.1	13.1	45.1
Rosanky, TX	78953	10	9	90.0	15.7	15.7	15.7	15.7	15.7
Roseburg, OR	97471	1	1	100.0	2.2	5.0	41.3	41.3	47.5
Rosedale, NY	11422	1	1	100.0	0.6	0.6	0.6	0.6	0.6
Roseville, CA	95747	1	1	100.0	1.5	2.8	2.8	2.8	2.8
Round Mountain, TX	78663	3	3	100.0	12.1	12.7	13.4	13.4	14.1
Round Rock, TX	78664	238	238	100.0	1.4	1.5	1.7	1.7	1.8
	78665	271	271	100.0	1.8	2.7	2.9	3.1	3.1
	78680	4	4	100.0	0.9	1.0	1.0	1.0	1.0
	78681	213	213	100.0	1.9	1.9	2.5	2.6	2.7
	78683	7	7	100.0	2.3	2.3	2.3	2.3	2.3
Round Top, TX	78954	1	1	100.0	19.0	19.0	22.6	22.6	22.7
Ruidoso, NM	88345	1	1	100.0	3.8	3.8	3.8	5.9	41.8
Saint Petersburg, FL	33706	1	1	100.0	4.0	4.2	4.2	4.2	4.2

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Access Detail By City

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

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Employees With Access									
City	Zip Code	Employee	With Access[1]		Average Distance				
		#	#	%	1	2	3	4	5
Salado, TX	76571	13	13	100.0	3.3	3.3	12.0	12.0	12.0
San Antonio, TX	78201	3	3	100.0	1.5	1.5	1.6	1.6	1.6
	78204	1	1	100.0	1.8	1.9	1.9	1.9	1.9
	78205	1	1	100.0	0.2	0.2	0.2	0.2	0.2
	78207	3	3	100.0	1.0	1.1	1.6	1.6	1.6
	78208	1	1	100.0	1.3	1.3	1.3	1.9	1.9
	78209	3	3	100.0	0.5	1.0	1.0	1.1	1.1
	78210	1	1	100.0	1.7	1.7	2.0	2.2	2.2
	78212	1	1	100.0	1.5	1.6	1.7	1.7	1.7
	78213	4	4	100.0	1.0	1.2	1.2	1.3	1.3
	78214	2	2	100.0	0.9	1.0	1.7	1.9	2.0
	78215	1	1	100.0	0.4	0.4	0.4	0.4	0.4
	78216	2	2	100.0	1.1	1.4	1.4	1.4	1.4
	78217	1	1	100.0	1.7	2.2	2.2	2.6	3.4
	78219	1	1	100.0	2.9	3.3	3.3	3.3	3.5
	78220	3	3	100.0	1.5	2.2	2.2	2.2	2.2
	78221	2	2	100.0	3.3	3.3	3.5	3.5	3.6
	78222	2	2	100.0	2.0	2.1	2.1	2.1	2.4
	78223	3	3	100.0	3.7	3.7	4.0	4.0	4.0
	78225	2	2	100.0	2.1	2.1	2.1	2.1	2.1
	78227	2	2	100.0	1.7	1.7	1.8	1.8	1.8
	78228	5	5	100.0	1.0	1.1	1.2	1.5	1.7
	78230	1	1	100.0	0.4	0.4	0.4	0.4	0.4
	78231	2	2	100.0	1.5	2.0	2.1	2.3	2.3
	78232	4	4	100.0	0.7	1.0	1.0	1.1	1.1
	78233	6	6	100.0	1.1	1.1	1.5	2.0	2.0
	78237	2	2	100.0	0.9	0.9	1.3	1.4	1.4
	78238	3	3	100.0	0.8	0.8	1.0	1.1	1.1
	78239	1	1	100.0	1.6	1.6	1.6	1.6	1.6
	78240	2	2	100.0	1.5	2.1	2.1	2.1	2.2
	78244	3	3	100.0	1.1	1.1	3.3	3.3	3.5
	78245	7	7	100.0	2.0	2.0	2.2	2.2	2.2
	78247	8	8	100.0	0.9	1.0	1.4	1.4	1.5
	78249	1	1	100.0	0.8	1.0	1.1	1.1	1.1
	78250	1	1	100.0	0.9	0.9	1.6	1.6	1.6
	78251	1	1	100.0	1.8	1.8	1.8	2.0	2.0
	78253	2	2	100.0	1.8	2.6	2.6	3.0	3.0
	78254	5	5	100.0	2.1	2.2	2.2	2.5	2.7
	78255	1	1	100.0	2.4	2.5	2.5	2.5	2.6
	78257	1	1	100.0	1.5	1.5	1.5	1.5	1.5

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Access Detail By City

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

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City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
San Antonio, TX	78258	2	2	100.0	1.6	1.6	1.6	1.6	1.6
	78259	7	7	100.0	1.9	2.1	2.2	2.3	2.4
	78260	1	1	100.0	3.5	3.5	3.5	3.5	3.5
	78263	1	1	100.0	6.3	6.3	6.3	6.3	7.4
	78266	1	1	100.0	5.1	5.2	5.2	5.4	5.4
	78283	1	1	100.0	1.0	1.6	1.6	1.6	1.6
San Gabriel, CA	91775	1	1	100.0	1.5	2.2	2.2	2.2	2.2
San Marcos, TX	78666	139	139	100.0	3.0	3.0	3.1	3.2	3.2
San Martin, CA	95046	1	1	100.0	4.9	6.4	6.9	6.9	8.3
Sandpoint, ID	83864	1	1	100.0	2.6	2.6	45.1	45.1	46.1
Sarasota, FL	34243	1	1	100.0	1.3	1.3	1.3	1.3	1.3
Schertz, TX	78154	8	8	100.0	0.8	1.5	1.7	1.9	2.0
Schulenburg, TX	78956	2	2	100.0	17.1	17.1	37.0	37.0	37.0
Seguin, TX	78155	17	17	100.0	5.1	5.1	5.1	5.3	5.6
Siler City, NC	27344	1	1	100.0	0.9	1.9	1.9	20.2	20.9
Smithfield, UT	84335	1	1	100.0	5.6	5.6	5.7	5.7	6.0
Smithville, TX	78957	54	54	100.0	15.0	15.0	15.0	15.0	15.0
Southlake, TX	76092	1	1	100.0	1.6	1.7	1.7	1.7	1.7
Spicewood, TX	78669	63	63	100.0	9.6	12.3	12.7	12.8	13.4
Spokane, WA	99201	1	1	100.0	3.7	3.7	3.7	3.7	3.7
Spring Branch, TX	78070	10	10	100.0	6.6	6.6	6.6	7.0	7.0
Spring, TX	77373	1	1	100.0	2.6	2.6	2.7	2.8	2.9
	77382	1	1	100.0	2.0	2.0	2.0	3.3	3.3
	77388	1	1	100.0	1.5	1.5	1.5	1.5	1.5
Springdale, PA	15144	1	1	100.0	2.1	2.1	2.1	2.1	2.7
State College, PA	16801	1	1	100.0	1.3	2.3	2.3	2.3	3.8
Stephenville, TX	76401	1	1	100.0	2.7	3.1	3.1	3.1	34.7
Stockdale, TX	78160	2	2	100.0	17.4	17.5	17.5	17.5	17.5
Suffolk, VA	23435	1	1	100.0	1.7	1.7	1.7	1.7	1.7
Sugar Land, TX	77479	2	2	100.0	0.9	0.9	1.1	1.1	1.3
Suitland, MD	20746	1	1	100.0	1.0	1.6	1.6	1.6	1.6
Surprise, AZ	85379	1	1	100.0	1.0	1.3	1.3	1.3	1.3
Swansboro, NC	28584	1	1	100.0	2.1	2.1	2.1	3.9	3.9
Tacoma, WA	98422	1	1	100.0	3.7	3.8	5.4	5.4	5.4
Tallahassee, FL	32311	1	1	100.0	2.2	2.2	3.0	4.3	4.6
Taylor, TX	76574	59	59	100.0	3.5	3.5	10.9	10.9	11.0
Temecula, CA	92592	1	1	100.0	2.5	2.6	2.9	2.9	3.0
Temple, TX	76501	4	4	100.0	5.3	5.3	5.3	5.3	5.3
	76502	22	22	100.0	1.9	1.9	2.8	2.8	3.0
	76504	8	8	100.0	2.3	2.3	2.3	2.3	2.5

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Continued on next page...

Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	2	3	4	5
Terrell, TX	75160	1	1	100.0	1.6	1.6	4.0	4.0	4.0
Texarkana, TX	75501	1	1	100.0	3.3	3.3	3.8	3.9	3.9
Texas City, TX	77590	1	1	100.0	1.2	1.2	2.2	2.2	2.2
	77591	1	1	100.0	0.6	0.6	0.6	0.6	0.6
Thorndale, TX	76577	15	12	80.0	15.3	15.3	24.4	24.4	24.4
Thousand Oaks, CA	91360	1	1	100.0	0.7	1.8	1.8	4.2	4.2
Thrall, TX	76578	7	6	85.7	14.9	14.9	17.8	18.9	19.0
Tomball, TX	77375	1	1	100.0	2.3	2.3	2.3	2.3	2.6
Tow, TX	78672	3	2	66.7	19.4	19.4	19.4	25.8	25.8
Tucson, AZ	85716	1	1	100.0	1.2	1.2	1.2	1.2	1.2
	85737	1	1	100.0	1.2	1.2	1.2	1.3	1.3
	85745	1	1	100.0	1.6	1.6	1.6	1.6	1.6
Tyler, TX	75701	1	1	100.0	1.9	2.0	2.0	2.0	2.3
Universal City, TX	78148	5	5	100.0	0.7	0.8	1.0	1.2	1.4
Upper Sandusky, OH	43351	1	1	100.0	2.5	17.6	17.6	17.6	17.6
Van Alstyne, TX	75495	1	1	100.0	5.8	6.8	6.8	9.1	9.1
Victoria, TX	77904	1	1	100.0	0.4	0.4	0.7	0.7	0.9
Waco, TX	76704	1	1	100.0	1.2	2.2	2.5	2.5	5.5
	76705	1	1	100.0	2.6	4.3	4.3	5.9	9.1
	76706	1	1	100.0	2.5	2.5	2.5	2.5	2.5
	76707	1	1	100.0	1.7	1.7	1.7	1.7	1.7
	76708	1	1	100.0	5.0	5.0	5.0	5.0	5.0
Waelder, TX	78959	4	2	50.0	19.5	19.5	19.5	19.5	19.5
Walburg, TX	78673	2	2	100.0	9.5	9.5	9.5	9.5	9.5
Watertown, MA	02472	1	1	100.0	0.6	1.4	1.4	1.4	1.4
Waxahachie, TX	75165	2	2	100.0	1.4	1.4	2.4	2.4	2.4
Waynesboro, PA	17268	1	1	100.0	2.2	2.2	2.2	2.2	2.2
Wellston, OK	74881	1	1	100.0	20.0	20.0	23.6	26.0	27.0
West Palm Beach, FL	33412	1	1	100.0	7.2	7.2	7.2	7.2	8.1
West Point, TX	78963	2	2	100.0	9.9	9.9	28.2	28.2	28.2
White Oak, TX	75693	1	1	100.0	4.4	5.2	5.2	5.2	5.2
Whitney, TX	76692	1	1	100.0	3.7	15.3	15.5	15.5	25.6
Wichita Falls, TX	76302	1	1	100.0	2.9	2.9	2.9	3.0	3.1
Wichita, KS	67207	1	1	100.0	1.0	1.2	1.3	1.3	1.3
	67215	1	1	100.0	3.7	3.8	4.8	4.8	4.8
Wilmington, NC	28405	1	1	100.0	1.6	1.8	1.8	1.8	1.8
Wimberley, TX	78676	49	48	98.0	13.2	13.3	13.3	13.4	13.4
Windsor, CO	80550	1	1	100.0	0.8	0.8	6.9	6.9	7.2
Winterset, IA	50273	1	1	100.0	0.7	0.7	0.7	0.7	0.7
Woodbury, CT	06798	1	1	100.0	5.7	5.7	5.7	5.7	5.7

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees With Access									
City	Zip Code	Employee	With Access[1]		Average Distance				
		#	#	%	1	2	3	4	5
Woodbury, TN	37190	1	1	100.0	18.6	19.5	19.5	19.5	20.3
Woodland Park, CO	80863	2	2	100.0	12.7	14.6	15.3	15.3	15.3
Woodland, WA	98674	1	1	100.0	2.9	9.8	17.1	17.1	17.1
Woodway, TX	76712	4	4	100.0	2.8	4.0	4.0	4.6	4.7
Grand Totals		13,031	12,952	99.4	3.1	3.4	3.7	4.2	4.6

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Access Detail By City

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees Without Access									
City	Zip Code	Employee #	Without Access[1] #	%	Average Distance 1	2	3	4	5
Alpine, TX	79830	1	1	100.0	130.0	134.2	134.2	134.8	134.8
Armstrong, MO	65230	1	1	100.0	22.4	25.1	25.1	33.0	34.2
Bartlett, TX	76511	3	1	33.3	20.1	20.1	21.2	21.2	21.3
Bath, NY	14810	1	1	100.0	20.3	20.3	20.3	22.6	22.6
Big Lake, TX	76932	1	1	100.0	65.1	65.2	65.3	65.3	65.3
Boys Ranch, TX	79010	1	1	100.0	33.6	37.3	37.4	37.5	37.5
Brady, TX	76825	1	1	100.0	52.5	52.5	53.8	69.8	69.8
Bremond, TX	76629	1	1	100.0	29.8	41.6	43.5	43.5	43.6
Caldwell, TX	77836	4	2	50.0	26.2	26.2	26.2	26.2	26.2
Cameron, TX	76520	3	3	100.0	34.7	34.8	35.1	35.1	35.9
Castell, TX	76831	1	1	100.0	34.9	34.9	34.9	34.9	34.9
Cherokee, TX	76832	1	1	100.0	34.1	34.1	34.1	34.1	34.1
Clarendon, TX	79226	1	1	100.0	44.9	57.0	57.0	57.0	57.5
Clifton, TX	76634	1	1	100.0	25.2	25.4	29.9	29.9	29.9
Cuero, TX	77954	2	2	100.0	29.8	29.8	30.3	30.3	30.6
De Leon, TX	76444	1	1	100.0	22.4	22.4	22.4	22.8	32.1
Deanville, TX	77852	1	1	100.0	32.1	32.1	32.1	32.1	32.1
Edna, TX	77957	1	1	100.0	2.8	25.4	25.4	25.9	25.9
Estes Park, CO	80517	1	1	100.0	25.5	26.0	26.2	26.7	26.7
Evant, TX	76525	1	1	100.0	26.0	26.0	26.0	29.2	29.2
Fischer, TX	78623	5	2	40.0	20.3	20.3	20.3	20.6	20.7
Flatonia, TX	78941	4	4	100.0	26.7	26.7	27.4	27.4	27.4
Giddings, TX	78942	20	15	75.0	21.3	21.5	26.0	26.0	26.0
Goldthwaite, TX	76844	7	7	100.0	37.0	37.4	37.4	44.8	44.8
Hallettsville, TX	77964	2	2	100.0	32.9	32.9	35.4	35.4	35.4
Hamilton, TX	76531	2	2	100.0	37.2	37.2	37.2	37.5	37.7
Hawkins, TX	75765	2	1	50.0	18.9	20.6	20.6	20.6	20.6
Hearne, TX	77859	3	2	66.7	25.9	26.5	27.4	27.4	28.8
Hemphill, TX	75948	1	1	100.0	31.5	31.6	31.6	31.6	31.6
Hempstead, TX	77445	1	1	100.0	21.4	21.5	21.7	21.7	21.8
Henrietta, TX	76365	1	1	100.0	22.0	22.0	22.1	22.2	22.3
Laguna Park, TX	76644	1	1	100.0	10.1	24.7	25.1	25.1	30.0
Lake George, CO	80827	1	1	100.0	36.3	36.3	36.3	36.3	36.3
Lexington, TX	78947	24	18	75.0	24.8	24.8	25.1	27.3	31.8
Lincoln, TX	78948	2	2	100.0	24.6	25.0	25.1	25.4	31.7
Llano, TX	78643	13	11	84.6	26.6	26.6	26.6	29.5	29.6
Lolita, TX	77971	1	1	100.0	13.9	25.9	26.8	27.8	28.2
London, TX	76854	2	2	100.0	55.1	55.1	55.1	56.3	56.3
Marathon, TX	79842	1	1	100.0	126.7	130.5	130.5	131.0	131.0
Mason, TX	76856	2	2	100.0	45.9	45.9	45.9	45.9	45.9

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Access Detail By City

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

2 in 20

[1] The Access Standard is defined as (City of Austin) employees accessing:
2 (Avesis Network Providers) providers in 20 miles

Employees Without Access

City	Zip Code	Employee	Without Access[1]		Average Distance				
		#	#	%	1	2	3	4	5
Medina, TX	78055	1	1	100.0	18.8	20.7	20.7	20.7	20.8
Menard, TX	76859	2	2	100.0	63.8	65.2	66.1	66.5	66.6
Milano, TX	76556	2	2	100.0	30.3	31.6	32.6	32.6	33.2
Miles, TX	76861	1	1	100.0	21.8	22.6	24.9	24.9	27.2
Nixon, TX	78140	1	1	100.0	24.8	24.8	24.8	24.8	24.8
Nordheim, TX	78141	1	1	100.0	37.9	38.3	38.3	38.4	38.4
Normangee, TX	77871	1	1	100.0	32.6	32.6	32.6	32.6	32.6
North Fork, ID	83466	1	1	100.0	19.8	65.2	82.5	82.5	86.6
Oden, AR	71961	1	1	100.0	13.4	23.3	23.3	23.3	23.3
Paige, TX	78659	18	4	22.2	19.5	21.7	21.7	21.9	23.6
Paris, TX	75461	1	1	100.0	2.7	25.2	37.8	38.8	39.1
	75462	1	1	100.0	1.6	25.0	39.7	40.1	41.6
Pecos, TX	79772	1	1	100.0	75.8	80.0	80.1	80.7	80.7
Plainview, TX	79072	1	1	100.0	1.9	44.4	46.2	46.2	46.2
Port Lavaca, TX	77979	1	1	100.0	25.5	31.8	32.3	34.7	36.7
Port O Connor, TX	77982	1	1	100.0	42.2	50.7	51.0	53.4	54.5
Poteau, OK	74953	1	1	100.0	27.2	27.2	27.7	27.9	28.1
Raymondville, TX	78580	1	1	100.0	21.7	22.0	22.0	22.0	22.0
Richland Springs, TX	76871	1	1	100.0	30.2	30.2	30.5	52.0	52.0
Rockdale, TX	76567	15	14	93.3	25.9	25.9	34.8	35.1	35.1
Rocksprings, TX	78880	1	1	100.0	63.8	63.8	63.8	64.8	64.8
Rosanky, TX	78953	10	1	10.0	21.2	21.2	21.2	21.2	21.2
Seadrift, TX	77983	1	1	100.0	38.6	39.6	39.7	41.1	41.3
Silver City, NM	88061	1	1	100.0	2.4	56.4	56.4	56.4	56.4
Somerville, TX	77879	1	1	100.0	21.4	21.8	22.4	22.5	22.5
Thorndale, TX	76577	15	3	20.0	21.4	21.4	24.4	24.4	24.5
Thrall, TX	76578	7	1	14.3	20.7	20.7	20.8	23.2	23.2
Tombstone, AZ	85638	1	1	100.0	20.2	20.2	20.2	21.1	21.1
Tow, TX	78672	3	1	33.3	20.1	20.1	20.1	26.5	26.5
Trinity, TX	75862	1	1	100.0	27.7	27.7	27.9	27.9	27.9
Uriah, AL	36480	1	1	100.0	29.5	35.1	35.2	35.2	36.3
Valley Mills, TX	76689	1	1	100.0	22.5	23.3	23.3	23.3	23.3
Vega, TX	79092	1	1	100.0	29.0	29.4	29.5	29.5	29.5
Waelder, TX	78959	4	2	50.0	23.0	23.0	23.0	23.0	23.0
Wimberley, TX	78676	49	1	2.0	20.3	20.3	20.3	20.3	20.3
Woodville, TX	75979	1	1	100.0	3.3	27.9	28.4	33.4	33.9
Yorktown, TX	78164	2	2	100.0	34.4	34.4	34.7	34.7	34.9
Grand Totals		276	160	58.0	28.6	30.9	32.6	34.0	34.9

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Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Alabama	Clanton	35045	1	1.7	100.0	100.0	100.0	100.0	100.0
	Fairhope	36532	1	2.1	100.0	100.0	100.0	100.0	100.0
	Montgomery	36116	1	1.3	100.0	100.0	100.0	100.0	100.0
	Uriah	36480	1	29.5	0.0	0.0	0.0	0.0	0.0
Arizona	Bullhead City	86442	1	0.9	100.0	100.0	100.0	100.0	100.0
	Florence	85132	1	9.8	0.0	100.0	100.0	100.0	100.0
	Green Valley	85614	2	0.7	100.0	100.0	100.0	100.0	100.0
	Mesa	85207	1	2.9	100.0	100.0	100.0	100.0	100.0
	Surprise	85379	1	1.0	100.0	100.0	100.0	100.0	100.0
	Tombstone	85638	1	20.2	0.0	0.0	0.0	0.0	100.0
	Tucson	85716	1	1.2	100.0	100.0	100.0	100.0	100.0
		85737	1	1.2	100.0	100.0	100.0	100.0	100.0
		85745	1	1.6	100.0	100.0	100.0	100.0	100.0
Arkansas	Batesville	72501	2	1.4	100.0	100.0	100.0	100.0	100.0
	Colt	72326	1	7.1	0.0	100.0	100.0	100.0	100.0
	Eureka Springs	72632	1	0.8	100.0	100.0	100.0	100.0	100.0
	Fayetteville	72701	3	3.4	100.0	100.0	100.0	100.0	100.0
		72704	1	1.9	100.0	100.0	100.0	100.0	100.0
	Hot Springs Village	71909	1	13.5	0.0	0.0	100.0	100.0	100.0
	Locust Grove	72550	1	13.4	0.0	0.0	100.0	100.0	100.0
	Oden	71961	1	13.4	0.0	0.0	100.0	100.0	100.0
	Rogers	72758	1	1.9	100.0	100.0	100.0	100.0	100.0
California	Carlsbad	92011	1	2.3	100.0	100.0	100.0	100.0	100.0
	Diamond Springs	95619	1	1.4	100.0	100.0	100.0	100.0	100.0
	Fresno	93722	1	0.3	100.0	100.0	100.0	100.0	100.0
	Gridley	95948	1	15.3	0.0	0.0	0.0	100.0	100.0
	Magalia	95954	1	16.9	0.0	0.0	0.0	100.0	100.0
	Oceanside	92056	1	1.5	100.0	100.0	100.0	100.0	100.0
	Roseville	95747	1	1.5	100.0	100.0	100.0	100.0	100.0
	San Gabriel	91775	1	1.5	100.0	100.0	100.0	100.0	100.0
	San Martin	95046	1	4.9	100.0	100.0	100.0	100.0	100.0
	Temecula	92592	1	2.5	100.0	100.0	100.0	100.0	100.0
	Thousand Oaks	91360	1	0.7	100.0	100.0	100.0	100.0	100.0
Colorado	Arvada	80004	1	1.2	100.0	100.0	100.0	100.0	100.0
	Aurora	80014	1	0.7	100.0	100.0	100.0	100.0	100.0
	Brighton	80602	1	2.0	100.0	100.0	100.0	100.0	100.0
	Canon City	81212	2	2.9	100.0	100.0	100.0	100.0	100.0
	Denver	80210	1	0.2	100.0	100.0	100.0	100.0	100.0
		80228	1	2.1	100.0	100.0	100.0	100.0	100.0
	Estes Park	80517	1	25.5	0.0	0.0	0.0	0.0	0.0

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Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Colorado	Fort Collins	80526	1	2.0	100.0	100.0	100.0	100.0	100.0
	Grand Junction	81504	1	1.8	100.0	100.0	100.0	100.0	100.0
	Idaho Springs	80452	1	18.0	0.0	0.0	0.0	100.0	100.0
	Lake George	80827	1	36.3	0.0	0.0	0.0	0.0	0.0
	Littleton	80122	1	0.2	100.0	100.0	100.0	100.0	100.0
	Loveland	80538	1	2.2	100.0	100.0	100.0	100.0	100.0
	Windsor	80550	1	0.8	100.0	100.0	100.0	100.0	100.0
	Woodland Park	80863	2	12.7	0.0	0.0	100.0	100.0	100.0
Connecticut	Woodbury	06798	1	5.7	0.0	100.0	100.0	100.0	100.0
Florida	Boca Raton	33486	1	2.0	100.0	100.0	100.0	100.0	100.0
	Bonifay	32425	1	13.4	0.0	0.0	100.0	100.0	100.0
	Cocoa Beach	32931	1	2.9	100.0	100.0	100.0	100.0	100.0
	Fort Lauderdale	33308	1	0.4	100.0	100.0	100.0	100.0	100.0
	Fort Myers	33919	1	0.1	100.0	100.0	100.0	100.0	100.0
	Havana	32333	1	10.8	0.0	0.0	100.0	100.0	100.0
	Homestead	33030	1	0.6	100.0	100.0	100.0	100.0	100.0
	Kissimmee	34759	1	4.4	100.0	100.0	100.0	100.0	100.0
	Melbourne	32940	1	1.1	100.0	100.0	100.0	100.0	100.0
	Miami	33173	1	0.5	100.0	100.0	100.0	100.0	100.0
	Milton	32571	1	2.2	100.0	100.0	100.0	100.0	100.0
	Naples	34114	1	2.9	100.0	100.0	100.0	100.0	100.0
	North Fort Myers	33903	1	0.3	100.0	100.0	100.0	100.0	100.0
	Ocala	34476	1	5.0	100.0	100.0	100.0	100.0	100.0
	Okeechobee	34974	1	1.1	100.0	100.0	100.0	100.0	100.0
	Ormond Beach	32174	1	1.6	100.0	100.0	100.0	100.0	100.0
	Saint Petersburg	33706	1	4.0	100.0	100.0	100.0	100.0	100.0
	Sarasota	34243	1	1.3	100.0	100.0	100.0	100.0	100.0
	Tallahassee	32311	1	2.2	100.0	100.0	100.0	100.0	100.0
	West Palm Beach	33412	1	7.2	0.0	100.0	100.0	100.0	100.0
Georgia	Decatur	30032	1	0.9	100.0	100.0	100.0	100.0	100.0
	Ellijay	30536	1	6.2	0.0	100.0	100.0	100.0	100.0
	Loganville	30052	1	1.2	100.0	100.0	100.0	100.0	100.0
	Marietta	30068	1	0.8	100.0	100.0	100.0	100.0	100.0
	Newnan	30265	1	1.6	100.0	100.0	100.0	100.0	100.0
Hawaii	Kihei	96753	1	10.2	0.0	0.0	100.0	100.0	100.0
Idaho	North Fork	83466	1	19.8	0.0	0.0	0.0	100.0	100.0
	Sandpoint	83864	1	2.6	100.0	100.0	100.0	100.0	100.0
Illinois	Coal Valley	61240	1	3.5	100.0	100.0	100.0	100.0	100.0
	Evanston	60202	1	0.3	100.0	100.0	100.0	100.0	100.0
Iowa	Winterset	50273	1	0.7	100.0	100.0	100.0	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Kansas	Wichita	67207	1	1.0	100.0	100.0	100.0	100.0	100.0
		67215	1	3.7	100.0	100.0	100.0	100.0	100.0
Kentucky	Frankfort	40601	2	1.7	100.0	100.0	100.0	100.0	100.0
	Lebanon	40033	1	0.1	100.0	100.0	100.0	100.0	100.0
	Lexington	40503	1	1.1	100.0	100.0	100.0	100.0	100.0
	Pikeville	41501	1	6.1	0.0	100.0	100.0	100.0	100.0
Louisiana	Galliano	70354	1	4.4	100.0	100.0	100.0	100.0	100.0
	Lake Charles	70605	1	2.0	100.0	100.0	100.0	100.0	100.0
	Mittie	70654	1	19.9	0.0	0.0	0.0	100.0	100.0
	New Orleans	70131	1	1.9	100.0	100.0	100.0	100.0	100.0
Maryland	Baltimore	21217	1	0.7	100.0	100.0	100.0	100.0	100.0
	Chesapeake Beach	20732	1	10.0	0.0	100.0	100.0	100.0	100.0
	Reisterstown	21136	1	1.0	100.0	100.0	100.0	100.0	100.0
	Suitland	20746	1	1.0	100.0	100.0	100.0	100.0	100.0
Massachusetts	Watertown	02472	1	0.6	100.0	100.0	100.0	100.0	100.0
Michigan	East Lansing	48823	1	1.1	100.0	100.0	100.0	100.0	100.0
	Grand Rapids	49503	1	4.5	100.0	100.0	100.0	100.0	100.0
Mississippi	Jackson	39209	1	2.6	100.0	100.0	100.0	100.0	100.0
	Ocean Springs	39564	1	1.2	100.0	100.0	100.0	100.0	100.0
Missouri	Armstrong	65230	1	22.4	0.0	0.0	0.0	0.0	100.0
	Liberty	64068	1	2.5	100.0	100.0	100.0	100.0	100.0
Montana	Bozeman	59718	1	1.0	100.0	100.0	100.0	100.0	100.0
	Ronan	59864	1	10.7	0.0	0.0	100.0	100.0	100.0
Nebraska	North Platte	69101	1	0.3	100.0	100.0	100.0	100.0	100.0
Nevada	Henderson	89052	1	0.4	100.0	100.0	100.0	100.0	100.0
	Las Vegas	89104	1	0.4	100.0	100.0	100.0	100.0	100.0
New Mexico	Albuquerque	87108	1	0.9	100.0	100.0	100.0	100.0	100.0
	Chimayo	87522	1	7.7	0.0	100.0	100.0	100.0	100.0
	Farmington	87499	1	1.0	100.0	100.0	100.0	100.0	100.0
	Placitas	87043	3	6.8	0.0	100.0	100.0	100.0	100.0
	Rio Rancho	87124	1	0.9	100.0	100.0	100.0	100.0	100.0
	Ruidoso	88345	1	3.8	100.0	100.0	100.0	100.0	100.0
	Silver City	88061	1	2.4	100.0	100.0	100.0	100.0	100.0
New York	Bath	14810	1	20.3	0.0	0.0	0.0	0.0	100.0
	Olean	14760	1	1.9	100.0	100.0	100.0	100.0	100.0
	Rochester	14621	1	0.7	100.0	100.0	100.0	100.0	100.0
	Rosedale	11422	1	0.6	100.0	100.0	100.0	100.0	100.0
North Carolina	Hendersonville	28739	1	3.8	100.0	100.0	100.0	100.0	100.0
		28791	1	3.2	100.0	100.0	100.0	100.0	100.0
	Mount Pleasant	28124	1	10.3	0.0	0.0	100.0	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
North Carolina	Siler City	27344	1	0.9	100.0	100.0	100.0	100.0	100.0
	Swansboro	28584	1	2.1	100.0	100.0	100.0	100.0	100.0
	Wilmington	28405	1	1.6	100.0	100.0	100.0	100.0	100.0
Ohio	Cincinnati	45211	1	2.0	100.0	100.0	100.0	100.0	100.0
	Loveland	45140	1	2.8	100.0	100.0	100.0	100.0	100.0
	Powell	43065	1	3.2	100.0	100.0	100.0	100.0	100.0
	Upper Sandusky	43351	1	2.5	100.0	100.0	100.0	100.0	100.0
Oklahoma	Edmond	73013	1	1.5	100.0	100.0	100.0	100.0	100.0
	Norman	73070	1	2.2	100.0	100.0	100.0	100.0	100.0
		73071	1	3.9	100.0	100.0	100.0	100.0	100.0
	Owasso	74055	2	0.7	100.0	100.0	100.0	100.0	100.0
	Poteau	74953	1	27.2	0.0	0.0	0.0	0.0	0.0
	Wellston	74881	1	20.0	0.0	0.0	0.0	100.0	100.0
Oregon	Portland	97206	1	1.0	100.0	100.0	100.0	100.0	100.0
	Roseburg	97471	1	2.2	100.0	100.0	100.0	100.0	100.0
Pennsylvania	Denver	17517	1	5.7	0.0	100.0	100.0	100.0	100.0
	Edinboro	16412	1	1.2	100.0	100.0	100.0	100.0	100.0
	Springdale	15144	1	2.1	100.0	100.0	100.0	100.0	100.0
	State College	16801	1	1.3	100.0	100.0	100.0	100.0	100.0
	Waynesboro	17268	1	2.2	100.0	100.0	100.0	100.0	100.0
South Carolina	Beaufort	29907	1	2.3	100.0	100.0	100.0	100.0	100.0
	Charleston	29422	1	0.4	100.0	100.0	100.0	100.0	100.0
	Greenville	29601	1	1.6	100.0	100.0	100.0	100.0	100.0
Tennessee	Chattanooga	37421	2	1.1	100.0	100.0	100.0	100.0	100.0
	Crossville	38558	1	0.5	100.0	100.0	100.0	100.0	100.0
	Johnson City	37601	1	1.7	100.0	100.0	100.0	100.0	100.0
	Monterey	38574	1	2.0	100.0	100.0	100.0	100.0	100.0
	Nashville	37214	1	4.7	100.0	100.0	100.0	100.0	100.0
	Woodbury	37190	1	18.6	0.0	0.0	0.0	100.0	100.0
Texas	Abilene	79602	3	4.0	66.7	100.0	100.0	100.0	100.0
		79605	1	1.6	100.0	100.0	100.0	100.0	100.0
	Adkins	78101	1	8.1	0.0	100.0	100.0	100.0	100.0
	Alpine	79830	1	130.0	0.0	0.0	0.0	0.0	0.0
	Alvin	77511	1	0.8	100.0	100.0	100.0	100.0	100.0
	Amarillo	79119	1	3.9	100.0	100.0	100.0	100.0	100.0
	Aransas Pass	78336	5	2.6	100.0	100.0	100.0	100.0	100.0
	Argyle	76226	2	7.5	0.0	100.0	100.0	100.0	100.0
	Austin	78701	21	1.2	100.0	100.0	100.0	100.0	100.0
		78702	245	1.5	100.0	100.0	100.0	100.0	100.0
		78703	43	1.6	100.0	100.0	100.0	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Austin	78704	251	1.4	100.0	100.0	100.0	100.0	100.0
		78705	26	0.5	100.0	100.0	100.0	100.0	100.0
		78708	5	1.7	100.0	100.0	100.0	100.0	100.0
		78709	8	1.5	100.0	100.0	100.0	100.0	100.0
		78711	2	1.0	100.0	100.0	100.0	100.0	100.0
		78714	22	1.8	100.0	100.0	100.0	100.0	100.0
		78715	11	1.3	100.0	100.0	100.0	100.0	100.0
		78716	3	0.8	100.0	100.0	100.0	100.0	100.0
		78717	103	1.9	100.0	100.0	100.0	100.0	100.0
		78719	15	8.0	0.0	93.3	100.0	100.0	100.0
		78720	5	0.0	100.0	100.0	100.0	100.0	100.0
		78721	125	1.2	100.0	100.0	100.0	100.0	100.0
		78722	60	1.0	100.0	100.0	100.0	100.0	100.0
		78723	247	1.6	100.0	100.0	100.0	100.0	100.0
		78724	162	4.7	69.1	100.0	100.0	100.0	100.0
		78725	142	6.7	26.1	100.0	100.0	100.0	100.0
		78726	25	2.6	100.0	100.0	100.0	100.0	100.0
		78727	127	1.8	100.0	100.0	100.0	100.0	100.0
		78728	107	1.9	100.0	100.0	100.0	100.0	100.0
		78729	116	1.5	100.0	100.0	100.0	100.0	100.0
		78730	20	3.0	100.0	100.0	100.0	100.0	100.0
		78731	73	1.1	100.0	100.0	100.0	100.0	100.0
		78732	25	4.6	48.0	100.0	100.0	100.0	100.0
		78733	27	4.3	70.4	100.0	100.0	100.0	100.0
		78734	61	3.7	70.5	100.0	100.0	100.0	100.0
		78735	90	2.8	100.0	100.0	100.0	100.0	100.0
		78736	54	3.9	94.4	100.0	100.0	100.0	100.0
		78737	142	2.8	92.3	100.0	100.0	100.0	100.0
		78738	52	2.5	88.5	100.0	100.0	100.0	100.0
		78739	118	2.4	100.0	100.0	100.0	100.0	100.0
		78741	247	1.3	100.0	100.0	100.0	100.0	100.0
		78742	4	3.6	100.0	100.0	100.0	100.0	100.0
		78744	368	2.2	95.4	100.0	100.0	100.0	100.0
		78745	511	1.4	100.0	100.0	100.0	100.0	100.0
		78746	52	2.7	100.0	100.0	100.0	100.0	100.0
		78747	208	3.5	74.0	100.0	100.0	100.0	100.0
		78748	516	1.3	100.0	100.0	100.0	100.0	100.0
		78749	289	1.4	100.0	100.0	100.0	100.0	100.0
		78750	91	1.5	100.0	100.0	100.0	100.0	100.0
		78751	59	0.7	100.0	100.0	100.0	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Austin	78752	76	0.7	100.0	100.0	100.0	100.0	100.0
		78753	232	1.8	100.0	100.0	100.0	100.0	100.0
		78754	154	3.1	96.8	100.0	100.0	100.0	100.0
		78755	2	0.4	100.0	100.0	100.0	100.0	100.0
		78756	58	0.5	100.0	100.0	100.0	100.0	100.0
		78757	107	0.8	100.0	100.0	100.0	100.0	100.0
		78758	171	1.9	100.0	100.0	100.0	100.0	100.0
		78759	139	0.9	100.0	100.0	100.0	100.0	100.0
		78760	12	1.7	100.0	100.0	100.0	100.0	100.0
		78761	8	0.8	100.0	100.0	100.0	100.0	100.0
		78762	9	1.9	100.0	100.0	100.0	100.0	100.0
		78763	4	2.0	100.0	100.0	100.0	100.0	100.0
		78764	3	0.9	100.0	100.0	100.0	100.0	100.0
		78765	2	0.8	100.0	100.0	100.0	100.0	100.0
		78766	3	0.4	100.0	100.0	100.0	100.0	100.0
		78767	4	1.3	100.0	100.0	100.0	100.0	100.0
		78768	4	1.3	100.0	100.0	100.0	100.0	100.0
		78778	1	1.0	100.0	100.0	100.0	100.0	100.0
	Barry	75102	1	7.5	0.0	100.0	100.0	100.0	100.0
	Bartlett	76511	3	15.9	0.0	0.0	66.7	66.7	100.0
	Bastrop	78602	258	4.0	67.4	99.6	100.0	100.0	100.0
	Beaumont	77713	1	5.1	0.0	100.0	100.0	100.0	100.0
	Bedford	76022	2	2.3	100.0	100.0	100.0	100.0	100.0
	Belton	76513	15	4.2	53.3	100.0	100.0	100.0	100.0
	Bertram	78605	20	10.6	0.0	35.0	100.0	100.0	100.0
	Big Lake	76932	1	65.1	0.0	0.0	0.0	0.0	0.0
	Blanco	78606	10	15.8	0.0	0.0	40.0	100.0	100.0
	Blanket	76432	1	14.5	0.0	0.0	100.0	100.0	100.0
	Bluffton	78607	1	19.6	0.0	0.0	0.0	100.0	100.0
	Boerne	78006	1	2.7	100.0	100.0	100.0	100.0	100.0
	Boys Ranch	79010	1	33.6	0.0	0.0	0.0	0.0	0.0
	Brady	76825	1	52.5	0.0	0.0	0.0	0.0	0.0
	Bremond	76629	1	29.8	0.0	0.0	0.0	0.0	0.0
	Brenham	77833	2	1.4	100.0	100.0	100.0	100.0	100.0
	Briggs	78608	2	14.5	0.0	0.0	50.0	100.0	100.0
	Brownsville	78521	1	2.2	100.0	100.0	100.0	100.0	100.0
	Bryan	77801	1	1.1	100.0	100.0	100.0	100.0	100.0
		77802	1	0.7	100.0	100.0	100.0	100.0	100.0
		77808	1	6.8	0.0	100.0	100.0	100.0	100.0
	Buchanan Dam	78609	3	15.1	0.0	0.0	66.7	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Buda	78610	610	2.8	86.2	97.9	100.0	100.0	100.0
	Burleson	76028	2	2.4	100.0	100.0	100.0	100.0	100.0
	Burnet	78611	27	6.1	59.3	74.1	100.0	100.0	100.0
	Caldwell	77836	4	21.5	0.0	0.0	25.0	50.0	75.0
	Cameron	76520	3	34.7	0.0	0.0	0.0	0.0	0.0
	Canyon Lake	78133	17	12.9	0.0	0.0	76.5	100.0	100.0
	Carrollton	75007	1	0.6	100.0	100.0	100.0	100.0	100.0
		75010	1	1.2	100.0	100.0	100.0	100.0	100.0
	Castell	76831	1	34.9	0.0	0.0	0.0	0.0	0.0
	Castroville	78009	1	0.7	100.0	100.0	100.0	100.0	100.0
	Cedar Creek	78612	154	10.6	3.9	43.5	88.3	100.0	100.0
	Cedar Hill	75104	1	0.5	100.0	100.0	100.0	100.0	100.0
	Cedar Park	78613	299	1.0	100.0	100.0	100.0	100.0	100.0
		78630	4	0.5	100.0	100.0	100.0	100.0	100.0
	Charlotte	78011	1	16.4	0.0	0.0	0.0	100.0	100.0
	Cherokee	76832	1	34.1	0.0	0.0	0.0	0.0	0.0
	Cibolo	78108	12	1.9	100.0	100.0	100.0	100.0	100.0
	Clarendon	79226	1	44.9	0.0	0.0	0.0	0.0	0.0
	Clifton	76634	1	25.2	0.0	0.0	0.0	0.0	0.0
	College Station	77840	1	0.4	100.0	100.0	100.0	100.0	100.0
		77842	1	0.4	100.0	100.0	100.0	100.0	100.0
		77845	2	2.0	100.0	100.0	100.0	100.0	100.0
	Comfort	78013	2	18.0	0.0	0.0	0.0	100.0	100.0
	Conroe	77302	1	5.2	0.0	100.0	100.0	100.0	100.0
		77303	1	6.4	0.0	100.0	100.0	100.0	100.0
	Converse	78109	6	1.0	100.0	100.0	100.0	100.0	100.0
	Copperas Cove	76522	10	2.0	90.0	100.0	100.0	100.0	100.0
	Corpus Christi	78411	3	0.5	100.0	100.0	100.0	100.0	100.0
		78412	1	1.3	100.0	100.0	100.0	100.0	100.0
	Coupland	78615	11	8.7	0.0	72.7	100.0	100.0	100.0
	Crosby	77532	1	1.3	100.0	100.0	100.0	100.0	100.0
	Cuero	77954	2	29.8	0.0	0.0	0.0	0.0	0.0
	Cypress	77429	1	2.5	100.0	100.0	100.0	100.0	100.0
	Dale	78616	67	11.6	0.0	23.9	95.5	100.0	100.0
	Dallas	75204	1	0.2	100.0	100.0	100.0	100.0	100.0
		75241	1	3.9	100.0	100.0	100.0	100.0	100.0
	De Leon	76444	1	22.4	0.0	0.0	0.0	0.0	100.0
	Deanville	77852	1	32.1	0.0	0.0	0.0	0.0	0.0
	Del Valle	78617	216	10.3	7.9	43.5	100.0	100.0	100.0
	Denton	76208	1	2.4	100.0	100.0	100.0	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Denton	76209	1	3.4	100.0	100.0	100.0	100.0	100.0
	Driftwood	78619	48	7.1	29.2	97.9	100.0	100.0	100.0
	Dripping Springs	78620	130	5.1	51.5	93.8	100.0	100.0	100.0
	Dublin	76446	1	13.9	0.0	0.0	100.0	100.0	100.0
	Eagle Pass	78853	1	0.2	100.0	100.0	100.0	100.0	100.0
	Eastland	76448	1	1.3	100.0	100.0	100.0	100.0	100.0
	Edinburg	78539	1	1.0	100.0	100.0	100.0	100.0	100.0
	Edna	77957	1	2.8	100.0	100.0	100.0	100.0	100.0
	El Paso	79925	1	0.9	100.0	100.0	100.0	100.0	100.0
		79936	1	0.6	100.0	100.0	100.0	100.0	100.0
	Elgin	78621	208	4.3	63.0	94.2	99.5	100.0	100.0
	Elm Mott	76640	1	7.2	0.0	100.0	100.0	100.0	100.0
	Evant	76525	1	26.0	0.0	0.0	0.0	0.0	0.0
	Farmersville	75442	1	9.4	0.0	100.0	100.0	100.0	100.0
	Fayetteville	78940	1	14.9	0.0	0.0	100.0	100.0	100.0
	Fentress	78622	1	12.6	0.0	0.0	100.0	100.0	100.0
	Fischer	78623	5	18.7	0.0	0.0	20.0	60.0	100.0
	Flatonia	78941	4	26.7	0.0	0.0	0.0	0.0	25.0
	Florence	76527	9	10.9	0.0	33.3	100.0	100.0	100.0
	Floresville	78114	3	4.9	66.7	66.7	100.0	100.0	100.0
	Flower Mound	75022	1	3.5	100.0	100.0	100.0	100.0	100.0
		75028	1	1.0	100.0	100.0	100.0	100.0	100.0
	Fort Worth	76107	1	0.5	100.0	100.0	100.0	100.0	100.0
		76108	2	1.3	100.0	100.0	100.0	100.0	100.0
		76112	1	3.2	100.0	100.0	100.0	100.0	100.0
		76140	1	5.8	0.0	100.0	100.0	100.0	100.0
		76148	1	1.5	100.0	100.0	100.0	100.0	100.0
	Fredericksburg	78624	9	4.7	55.6	88.9	100.0	100.0	100.0
	Frisco	75034	1	1.3	100.0	100.0	100.0	100.0	100.0
		75035	1	1.0	100.0	100.0	100.0	100.0	100.0
		75036	1	1.0	100.0	100.0	100.0	100.0	100.0
	Fulton	78358	1	1.4	100.0	100.0	100.0	100.0	100.0
	Gatesville	76528	2	0.9	100.0	100.0	100.0	100.0	100.0
	Georgetown	78626	137	3.3	77.4	98.5	100.0	100.0	100.0
		78627	6	0.7	100.0	100.0	100.0	100.0	100.0
		78628	177	2.8	83.6	100.0	100.0	100.0	100.0
		78633	79	3.0	81.0	100.0	100.0	100.0	100.0
	Giddings	78942	20	20.4	0.0	0.0	5.0	25.0	100.0
	Goldthwaite	76844	7	37.0	0.0	0.0	0.0	0.0	0.0
	Gonzales	78629	2	1.9	100.0	100.0	100.0	100.0	100.0

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Continued on next page...

Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Granbury	76048	2	1.7	100.0	100.0	100.0	100.0	100.0
		76049	1	4.1	100.0	100.0	100.0	100.0	100.0
	Grand Prairie	75052	1	0.6	100.0	100.0	100.0	100.0	100.0
	Granger	76530	3	10.3	0.0	66.7	100.0	100.0	100.0
	Greenville	75401	1	2.4	100.0	100.0	100.0	100.0	100.0
	Hallettsville	77964	2	32.9	0.0	0.0	0.0	0.0	0.0
	Hamilton	76531	2	37.2	0.0	0.0	0.0	0.0	0.0
	Harker Heights	76548	10	1.5	100.0	100.0	100.0	100.0	100.0
	Harlingen	78553	1	1.5	100.0	100.0	100.0	100.0	100.0
	Harper	78631	1	18.5	0.0	0.0	0.0	100.0	100.0
	Harwood	78632	2	10.4	0.0	50.0	100.0	100.0	100.0
	Hawkins	75765	2	18.2	0.0	0.0	0.0	100.0	100.0
	Hearne	77859	3	23.1	0.0	0.0	0.0	33.3	66.7
	Helotes	78023	5	1.8	100.0	100.0	100.0	100.0	100.0
	Hemphill	75948	1	31.5	0.0	0.0	0.0	0.0	0.0
	Hempstead	77445	1	21.4	0.0	0.0	0.0	0.0	100.0
	Henrietta	76365	1	22.0	0.0	0.0	0.0	0.0	100.0
	Holland	76534	1	12.3	0.0	0.0	100.0	100.0	100.0
	Hondo	78861	1	0.6	100.0	100.0	100.0	100.0	100.0
	Horseshoe Bay	78657	5	6.9	20.0	100.0	100.0	100.0	100.0
	Houston	77008	2	0.7	100.0	100.0	100.0	100.0	100.0
		77014	1	1.8	100.0	100.0	100.0	100.0	100.0
		77040	1	0.9	100.0	100.0	100.0	100.0	100.0
		77066	1	1.5	100.0	100.0	100.0	100.0	100.0
		77067	1	1.7	100.0	100.0	100.0	100.0	100.0
		77084	1	2.5	100.0	100.0	100.0	100.0	100.0
	Humble	77346	1	0.2	100.0	100.0	100.0	100.0	100.0
	Huntsville	77320	1	5.3	0.0	100.0	100.0	100.0	100.0
		77340	1	3.2	100.0	100.0	100.0	100.0	100.0
	Hutto	78634	214	2.3	87.4	100.0	100.0	100.0	100.0
	Ingleside	78362	1	5.8	0.0	100.0	100.0	100.0	100.0
	Ingram	78025	1	6.1	0.0	100.0	100.0	100.0	100.0
	Irving	75060	1	2.7	100.0	100.0	100.0	100.0	100.0
	Jacksonville	75766	1	1.4	100.0	100.0	100.0	100.0	100.0
	Jarrell	76537	44	12.0	0.0	15.9	100.0	100.0	100.0
	Jasper	75951	2	0.9	100.0	100.0	100.0	100.0	100.0
	Johnson City	78636	14	5.2	57.1	78.6	100.0	100.0	100.0
	Judson	75660	1	2.8	100.0	100.0	100.0	100.0	100.0
	Karnack	75661	1	15.7	0.0	0.0	0.0	100.0	100.0
	Katy	77493	1	3.0	100.0	100.0	100.0	100.0	100.0

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Access Standard Detail By Zip Code

February 19, 2021

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Katy	77494	4	1.0	100.0	100.0	100.0	100.0	100.0
	Keller	76244	2	1.2	100.0	100.0	100.0	100.0	100.0
	Kempner	76539	8	5.4	50.0	100.0	100.0	100.0	100.0
	Kerrville	78028	4	1.4	100.0	100.0	100.0	100.0	100.0
	Killeen	76541	2	0.3	100.0	100.0	100.0	100.0	100.0
		76542	9	2.9	77.8	100.0	100.0	100.0	100.0
		76543	6	2.2	100.0	100.0	100.0	100.0	100.0
		76549	15	2.0	93.3	100.0	100.0	100.0	100.0
	Kingsbury	78638	2	10.4	0.0	50.0	100.0	100.0	100.0
	Kingsland	78639	5	14.9	0.0	0.0	40.0	100.0	100.0
	Kingsville	78363	1	0.4	100.0	100.0	100.0	100.0	100.0
	Kingwood	77339	1	1.4	100.0	100.0	100.0	100.0	100.0
	Kyle	78640	539	3.4	82.2	100.0	100.0	100.0	100.0
	La Grange	78945	13	3.6	69.2	92.3	100.0	100.0	100.0
	La Vernia	78121	2	1.2	100.0	100.0	100.0	100.0	100.0
	Laguna Park	76644	1	10.1	0.0	0.0	100.0	100.0	100.0
	Lake Jackson	77566	1	0.6	100.0	100.0	100.0	100.0	100.0
	Lampasas	76550	10	6.6	30.0	80.0	90.0	100.0	100.0
	Laredo	78041	1	0.3	100.0	100.0	100.0	100.0	100.0
	League City	77573	1	1.4	100.0	100.0	100.0	100.0	100.0
	Leander	78641	354	3.0	82.2	100.0	100.0	100.0	100.0
		78645	52	7.5	7.7	98.1	100.0	100.0	100.0
		78646	7	0.7	100.0	100.0	100.0	100.0	100.0
	Ledbetter	78946	1	19.6	0.0	0.0	0.0	100.0	100.0
	Lexington	78947	24	22.7	0.0	0.0	4.2	25.0	75.0
	Liberty Hill	78642	134	4.0	59.0	100.0	100.0	100.0	100.0
	Lincoln	78948	2	24.6	0.0	0.0	0.0	0.0	50.0
	Linden	75563	1	17.3	0.0	0.0	0.0	100.0	100.0
	Livingston	77399	5	8.0	0.0	100.0	100.0	100.0	100.0
	Llano	78643	13	24.6	0.0	7.7	7.7	15.4	23.1
	Lockhart	78644	106	3.6	68.9	99.1	100.0	100.0	100.0
	Lolita	77971	1	13.9	0.0	0.0	100.0	100.0	100.0
	London	76854	2	55.1	0.0	0.0	0.0	0.0	0.0
	Lorena	76655	2	7.0	50.0	100.0	100.0	100.0	100.0
	Lufkin	75904	1	2.5	100.0	100.0	100.0	100.0	100.0
		75915	1	1.2	100.0	100.0	100.0	100.0	100.0
	Luling	78648	22	3.4	72.7	95.5	100.0	100.0	100.0
	Manchaca	78652	85	3.0	100.0	100.0	100.0	100.0	100.0
	Manor	78653	285	3.8	66.3	98.6	100.0	100.0	100.0
	Marathon	79842	1	126.7	0.0	0.0	0.0	0.0	0.0

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Access Standard Detail By Zip Code

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Marble Falls	78654	21	4.5	61.9	90.5	100.0	100.0	100.0
	Marion	78124	4	6.8	0.0	75.0	100.0	100.0	100.0
	Martindale	78655	6	7.0	33.3	100.0	100.0	100.0	100.0
	Mason	76856	2	45.9	0.0	0.0	0.0	0.0	0.0
	Maxwell	78656	9	5.8	33.3	100.0	100.0	100.0	100.0
	Mc Dade	78650	13	10.0	0.0	53.8	100.0	100.0	100.0
	Mc Queeney	78123	1	4.9	100.0	100.0	100.0	100.0	100.0
	McAllen	78502	1	1.9	100.0	100.0	100.0	100.0	100.0
	Medina	78055	1	18.8	0.0	0.0	0.0	100.0	100.0
	Menard	76859	2	63.8	0.0	0.0	0.0	0.0	0.0
	Mesquite	75149	1	2.5	100.0	100.0	100.0	100.0	100.0
	Mexia	76667	1	2.4	100.0	100.0	100.0	100.0	100.0
	Milano	76556	2	30.3	0.0	0.0	0.0	0.0	0.0
	Miles	76861	1	21.8	0.0	0.0	0.0	0.0	100.0
	Missouri City	77459	2	1.4	100.0	100.0	100.0	100.0	100.0
	Montgomery	77316	1	5.1	0.0	100.0	100.0	100.0	100.0
		77356	2	3.1	100.0	100.0	100.0	100.0	100.0
	Mount Pleasant	75455	1	2.2	100.0	100.0	100.0	100.0	100.0
	New Braunfels	78130	69	1.7	89.9	100.0	100.0	100.0	100.0
		78131	2	0.8	100.0	100.0	100.0	100.0	100.0
		78132	35	5.4	31.4	100.0	100.0	100.0	100.0
	Nixon	78140	1	24.8	0.0	0.0	0.0	0.0	100.0
	Nolanville	76559	1	3.9	100.0	100.0	100.0	100.0	100.0
	Nordheim	78141	1	37.9	0.0	0.0	0.0	0.0	0.0
	Normangee	77871	1	32.6	0.0	0.0	0.0	0.0	0.0
	Odessa	79761	1	2.7	100.0	100.0	100.0	100.0	100.0
	Paige	78659	18	15.6	0.0	0.0	44.4	88.9	100.0
	Palestine	75801	1	0.1	100.0	100.0	100.0	100.0	100.0
	Paris	75461	1	2.7	100.0	100.0	100.0	100.0	100.0
		75462	1	1.6	100.0	100.0	100.0	100.0	100.0
	Pearland	77581	1	0.6	100.0	100.0	100.0	100.0	100.0
		77584	1	0.9	100.0	100.0	100.0	100.0	100.0
	Pearsall	78061	1	0.4	100.0	100.0	100.0	100.0	100.0
	Pecos	79772	1	75.8	0.0	0.0	0.0	0.0	0.0
	Pflugerville	78660	628	1.7	100.0	100.0	100.0	100.0	100.0
		78691	14	0.4	100.0	100.0	100.0	100.0	100.0
	Pharr	78577	1	0.5	100.0	100.0	100.0	100.0	100.0
	Pipe Creek	78063	1	11.6	0.0	0.0	100.0	100.0	100.0
	Pittsburg	75686	1	10.5	0.0	0.0	100.0	100.0	100.0
	Plainview	79072	1	1.9	100.0	100.0	100.0	100.0	100.0

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Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Plano	75074	1	1.3	100.0	100.0	100.0	100.0	100.0
	Plantersville	77363	1	12.0	0.0	0.0	100.0	100.0	100.0
	Pleasanton	78064	1	3.6	100.0	100.0	100.0	100.0	100.0
	Port Aransas	78373	1	13.2	0.0	0.0	100.0	100.0	100.0
	Port Lavaca	77979	1	25.5	0.0	0.0	0.0	0.0	0.0
	Port O Connor	77982	1	42.2	0.0	0.0	0.0	0.0	0.0
	Prairie Lea	78661	2	9.5	0.0	100.0	100.0	100.0	100.0
	Raymondville	78580	1	21.7	0.0	0.0	0.0	0.0	100.0
	Red Rock	78662	44	13.7	0.0	0.0	72.7	100.0	100.0
	Rice	75155	1	10.5	0.0	0.0	100.0	100.0	100.0
	Richardson	75080	1	1.8	100.0	100.0	100.0	100.0	100.0
	Richland Springs	76871	1	30.2	0.0	0.0	0.0	0.0	0.0
	Richmond	77406	2	2.2	100.0	100.0	100.0	100.0	100.0
		77469	1	0.6	100.0	100.0	100.0	100.0	100.0
	Riviera	78379	1	15.2	0.0	0.0	0.0	100.0	100.0
	Roanoke	76262	1	0.4	100.0	100.0	100.0	100.0	100.0
	Rockdale	76567	15	25.4	0.0	0.0	0.0	6.7	53.3
	Rockport	78381	1	1.5	100.0	100.0	100.0	100.0	100.0
		78382	4	2.7	100.0	100.0	100.0	100.0	100.0
	Rocksprings	78880	1	63.8	0.0	0.0	0.0	0.0	0.0
	Rogers	76569	2	17.2	0.0	0.0	0.0	100.0	100.0
	Roma	78584	1	11.8	0.0	0.0	100.0	100.0	100.0
	Rosanky	78953	10	16.3	0.0	0.0	50.0	90.0	100.0
	Round Mountain	78663	3	12.1	0.0	0.0	100.0	100.0	100.0
	Round Rock	78664	238	1.4	100.0	100.0	100.0	100.0	100.0
		78665	271	1.8	100.0	100.0	100.0	100.0	100.0
		78680	4	0.9	100.0	100.0	100.0	100.0	100.0
		78681	213	1.9	100.0	100.0	100.0	100.0	100.0
		78683	7	2.3	100.0	100.0	100.0	100.0	100.0
	Round Top	78954	1	19.0	0.0	0.0	0.0	100.0	100.0
	Salado	76571	13	3.3	69.2	100.0	100.0	100.0	100.0
	San Antonio	78201	3	1.5	100.0	100.0	100.0	100.0	100.0
		78204	1	1.8	100.0	100.0	100.0	100.0	100.0
		78205	1	0.2	100.0	100.0	100.0	100.0	100.0
		78207	3	1.0	100.0	100.0	100.0	100.0	100.0
		78208	1	1.3	100.0	100.0	100.0	100.0	100.0
		78209	3	0.5	100.0	100.0	100.0	100.0	100.0
		78210	1	1.7	100.0	100.0	100.0	100.0	100.0
		78212	1	1.5	100.0	100.0	100.0	100.0	100.0
		78213	4	1.0	100.0	100.0	100.0	100.0	100.0

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Access Standard Detail By Zip Code

February 19, 2021

Created for...
Rusty Rice

Created by...
Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	San Antonio	78214	2	0.9	100.0	100.0	100.0	100.0	100.0
		78215	1	0.4	100.0	100.0	100.0	100.0	100.0
		78216	2	1.1	100.0	100.0	100.0	100.0	100.0
		78217	1	1.7	100.0	100.0	100.0	100.0	100.0
		78219	1	2.9	100.0	100.0	100.0	100.0	100.0
		78220	3	1.5	100.0	100.0	100.0	100.0	100.0
		78221	2	3.3	100.0	100.0	100.0	100.0	100.0
		78222	2	2.0	100.0	100.0	100.0	100.0	100.0
		78223	3	3.7	66.7	100.0	100.0	100.0	100.0
		78225	2	2.1	100.0	100.0	100.0	100.0	100.0
		78227	2	1.7	100.0	100.0	100.0	100.0	100.0
		78228	5	1.0	100.0	100.0	100.0	100.0	100.0
		78230	1	0.4	100.0	100.0	100.0	100.0	100.0
		78231	2	1.5	100.0	100.0	100.0	100.0	100.0
		78232	4	0.7	100.0	100.0	100.0	100.0	100.0
		78233	6	1.1	100.0	100.0	100.0	100.0	100.0
		78237	2	0.9	100.0	100.0	100.0	100.0	100.0
		78238	3	0.8	100.0	100.0	100.0	100.0	100.0
		78239	1	1.6	100.0	100.0	100.0	100.0	100.0
		78240	2	1.5	100.0	100.0	100.0	100.0	100.0
		78244	3	1.1	100.0	100.0	100.0	100.0	100.0
		78245	7	2.0	100.0	100.0	100.0	100.0	100.0
		78247	8	0.9	100.0	100.0	100.0	100.0	100.0
		78249	1	0.8	100.0	100.0	100.0	100.0	100.0
		78250	1	0.9	100.0	100.0	100.0	100.0	100.0
		78251	1	1.8	100.0	100.0	100.0	100.0	100.0
		78253	2	1.8	100.0	100.0	100.0	100.0	100.0
		78254	5	2.1	100.0	100.0	100.0	100.0	100.0
		78255	1	2.4	100.0	100.0	100.0	100.0	100.0
		78257	1	1.5	100.0	100.0	100.0	100.0	100.0
		78258	2	1.6	100.0	100.0	100.0	100.0	100.0
		78259	7	1.9	100.0	100.0	100.0	100.0	100.0
		78260	1	3.5	100.0	100.0	100.0	100.0	100.0
		78263	1	6.3	0.0	100.0	100.0	100.0	100.0
		78266	1	5.1	0.0	100.0	100.0	100.0	100.0
		78283	1	1.0	100.0	100.0	100.0	100.0	100.0
	San Marcos	78666	139	3.0	79.9	97.1	100.0	100.0	100.0
	Schertz	78154	8	0.8	100.0	100.0	100.0	100.0	100.0
	Schulenburg	78956	2	17.1	0.0	0.0	0.0	100.0	100.0
	Seadrift	77983	1	38.6	0.0	0.0	0.0	0.0	0.0

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Access Standard Detail By Zip Code

February 19, 2021

Created for...
Rusty Rice

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Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	Seguin	78155	17	5.1	58.8	76.5	100.0	100.0	100.0
	Smithville	78957	54	15.0	0.0	11.1	31.5	100.0	100.0
	Somerville	77879	1	21.4	0.0	0.0	0.0	0.0	100.0
	Southlake	76092	1	1.6	100.0	100.0	100.0	100.0	100.0
	Spicewood	78669	63	9.6	9.5	54.0	95.2	100.0	100.0
	Spring	77373	1	2.6	100.0	100.0	100.0	100.0	100.0
		77382	1	2.0	100.0	100.0	100.0	100.0	100.0
		77388	1	1.5	100.0	100.0	100.0	100.0	100.0
	Spring Branch	78070	10	6.6	40.0	80.0	100.0	100.0	100.0
	Stephenville	76401	1	2.7	100.0	100.0	100.0	100.0	100.0
	Stockdale	78160	2	17.4	0.0	0.0	0.0	100.0	100.0
	Sugar Land	77479	2	0.9	100.0	100.0	100.0	100.0	100.0
	Taylor	76574	59	3.5	72.9	100.0	100.0	100.0	100.0
	Temple	76501	4	5.3	50.0	100.0	100.0	100.0	100.0
		76502	22	1.9	95.5	100.0	100.0	100.0	100.0
		76504	8	2.3	100.0	100.0	100.0	100.0	100.0
	Terrell	75160	1	1.6	100.0	100.0	100.0	100.0	100.0
	Texarkana	75501	1	3.3	100.0	100.0	100.0	100.0	100.0
	Texas City	77590	1	1.2	100.0	100.0	100.0	100.0	100.0
		77591	1	0.6	100.0	100.0	100.0	100.0	100.0
	Thorndale	76577	15	16.5	0.0	0.0	40.0	80.0	100.0
	Thrall	76578	7	15.7	0.0	14.3	28.6	85.7	100.0
	Tomball	77375	1	2.3	100.0	100.0	100.0	100.0	100.0
	Tow	78672	3	19.6	0.0	0.0	0.0	66.7	100.0
	Trinity	75862	1	27.7	0.0	0.0	0.0	0.0	0.0
	Tyler	75701	1	1.9	100.0	100.0	100.0	100.0	100.0
	Universal City	78148	5	0.7	100.0	100.0	100.0	100.0	100.0
	Valley Mills	76689	1	22.5	0.0	0.0	0.0	0.0	100.0
	Van Alstyne	75495	1	5.8	0.0	100.0	100.0	100.0	100.0
	Vega	79092	1	29.0	0.0	0.0	0.0	0.0	0.0
	Victoria	77904	1	0.4	100.0	100.0	100.0	100.0	100.0
	Waco	76704	1	1.2	100.0	100.0	100.0	100.0	100.0
		76705	1	2.6	100.0	100.0	100.0	100.0	100.0
		76706	1	2.5	100.0	100.0	100.0	100.0	100.0
		76707	1	1.7	100.0	100.0	100.0	100.0	100.0
		76708	1	5.0	100.0	100.0	100.0	100.0	100.0
	Waelder	78959	4	21.2	0.0	0.0	0.0	50.0	100.0
	Walburg	78673	2	9.5	0.0	100.0	100.0	100.0	100.0
	Waxahachie	75165	2	1.4	100.0	100.0	100.0	100.0	100.0
	West Point	78963	2	9.9	0.0	100.0	100.0	100.0	100.0

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Access Standard Detail By Zip Code

February 19, 2021

Created for...
Rusty Rice

Created by...
Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

All Employees									
State Name	City	Zip Code	Employee #	Average Distance	Employees with Access to 1 Provider				
					5 (%)	10 (%)	15 (%)	20 (%)	25 (%)
Texas	White Oak	75693	1	4.4	100.0	100.0	100.0	100.0	100.0
	Whitney	76692	1	3.7	100.0	100.0	100.0	100.0	100.0
	Wichita Falls	76302	1	2.9	100.0	100.0	100.0	100.0	100.0
	Wimberley	78676	49	13.4	0.0	12.2	75.5	98.0	100.0
	Woodville	75979	1	3.3	100.0	100.0	100.0	100.0	100.0
	Woodway	76712	4	2.8	100.0	100.0	100.0	100.0	100.0
	Yorktown	78164	2	34.4	0.0	0.0	0.0	0.0	0.0
Utah	Logan	84321	1	1.0	100.0	100.0	100.0	100.0	100.0
	Smithfield	84335	1	5.6	0.0	100.0	100.0	100.0	100.0
Vermont	Burlington	05401	1	2.6	100.0	100.0	100.0	100.0	100.0
Virginia	Altavista	24517	1	1.5	100.0	100.0	100.0	100.0	100.0
	Falls Church	22042	1	1.1	100.0	100.0	100.0	100.0	100.0
	Suffolk	23435	1	1.7	100.0	100.0	100.0	100.0	100.0
Washington	Allyn	98524	1	11.5	0.0	0.0	100.0	100.0	100.0
	Bellingham	98225	1	3.9	100.0	100.0	100.0	100.0	100.0
	Federal Way	98023	1	2.6	100.0	100.0	100.0	100.0	100.0
	Mount Vernon	98274	1	4.6	100.0	100.0	100.0	100.0	100.0
	Olympia	98513	1	4.5	100.0	100.0	100.0	100.0	100.0
	Ridgefield	98642	1	8.9	0.0	100.0	100.0	100.0	100.0
	Spokane	99201	1	3.7	100.0	100.0	100.0	100.0	100.0
	Tacoma	98422	1	3.7	100.0	100.0	100.0	100.0	100.0
	Woodland	98674	1	2.9	100.0	100.0	100.0	100.0	100.0
Wisconsin	Appleton	54911	1	2.4	100.0	100.0	100.0	100.0	100.0
	De Pere	54115	1	1.6	100.0	100.0	100.0	100.0	100.0
	Milwaukee	53220	1	1.3	100.0	100.0	100.0	100.0	100.0
Grand Totals			13,112	7.1	81.8	93.4	97.6	98.9	99.4

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Radius Search Results By Zip Code

February 19, 2021

Created for...
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Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radii are in miles.

All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Alabama	Clanton	35045	1	14	17	31	31	31
	Fairhope	36532	1	1	6	17	21	29
	Montgomery	36116	1	0	42	45	47	67
	Uriah	36480	1	0	0	0	0	0
Arizona	Bullhead City	86442	1	0	0	0	0	30
	Florence	85132	1	0	0	0	0	21
	Green Valley	85614	2	0	33	60	60	99
	Mesa	85207	1	73	428	692	1,335	1,793
	Surprise	85379	1	191	406	1,016	1,450	1,800
	Tombstone	85638	1	0	0	0	0	28
	Tucson	85716	1	276	677	795	880	907
		85737	1	37	247	510	783	848
		85745	1	51	393	773	847	848
Arkansas	Batesville	72501	2	0	2	2	2	2
	Colt	72326	1	0	0	8	8	8
	Eureka Springs	72632	1	14	16	16	17	26
	Fayetteville	72701	3	0	0	48	65	78
		72704	1	0	41	65	85	117
	Hot Springs Village	71909	1	0	0	2	15	19
	Locust Grove	72550	1	0	0	2	2	2
	Oden	71961	1	0	0	0	1	8
	Rogers	72758	1	20	45	102	111	116
California	Carlsbad	92011	1	1	113	179	199	263
	Diamond Springs	95619	1	3	5	8	23	23
	Fresno	93722	1	7	50	62	62	65
	Gridley	95948	1	0	0	0	10	11
	Magalia	95954	1	0	0	0	0	0
	Oceanside	92056	1	82	105	136	185	213
	Roseville	95747	1	19	82	137	170	248
	San Gabriel	91775	1	75	195	393	734	1,081
	San Martin	95046	1	0	20	20	23	37
	Temecula	92592	1	0	37	75	120	162
	Thousand Oaks	91360	1	8	48	72	125	196
Colorado	Arvada	80004	1	20	366	766	950	1,185
	Aurora	80014	1	177	481	855	1,120	1,371
	Brighton	80602	1	16	106	350	526	991
	Canon City	81212	2	0	0	6	6	6
	Denver	80210	1	208	623	1,073	1,309	1,437
		80228	1	157	396	602	1,067	1,342
	Estes Park	80517	1	0	0	0	0	0

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Continued on next page...

Radius Search Results By Zip Code

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Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radii are in miles.

All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Colorado	Fort Collins	80526	1	9	108	126	136	142
	Grand Junction	81504	1	2	32	32	32	32
	Idaho Springs	80452	1	0	0	2	2	75
	Lake George	80827	1	0	0	0	0	0
	Littleton	80122	1	157	544	933	1,112	1,359
	Loveland	80538	1	2	21	136	139	263
	Windsor	80550	1	2	37	158	225	225
	Woodland Park	80863	2	0	0	15	120	209
Connecticut	Woodbury	06798	1	0	47	99	131	203
Florida	Boca Raton	33486	1	38	103	238	339	474
	Bonifay	32425	1	0	0	0	2	2
	Cocoa Beach	32931	1	1	69	83	134	138
	Fort Lauderdale	33308	1	37	118	274	435	585
	Fort Myers	33919	1	140	265	315	415	447
	Havana	32333	1	0	0	4	47	66
	Homestead	33030	1	18	38	38	98	147
	Kissimmee	34759	1	20	20	58	281	391
	Melbourne	32940	1	29	77	130	138	138
	Miami	33173	1	97	209	301	394	488
	Milton	32571	1	1	19	117	135	167
	Naples	34114	1	0	0	1	3	32
	North Fort Myers	33903	1	19	84	244	305	352
	Ocala	34476	1	1	99	103	113	146
	Okeechobee	34974	1	0	0	2	6	24
	Ormond Beach	32174	1	0	15	91	110	124
	Saint Petersburg	33706	1	123	158	413	567	640
	Sarasota	34243	1	41	259	280	286	286
	Tallahassee	32311	1	0	5	59	65	77
	West Palm Beach	33412	1	0	56	141	193	248
Georgia	Decatur	30032	1	15	155	396	683	1,352
	Ellijay	30536	1	0	4	4	12	12
	Loganville	30052	1	2	26	143	350	734
	Marietta	30068	1	59	373	704	1,212	1,575
	Newnan	30265	1	84	127	138	247	382
Hawaii	Kihei	96753	1	0	2	2	2	2
Idaho	North Fork	83466	1	0	0	0	1	1
	Sandpoint	83864	1	0	2	2	2	2
Illinois	Coal Valley	61240	1	0	73	150	183	187
	Evanston	60202	1	187	588	1,003	1,472	1,919
Iowa	Winterset	50273	1	11	11	11	11	22

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Radius Search Results By Zip Code

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Access Analysis
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Employee / Provider Groups
City of Austin
Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Kansas	Wichita	67207	1	17	33	36	45	45
		67215	1	2	17	35	44	44
Kentucky	Frankfort	40601	2	26	116	118	184	209
	Lebanon	40033	1	10	13	13	23	26
	Lexington	40503	1	136	248	262	318	321
	Pikeville	41501	1	17	18	19	20	24
Louisiana	Galliano	70354	1	0	3	3	3	3
	Lake Charles	70605	1	0	45	47	47	47
	Mittie	70654	1	0	0	0	0	0
	New Orleans	70131	1	31	136	173	284	316
Maryland	Baltimore	21217	1	46	330	676	796	1,048
	Chesapeake Beach	20732	1	0	12	32	93	361
	Reisterstown	21136	1	17	95	284	475	728
	Suitland	20746	1	57	358	940	1,663	2,160
Massachusetts	Watertown	02472	1	150	455	649	845	977
Michigan	East Lansing	48823	1	47	56	83	87	96
	Grand Rapids	49503	1	4	159	215	242	243
Mississippi	Jackson	39209	1	4	11	38	51	60
	Ocean Springs	39564	1	2	5	13	14	23
Missouri	Armstrong	65230	1	0	0	0	0	1
	Liberty	64068	1	45	50	91	184	271
Montana	Bozeman	59718	1	4	14	14	14	14
	Ronan	59864	1	0	0	4	4	4
Nebraska	North Platte	69101	1	5	5	5	5	5
Nevada	Henderson	89052	1	198	494	1,006	1,225	1,430
	Las Vegas	89104	1	244	780	1,406	1,431	1,431
New Mexico	Albuquerque	87108	1	66	148	167	186	188
	Chimayo	87522	1	0	0	0	4	4
	Farmington	87499	1	33	33	34	34	34
	Placitas	87043	3	0	2	2	123	184
	Rio Rancho	87124	1	3	33	39	165	186
	Ruidoso	88345	1	3	4	4	4	4
	Silver City	88061	1	0	0	1	1	1
New York	Bath	14810	1	0	0	0	3	5
	Olean	14760	1	7	7	7	12	12
	Rochester	14621	1	7	72	72	98	98
	Rosedale	11422	1	46	292	635	1,171	1,498
North Carolina	Hendersonville	28739	1	0	9	19	23	47
		28791	1	11	17	18	48	48
	Mount Pleasant	28124	1	0	0	37	67	130

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Radius Search Results By Zip Code

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Employee / Provider Groups
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Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
North Carolina	Siler City	27344	1	3	3	3	3	23
	Swansboro	28584	1	17	17	17	47	53
	Wilmington	28405	1	55	101	120	122	122
Ohio	Cincinnati	45211	1	80	254	466	808	1,005
	Loveland	45140	1	57	225	436	684	839
	Powell	43065	1	5	95	150	270	352
	Upper Sandusky	43351	1	1	1	1	9	13
Oklahoma	Edmond	73013	1	20	25	42	52	66
	Norman	73070	1	14	22	24	29	37
		73071	1	9	17	26	29	33
	Owasso	74055	2	9	10	22	77	83
	Poteau	74953	1	0	0	0	0	0
	Wellston	74881	1	0	0	0	0	2
Oregon	Portland	97206	1	76	210	395	522	576
	Roseburg	97471	1	0	1	2	2	2
Pennsylvania	Denver	17517	1	0	21	60	224	287
	Edinboro	16412	1	3	3	25	79	90
	Springdale	15144	1	13	97	282	471	741
	State College	16801	1	33	36	36	36	39
	Waynesboro	17268	1	17	32	94	120	171
South Carolina	Beaufort	29907	1	10	16	16	23	37
	Charleston	29422	1	10	24	61	117	134
	Greenville	29601	1	78	148	177	226	226
Tennessee	Chattanooga	37421	2	64	85	130	132	142
	Crossville	38558	1	3	3	14	16	21
	Johnson City	37601	1	3	84	84	91	219
	Monterey	38574	1	2	2	4	86	104
	Nashville	37214	1	0	203	688	788	1,009
	Woodbury	37190	1	0	0	0	4	128
Texas	Abilene	79602	3	0	7	24	24	24
		79605	1	20	24	24	24	24
	Adkins	78101	1	0	5	62	236	470
	Alpine	79830	1	0	0	0	0	0
	Alvin	77511	1	16	20	105	292	407
	Amarillo	79119	1	0	3	18	23	24
	Aransas Pass	78336	5	2	2	4	6	7
	Argyle	76226	2	0	69	110	277	522
	Austin	78701	21	88	227	262	380	432
		78702	245	65	182	250	366	420
		78703	43	88	234	299	387	433

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Radius Search Results By Zip Code

February 19, 2021

Created for...
Rusty Rice

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Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radii are in miles.

All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Austin	78704	251	74	194	263	327	415
		78705	26	86	207	296	386	438
		78708	5	62	189	319	416	445
		78709	8	56	112	216	321	359
		78711	2	69	208	262	384	432
		78714	22	32	143	255	390	434
		78715	11	101	113	209	320	355
		78716	3	69	196	300	344	415
		78717	103	44	166	262	388	443
		78719	15	0	10	106	243	326
		78720	5	52	199	323	426	447
		78721	125	42	135	264	358	416
		78722	60	54	189	300	382	434
		78723	247	53	164	272	381	440
		78724	162	0	56	206	332	390
		78725	142	0	7	155	301	369
		78726	25	13	117	301	405	453
		78727	127	52	229	292	383	445
		78728	107	51	176	294	369	446
		78729	116	62	203	305	396	443
		78730	20	4	220	322	398	436
		78731	73	59	193	357	398	437
		78732	25	0	53	259	374	416
		78733	27	13	120	292	342	412
		78734	61	1	16	141	305	411
		78735	90	59	116	230	337	390
		78736	54	14	85	135	231	346
		78737	142	3	48	132	145	277
		78738	52	14	18	87	249	348
		78739	118	24	84	143	219	351
		78741	247	22	172	246	339	428
		78742	4	4	105	244	329	403
		78744	368	26	145	223	265	395
		78745	511	106	115	227	324	394
		78746	52	66	208	303	360	415
		78747	208	3	44	182	261	308
		78748	516	42	114	147	275	343
		78749	289	34	117	196	318	371
		78750	91	64	147	346	417	451
		78751	59	83	189	341	389	441

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Radius Search Results By Zip Code

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Avesis Network Providers

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Austin	78752	76	82	146	313	402	441
		78753	232	26	193	273	389	445
		78754	154	3	149	224	359	430
		78755	2	93	192	361	407	440
		78756	58	89	191	349	390	441
		78757	107	128	159	330	407	441
		78758	171	75	189	320	418	447
		78759	139	83	189	329	424	449
		78760	12	5	171	246	285	414
		78761	8	82	146	290	402	439
		78762	9	68	184	249	367	425
		78763	4	100	218	299	388	433
		78764	3	76	182	250	317	403
		78765	2	84	187	329	388	441
		78766	3	128	159	330	407	442
		78767	4	88	227	262	380	432
		78768	4	88	227	262	380	432
		78778	1	69	208	262	384	432
	Barry	75102	1	0	13	14	15	15
	Bartlett	76511	3	0	0	2	6	41
	Bastrop	78602	258	10	10	11	14	14
	Beaumont	77713	1	0	0	19	21	30
	Bedford	76022	2	61	175	306	538	802
	Belton	76513	15	4	16	35	52	53
	Bertram	78605	20	0	0	4	5	29
	Big Lake	76932	1	0	0	0	0	0
	Blanco	78606	10	0	0	4	4	46
	Blanket	76432	1	0	0	1	3	3
	Bluffton	78607	1	0	0	0	0	3
	Boerne	78006	1	0	7	10	15	93
	Boys Ranch	79010	1	0	0	0	0	0
	Brady	76825	1	0	0	0	0	0
	Bremond	76629	1	0	0	0	0	0
	Brenham	77833	2	5	7	7	7	7
	Briggs	78608	2	0	0	4	10	52
	Brownsville	78521	1	0	5	30	32	34
	Bryan	77801	1	22	35	43	43	43
		77802	1	21	35	43	43	43
		77808	1	0	2	31	43	43
	Buchanan Dam	78609	3	0	0	0	3	7

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Radius Search Results By Zip Code

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City of Austin
Avesis Network Providers

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Buda	78610	610	7	44	114	161	279
	Burleson	76028	2	40	42	114	229	391
	Burnet	78611	27	0	3	5	7	13
	Caldwell	77836	4	0	0	0	0	17
	Cameron	76520	3	0	0	0	0	0
	Canyon Lake	78133	17	0	0	0	88	175
	Carrollton	75007	1	88	229	434	663	884
		75010	1	91	257	455	661	848
	Castell	76831	1	0	0	0	0	0
	Castroville	78009	1	7	7	12	181	373
	Cedar Creek	78612	154	0	5	10	14	70
	Cedar Hill	75104	1	43	109	199	298	440
	Cedar Park	78613	299	59	117	220	400	441
		78630	4	64	85	187	333	432
	Charlotte	78011	1	0	0	0	0	12
	Cherokee	76832	1	0	0	0	0	0
	Cibolo	78108	12	2	66	150	421	688
	Clarendon	79226	1	0	0	0	0	0
	Clifton	76634	1	0	0	0	0	1
	College Station	77840	1	31	43	43	43	43
		77842	1	31	43	43	43	43
		77845	2	14	39	43	43	43
	Comfort	78013	2	0	0	0	79	86
	Conroe	77302	1	0	150	225	463	644
		77303	1	0	25	39	231	276
	Converse	78109	6	6	119	338	618	888
	Copperas Cove	76522	10	0	0	5	8	34
	Corpus Christi	78411	3	34	35	36	37	42
		78412	1	32	35	37	37	39
	Coupland	78615	11	0	3	24	88	142
	Crosby	77532	1	3	34	98	265	431
	Cuero	77954	2	0	0	0	0	0
	Cypress	77429	1	38	241	365	666	1,234
	Dale	78616	67	0	5	7	7	49
	Dallas	75204	1	47	195	347	608	940
		75241	1	2	45	191	344	595
	De Leon	76444	1	0	0	0	0	4
	Deanville	77852	1	0	0	0	0	0
	Del Valle	78617	216	0	0	39	182	327
	Denton	76208	1	15	46	100	187	420

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Radius Search Results By Zip Code

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Employee / Provider Groups
City of Austin
Avesis Network Providers

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Denton	76209	1	35	40	77	122	282
	Driftwood	78619	48	0	7	16	70	171
	Dripping Springs	78620	130	5	7	8	61	138
	Dublin	76446	1	0	0	0	4	4
	Eagle Pass	78853	1	8	8	8	8	8
	Eastland	76448	1	3	3	3	3	3
	Edinburg	78539	1	39	96	130	157	186
	Edna	77957	1	0	1	1	1	1
	El Paso	79925	1	24	46	62	65	65
		79936	1	22	45	47	61	65
	Elgin	78621	208	4	4	7	17	171
	Elm Mott	76640	1	0	3	4	34	39
	Evant	76525	1	0	0	0	0	0
	Farmersville	75442	1	0	3	5	67	153
	Fayetteville	78940	1	0	0	2	2	2
	Fentress	78622	1	0	0	15	74	121
	Fischer	78623	5	0	0	0	3	124
	Flatonia	78941	4	0	0	0	0	0
	Florence	76527	9	0	0	14	39	106
	Floresville	78114	3	32	32	32	37	37
	Flower Mound	75022	1	2	121	197	504	770
		75028	1	38	111	271	507	795
	Fort Worth	76107	1	44	116	206	387	501
		76108	2	2	38	102	171	310
		76112	1	5	169	330	534	664
		76140	1	0	106	229	399	531
		76148	1	55	156	275	429	673
	Fredericksburg	78624	9	37	37	37	37	37
	Frisco	75034	1	63	176	393	573	718
		75035	1	33	165	307	459	691
		75036	1	5	87	310	553	693
	Fulton	78358	1	2	2	2	4	4
	Gatesville	76528	2	3	4	4	4	27
	Georgetown	78626	137	0	25	62	114	223
		78627	6	16	51	121	242	320
		78628	177	16	34	147	233	316
		78633	79	14	14	32	108	222
	Giddings	78942	20	0	0	0	2	2
	Goldthwaite	76844	7	0	0	0	0	0
	Gonzales	78629	2	5	5	5	5	13

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Radius Search Results By Zip Code

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City of Austin
Avesis Network Providers

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Granbury	76048	2	7	7	7	7	27
		76049	1	0	7	7	7	57
	Grand Prairie	75052	1	32	133	267	377	680
	Granger	76530	3	0	2	2	26	55
	Greenville	75401	1	2	4	4	7	10
	Hallettsville	77964	2	0	0	0	0	0
	Hamilton	76531	2	0	0	0	0	0
	Harker Heights	76548	10	15	34	43	58	58
	Harlingen	78553	1	57	59	61	94	113
	Harper	78631	1	0	0	0	3	79
	Harwood	78632	2	0	0	13	13	18
	Hawkins	75765	2	0	0	0	2	11
	Hearne	77859	3	0	0	0	0	4
	Helotes	78023	5	0	53	257	520	668
	Hemphill	75948	1	0	0	0	0	0
	Hempstead	77445	1	0	0	0	0	10
	Henrietta	76365	1	0	0	0	0	9
	Holland	76534	1	0	0	10	16	18
	Hondo	78861	1	31	41	41	48	49
	Horseshoe Bay	78657	5	0	4	4	11	11
	Houston	77008	2	121	468	890	1,243	1,850
		77014	1	42	223	618	1,162	1,600
		77040	1	10	339	791	1,192	1,912
		77066	1	83	258	518	1,199	1,616
		77067	1	55	209	603	1,242	1,624
		77084	1	49	313	672	1,235	1,622
	Humble	77346	1	27	158	201	367	724
	Huntsville	77320	1	0	16	16	16	16
		77340	1	0	16	16	17	43
	Hutto	78634	214	3	25	99	158	284
	Ingleside	78362	1	0	4	4	9	41
	Ingram	78025	1	0	0	42	42	42
	Irving	75060	1	3	102	362	690	963
	Jacksonville	75766	1	2	2	2	2	25
	Jarrell	76537	44	0	0	16	45	125
	Jasper	75951	2	1	2	2	2	2
	Johnson City	78636	14	4	4	4	4	11
	Judson	75660	1	15	23	24	30	35
	Karnack	75661	1	0	0	0	5	5
	Katy	77493	1	0	86	276	404	748

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Radius Search Results By Zip Code

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Katy	77494	4	138	218	363	611	951
	Keller	76244	2	63	125	222	335	594
	Kempner	76539	8	0	4	14	36	48
	Kerrville	78028	4	42	42	42	42	43
	Killeen	76541	2	20	38	42	48	61
		76542	9	0	36	39	48	72
		76543	6	34	37	46	58	62
		76549	15	0	4	42	42	68
	Kingsbury	78638	2	0	8	16	54	112
	Kingsland	78639	5	0	0	2	7	7
	Kingsville	78363	1	0	2	5	5	5
	Kingwood	77339	1	49	173	231	495	731
	Kyle	78640	539	5	13	62	154	185
	La Grange	78945	13	2	2	2	2	2
	La Vernia	78121	2	5	5	5	41	147
	Laguna Park	76644	1	0	0	1	1	2
	Lake Jackson	77566	1	6	6	7	7	7
	Lampasas	76550	10	6	6	6	6	14
	Laredo	78041	1	0	0	0	0	10
	League City	77573	1	63	135	205	344	471
	Leander	78641	354	8	33	71	166	330
		78645	52	0	12	87	220	387
		78646	7	16	68	104	250	400
	Ledbetter	78946	1	0	0	0	0	9
	Lexington	78947	24	0	0	0	0	3
	Liberty Hill	78642	134	1	2	24	66	108
	Lincoln	78948	2	0	0	0	0	1
	Linden	75563	1	0	0	0	2	2
	Livingston	77399	5	0	14	14	14	14
	Llano	78643	13	0	0	0	0	0
	Lockhart	78644	106	7	7	15	47	64
	Lolita	77971	1	0	0	0	1	1
	London	76854	2	0	0	0	0	0
	Lorena	76655	2	1	28	33	36	36
	Lufkin	75904	1	3	8	8	8	8
		75915	1	8	8	8	8	8
	Luling	78648	22	8	8	15	15	20
	Manchaca	78652	85	13	70	125	222	352
	Manor	78653	285	3	6	114	215	345
	Marathon	79842	1	0	0	0	0	0

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Marble Falls	78654	21	2	4	7	7	25
	Marion	78124	4	0	11	113	205	435
	Martindale	78655	6	0	0	39	83	126
	Mason	76856	2	0	0	0	0	0
	Maxwell	78656	9	0	30	48	82	121
	Mc Dade	78650	13	0	1	4	14	17
	Mc Queeney	78123	1	0	22	68	128	230
	McAllen	78502	1	85	123	143	185	186
	Medina	78055	1	0	0	0	1	1
	Menard	76859	2	0	0	0	0	0
	Mesquite	75149	1	46	99	221	332	534
	Mexia	76667	1	1	1	2	2	2
	Milano	76556	2	0	0	0	0	0
	Miles	76861	1	0	0	0	0	2
	Missouri City	77459	2	19	61	324	739	1,193
	Montgomery	77316	1	0	4	49	148	300
		77356	2	0	1	3	14	66
	Mount Pleasant	75455	1	1	8	8	8	8
	New Braunfels	78130	69	40	46	62	91	203
		78131	2	46	46	46	91	272
		78132	35	3	46	46	105	223
	Nixon	78140	1	0	0	0	0	5
	Nolanville	76559	1	14	38	53	58	59
	Nordheim	78141	1	0	0	0	0	0
	Normangee	77871	1	0	0	0	0	0
	Odessa	79761	1	11	26	26	27	35
	Paige	78659	18	0	0	0	11	14
	Palestine	75801	1	2	3	3	3	3
	Paris	75461	1	1	1	1	1	1
		75462	1	1	1	1	1	1
	Pearland	77581	1	35	183	434	718	1,060
		77584	1	64	100	471	922	1,158
	Pearsall	78061	1	9	9	9	9	9
	Pecos	79772	1	0	0	0	0	0
	Pflugerville	78660	628	18	82	202	299	375
		78691	14	45	125	269	311	410
	Pharr	78577	1	42	101	173	176	186
	Pipe Creek	78063	1	0	0	1	16	67
	Pittsburg	75686	1	0	0	8	12	12
	Plainview	79072	1	1	1	1	1	1

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Plano	75074	1	62	198	448	680	828
	Plantersville	77363	1	0	0	2	5	49
	Pleasanton	78064	1	0	12	12	12	15
	Port Aransas	78373	1	0	0	2	8	41
	Port Lavaca	77979	1	0	0	0	0	0
	Port O Connor	77982	1	0	0	0	0	0
	Prairie Lea	78661	2	0	8	15	52	114
	Raymondville	78580	1	0	0	0	0	1
	Red Rock	78662	44	0	0	0	17	17
	Rice	75155	1	0	0	14	15	17
	Richardson	75080	1	74	259	561	767	908
	Richland Springs	76871	1	0	0	0	0	0
	Richmond	77406	2	26	170	408	620	880
		77469	1	0	43	198	276	720
	Riviera	78379	1	0	0	5	5	14
	Roanoke	76262	1	15	54	257	373	584
	Rockdale	76567	15	0	0	0	0	0
	Rockport	78381	1	2	2	4	4	6
		78382	4	0	0	2	2	2
	Rocksprings	78880	1	0	0	0	0	0
	Rogers	76569	2	0	0	0	10	16
	Roma	78584	1	0	0	0	0	11
	Rosanky	78953	10	0	0	0	15	22
	Round Mountain	78663	3	0	0	6	8	8
	Round Rock	78664	238	61	84	225	320	375
		78665	271	12	96	156	297	323
		78680	4	48	147	263	318	378
		78681	213	24	176	279	322	396
		78683	7	69	88	229	320	375
	Round Top	78954	1	0	0	0	2	9
	Salado	76571	13	2	2	16	39	83
	San Antonio	78201	3	216	496	882	981	991
		78204	1	233	362	690	913	994
		78205	1	197	364	728	966	995
		78207	3	236	482	779	923	989
		78208	1	169	398	721	967	993
		78209	3	104	448	817	983	1,025
		78210	1	173	311	620	903	990
		78212	1	171	534	870	977	1,024
		78213	4	114	569	903	988	1,028

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All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	San Antonio	78214	2	50	270	354	666	970
		78215	1	158	502	744	975	993
		78216	2	114	544	871	1,017	1,028
		78217	1	60	380	676	972	1,029
		78219	1	44	261	593	828	987
		78220	3	41	279	476	823	978
		78221	2	0	82	289	419	797
		78222	2	26	119	365	584	868
		78223	3	0	31	293	462	752
		78225	2	111	318	573	891	988
		78227	2	70	343	667	809	914
		78228	5	123	564	822	927	995
		78230	1	111	445	894	988	1,035
		78231	2	152	361	775	963	1,035
		78232	4	141	354	676	958	1,032
		78233	6	112	220	462	818	1,011
		78237	2	63	444	694	888	991
		78238	3	96	536	674	903	994
		78239	1	61	192	567	824	1,044
		78240	2	161	374	768	956	998
		78244	3	49	185	463	821	1,021
		78245	7	35	141	318	647	753
		78247	8	78	348	626	856	1,004
		78249	1	92	331	628	951	998
		78250	1	105	336	583	865	998
		78251	1	182	283	572	834	934
		78253	2	1	116	231	549	790
		78254	5	69	214	392	726	946
		78255	1	15	94	461	577	906
		78257	1	6	121	364	651	999
		78258	2	153	230	616	857	1,043
		78259	7	68	263	470	738	979
		78260	1	15	159	349	702	921
		78263	1	0	26	152	467	671
		78266	1	0	100	306	480	765
		78283	1	217	386	716	923	997
	San Marcos	78666	139	32	32	32	79	120
	Schertz	78154	8	50	119	216	592	891
	Schulenburg	78956	2	0	0	0	2	2
	Seadrift	77983	1	0	0	0	0	0

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Radius Search Results By Zip Code

February 19, 2021

Created for...
Rusty Rice

Created by...
Cindi D'Amelio
Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radii are in miles.

All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	Seguin	78155	17	19	19	19	39	162
	Smithville	78957	54	0	0	0	10	12
	Somerville	77879	1	0	0	0	0	44
	Southlake	76092	1	22	98	309	538	751
	Spicewood	78669	63	0	0	0	34	150
	Spring	77373	1	58	270	501	764	1,191
		77382	1	13	149	377	486	613
		77388	1	99	292	598	813	1,230
	Spring Branch	78070	10	0	37	37	64	259
	Stephenville	76401	1	0	4	4	4	4
	Stockdale	78160	2	0	0	0	37	56
	Sugar Land	77479	2	157	203	370	727	1,119
	Taylor	76574	59	2	2	5	43	105
	Temple	76501	4	0	8	14	14	27
		76502	22	14	14	14	49	53
		76504	8	2	14	14	25	50
	Terrell	75160	1	6	11	16	55	153
	Texarkana	75501	1	0	15	25	26	28
	Texas City	77590	1	17	24	53	82	180
		77591	1	24	47	70	181	236
	Thorndale	76577	15	0	0	0	2	2
	Thrall	76578	7	0	0	2	5	30
	Tomball	77375	1	102	185	485	580	911
	Tow	78672	3	0	0	0	0	3
	Trinity	75862	1	0	0	0	0	0
	Tyler	75701	1	29	33	34	34	34
	Universal City	78148	5	55	131	290	641	929
	Valley Mills	76689	1	0	0	0	0	1
	Van Alstyne	75495	1	0	3	7	55	94
	Vega	79092	1	0	0	0	0	0
	Victoria	77904	1	2	8	9	9	10
	Waco	76704	1	4	34	36	36	36
		76705	1	3	4	34	36	36
		76706	1	0	36	36	36	36
		76707	1	32	36	36	36	36
		76708	1	0	22	36	36	36
	Waelder	78959	4	0	0	0	5	13
	Walburg	78673	2	0	13	33	61	116
	Waxahachie	75165	2	0	8	22	40	99
	West Point	78963	2	0	0	2	2	2

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Radius Search Results By Zip Code

February 19, 2021

Created for...
Rusty Rice

Created by...
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Avesis Incorporated

Access Analysis
2 in 20

Employee / Provider Groups
City of Austin
Avesis Network Providers

[1] Zip code geographic centroids were used as the search points.

[2] Radii are in miles.

All Employees								
State Name	City	Zip[1] Code	Employee #	Providers within radius[2] 5	10	15	20	25
Texas	White Oak	75693	1	1	24	30	34	34
	Whitney	76692	1	1	1	1	4	4
	Wichita Falls	76302	1	14	14	15	16	16
	Wimberley	78676	49	0	0	5	17	99
	Woodville	75979	1	1	1	1	1	1
	Woodway	76712	4	14	33	36	36	36
	Yorktown	78164	2	0	0	0	0	0
Utah	Logan	84321	1	0	0	37	37	37
	Smithfield	84335	1	0	35	37	40	40
Vermont	Burlington	05401	1	1	8	8	8	22
Virginia	Altavista	24517	1	6	6	18	47	72
	Falls Church	22042	1	109	687	1,285	1,975	2,553
	Suffolk	23435	1	24	42	107	293	415
Washington	Allyn	98524	1	0	0	3	3	33
	Bellingham	98225	1	13	13	13	13	13
	Federal Way	98023	1	21	25	107	122	141
	Mount Vernon	98274	1	0	0	5	11	13
	Olympia	98513	1	0	22	29	33	35
	Ridgefield	98642	1	0	13	28	112	270
	Spokane	99201	1	16	54	66	66	67
	Tacoma	98422	1	2	55	82	120	125
	Woodland	98674	1	0	1	2	19	43
Wisconsin	Appleton	54911	1	105	169	203	203	252
	De Pere	54115	1	30	163	199	202	267
	Milwaukee	53220	1	216	478	701	922	1,018

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12.5. Addenda

The following pages include each signed addendum to RFP 5800 LMI3000:

- Addendum 1 (February 23)
- Addendum 2 (March 2)
- Addendum 3 (March 3)

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

VISION SERVICES

Solicitation: RFP 5800 LMI3000 **Addendum No: 1** **Date of Addendum: February 23, 2021**

This addendum is to incorporate the following changes to the above referenced solicitation:

1. **Changes to the Solicitation due dates as follows:**

   1.1 OFFERS DUE PRIOR TO time and date is changed to March 4, 2021 at 2:00 PM (CST)

   1.2 OFFERS OPENING TIME AND DATE is changed to March 4, 2021 at 3:00 PM (CST)

2. **Changes to the Solicitation Documents:**

   The solicitation documents have been updated to add Attachment 10 "HIPAA Business Associate Agreement", updated Solicitation Instructions and updated Exhibit 5 - Active and Retiree Demographics Data. Specifically, the following changes have been made:

   2.1. RFP Cover sheet has been updated to add Attachment 10 – HIPAA Business Associate Agreement to the list of documents required to be completed and returned. Updated Cover Sheet is attached to this Addendum.
   2.2. Solicitation Instructions Section 10.8 has been updated to add Attachment 10 – HIPAA Business Associate Agreement. Updated Solicitation Instruction is attached to this Addendum.
   2.3. Solicitation Instructions Section 10.7 and Section 11.1 have been updated to add Attachments 7, 8 and 9 to the list of required documents submitted under these sections. Updated Solicitation Instructions is attached to this Addendum.
   2.4. Exhibit 5 - Active and Retiree Demographics Data has been updated to include gender for employees.

3. **Questions & Answers**:

   (Q1) Which folder do you want Network Responses located?
   (A1) Attachments 7, 8 and 9 should be placed in Tab 10.7 of the Solicitation Instructions. See updated Solicitation Instructions attached to this Addendum.

   (Q2) Network Responses: Do you want providers listed by unique provider identifications (NPI) or by address? This is important as some providers may own several locations in adjacent counties and practice at each of them only a couple days a week.
   (A2) Providers should be listed by address as requested on Attachments 7 and 8.

   (Q3) Enrollment: Please provide 2018 and 2019 actual attended (either physically or virtually) enrollment locations by the current Vision vendor.
   (A3) During 2018, the current Vision vendor attended 67 on-site Open Enrollment meetings. During 2019, the current Vision vendor attended 66 on-site Open Enrollment meetings.

   (Q4) What is the number of locations, and what is the frequency of Vision Screenings you are requesting?
   (A4) On average, annually, the City requests the vision vendor to provide 6-8 vision screenings at:
   Retiree Open Enrollment meetings – 7 am-noon; Health Expos – 7 am – 2 pm; Other large events such as the City Olympics – Saturday event 7 am – 4 pm.

(Q5) The employee census provided does not include gender. We are requesting an update census that includes this data.
(A5) Exhibit 5 has been updated to include the gender for Employees. See updated Exhibit 5 in Vendor Connection.

4. Responses to the remaining questions will be provided in the next Addendum.

5. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

This Addendum is hereby incorporated into and made a part of the above-referenced Solicitation.

ACKNOWLEDGED BY:

Michael Reamer	Mchael Reamer	March 10, 2021
Name	Authorized Signature	Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

VISION SERVICES

Solicitation: RFP 5800 LMI3000 **Addendum No: 2** **Date of Addendum: March 2, 2021**

This addendum is to incorporate the following changes to the above referenced solicitation:

1. **Changes to the Solicitation due dates as follows:**

   1.1 OFFERS DUE PRIOR TO time and date is changed to March 11, 2021 at 2:00 PM (CST)

   1.2 OFFERS OPENING TIME AND DATE is changed to March 11, 2021 at 3:00 PM (CST)

2. Responses to the questions will be provided in the next Addendum.

3. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

This Addendum is hereby incorporated into and made a part of the above-referenced Solicitation.

ACKNOWLEDGED BY:

Michael Reamer	Mishael Reamer	March 10, 2021
Name	Authorized Signature	Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

VISION SERVICES

Solicitation: RFP 5800 LMI3000 **Addendum No: 3** **Date of Addendum: March 3, 2021**

This addendum is to incorporate the following changes to the above referenced solicitation:

1. **Changes to the Solicitation Documents:**

The solicitation documents have been updated and the following changes have been made:

1.1. The Price Sheet has been revised to update the number of participants.
1.2. Exhibit 4 "Claims and Premiums" has been updated to include information for year 2020.
1.3. Exhibit 8 "Vision Plan Certificate, Exhibit 9 "Vision Plan Policy", Exhibit 10 "COA Top Providers Report", Exhibit 11 "Provider Utilization Report" and Exhibit 12 "Lens Information" are added to the solicitation documents.

2. **Questions & Answers**:

(Q1) Please clarify the following benefits. There are discrepancies between Exhibit 3 and Attachment 9:

Benefit	Exhibit 3	Attachment 9	
Contact lens fitting	Specialty lens: $25 copay; $60 allowance plus 15% discount	$25 copay, up to $50 maximum	Confirm current benefit
Progressive Lenses	Standard and Premium only	Standard/Premium/Ultra/Ultimate	– Confirm current benefit – Provide list of brands included in each tier Confirm member cost is in addition to lens copay – What is the member cost if the lens chosen is not on the list?
Anti-Reflective	Standard: $12	Standard: $35	Confirm current benefit
Anti-Reflective	Standard/Premium/ Ultra/ Ultimate	Standard/Premium/Ultra	– Provide list of brands included in each tier
High Index 1.74	Not included	$120 member cost	Confirm current benefit
Intermediate and blended lenses	Intermediate: $30 Blended: $12	Not specified	– Confirm removed from member communication as not highly utilized
Trivex Lenses	Not included	$50	Confirm current benefit
Blue Light Filtering	Not included	$15	Confirm current benefit

(A1) Please see updated Attachment 9 attached to this Addendum. This attachment must be completed and returned with your Proposal response. Place in Tab 10.7 of the Solicitation Instructions.

(Q2) Please provide a list of progressive lens manufacturers and brand covered under each tier: standard/premium/ultra/ultimate. What coverage is provided if the lens selected is not part of the formulary/tier?

(A2) Please see attached Exhibit 12 "Lens Information". If the lens selected is not part of the formulary/tie, it would not be covered by the plan.

(Q3) Please provide a list of anti-reflective manufacturers and brands covered under each tier. What is the member cost for a brand that is not included as part of the formulary/tier?
(A3) Please see attached Exhibit 12 "Lens Information". If the brand selected is not part of the formulary/tie, it would not be covered by the plan.

(Q4) Please clarify which providers should be included in Attachment 7 & Attachment 8. Independent providers often practice within retail locations.
(A4) Per Attachment 7, include Retail providers located in Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson counties. Per Attachment 8, include in Austin and surrounding counties of Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson. Providers mean Optometrists (OD), Ophthalmologist (MD), and Ophthalmologists (DO).

(Q5) Scope of Work, 5.4- Who does the City currently use as their TPA?
(A5) The City currently use CompuSys/Erisa as TPA.

*(*Q6) Scope of Work, 5.8.4- Please clarify how many presentations were conducted in 2020? Would a recorded presentation be acceptable?
(A6) In 2019, there were 66 presentations conducted. During 2020, the City conducted 5 on-site, 56 virtual and 5 over-the-phone Open Enrollment meetings. Recorded presentations would not be accepted. Due to COVID, on-site presentations were limited, but generally virtual presentations are not held.

(Q7) Please elaborate on how enrollment is currently conducted.
(A7) Enrollment is conducted during Open Enrollment periods mid-October through mid-November of each year and during new employee orientation. Newly hired employees can enroll in benefits during the 26 new employee orientations*. Employees can also enroll during their retirement process.*

(Q8) According to the Scope of Work "5.8.2 Contractor shall prepare and deliver up to 9000 copies of Open Enrollment materials, as specified by the City, by September 3, 2021, and annually as requested for the entire term of the contract. The City prefers that the enrollment materials be printed on recycled paper following EPA guidelines (reference Solicitation Instructions)." What exactly is included in the enrollment materials?
(A8) Please see Exhibit 3 "Vision Flyer".

(Q9) Please confirm the City of Austin's payroll frequency/number of pay periods in a year.
(A9) Employees are paid over 26 pay periods, however deductions are taken from 24 pay periods.

(Q10) Is the group's current benefit Voluntary or Employer Contribution? If employer contribution, how much does the employer contribute? Are dependents included in the employer contribution or Employees Only?
(A10) Voluntary – 100% employee/retiree paid. The City does not contribute towards this benefit.

(Q11) Is a list of top providers used by members available?
(A11) Please see attached Exhibit 10 "COA Top Providers Report"

(Q12) Please provide Vision provider utilization report for the most recent 12 months.
(A12) Please see attached Exhibit 11 "Provider Utilization Report"

(Q13) Exhibit 7 – Service Level Agreement, there are two separate fees referenced: “2% of annual fees paid by end of calendar year 1st quarter” and “2% of annual base fee paid annually”. Please confirm “annual fees “ is referring to the “annual premium”. Please clarify what is the “annual base fee”?
(A13) Yes, annual fees is referring to the annual premium. Annual base fee is total annual premium.

(Q14) Please provide the group’s current vision policy and certificate?
(*A14) Exhibit 8 – Vision Plan Certificate and Exhibit 9 - Vision Plan Policy are attached.*

(Q15) Please confirm whether the rates are voluntary or contributory (and the percentage)?
(A15) Voluntary – 100% employee/retiree paid.

(Q16) Please confirm whether the rates provided are for 24 or 26 pay periods?
(A16) The rates are provided for 24 pay periods.

(Q17) Please clarify what you're looking for in the "Open Enrollment identification cards" Service Level Measure?
(Q17) Open Enrollment identification cards is the identification cards for new members enrolled during the annual open enrollment should arrive by December 31 each year.

(Q18) What kind of vision reports are you looking for ("Monthly year-end reports" Service Level Measure)?
(A18) “Monthly year-end reports” are monthly, quarterly and year-end reports regarding service. Refer to the Scope of Work, Section 5.13. At a minimum, the reports should include:

- *Utilization showing exam only, materials only, exam and materials, and the total of both.*
- *Number of claims paid in network, out-of-network, and the total of both.*
- *Enrollment showing Subscribers, Dependents, and total Lives.*
- *Overall City member satisfaction.*
- *Percentage of Customer Service calls resolved during the first call.*

(Q19) The Premium/Claims experience data provided in RFP attachment “RFP_5800_LMI3000_BID_DOC_5_v1.pdf” is through the end of 2019. Please provide an updated report with data through at least the end of 2020.
(A19) Please see updated Exhibit 4 with 2020 information.

(Q20) Please provide the Davis Vision certificates for the active and retiree current plans.
(A20) Exhibit 8 – Vision Plan Certificate and Exhibit 9 - Vision Plan Policy are attached to this Addendum.

(Q21) In the census file under the Vision Tier column, there are employees with FN and PN tiers. What do these stand for?
(A21) Per Exhibit 5 provided in Addendum 1, the Tier Definitions are provided at the bottom of the list. PN is Employee & Domestic Partner. FN is Employee, Domestic Partner & Child(ren).

3. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

This Addendum is hereby incorporated into and made a part of the above-referenced Solicitation.

ACKNOWLEDGED BY:

Michael Reamer	Michael Reamer	March 10, 2021
Name	Authorized Signature	Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

OFFER CERTIFICATION

Instructions. Offerors shall complete and sign the Offer Certification section of this section as indicated. Offerors shall not complete any portions of the Acceptance section below. Submittals with incomplete and/or unsigned Offer Certification are not considered to be Offers and will be rejected as nonresponsive.

Company Name: **Avēsis Third Party Administrators, Inc.**

Company Address: **10400 N. 25th Avenue, Suite 200**

City, State, Zip: **Phoenix, AZ 85021**

Company's Austin Finance Online Vendor Registration No. **V00000968993**

Company's Officer or Authorized Representative: **Michael Reamer**

Title of Officer or Authorized Representative: **Chief Marketing Officer**

Email: **mreamer@avesis.com** Offeror's Phone: **410.413.9162**

Offeror's Signature: Michael Reamer Date: **2/22/2021**

OFFER: The above signed, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Offeror, by submitting and signing below, acknowledges that he/she has received and read the entire document packet including all revisions, and addenda and agrees to be bound by the terms therein.

ACCEPTANCE BY THE CITY

For City Staff only. The City will complete and sign this section only if the City accepts the Offer.

Contract Number: MA 5800 NA210000132

Printed Name of City's Authorized Procurement Staff: Leyla Mammadova

Title of City's Authorized Procurement Staff: Procurement Specialist IV

Signature: Leyla Mammadova Digitally signed by Leyla Mammadova Date: 2021.05.07 12:49:32 -05'00' Date: 5/7/2021

Email: leyla.mammadova@austintexas.gov Phone: 512-978-1519

ACCEPTANCE: The Offer is hereby accepted. Contractor is now bound to sell the materials or services specified in the Contract.

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has read the following and will comply with Austin City Code, Sec. 5-4-2.

1. Not to engage in any discriminatory employment practice defined in this chapter;

2. To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment;

3. To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.

4. To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.

5. To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.

6. To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.

7. To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of $2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter.

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Non-Discrimination and Non-Retaliation Policy set forth below.

MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICY

1. As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations. The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

2. The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

3. Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their compliant, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

4. Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and nonretaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

5. UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NONDISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

6. Contractor agrees that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

7. The Contractor agrees that this Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filling. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

SUSPENSION AND DEBARMENT CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has **NOT** been debarred from contracting with the City of Austin, any other local governments or states, or the US federal government.

Suspended or Debarred Offerors. The City finds that offerors, including any subcontractors that may be included in the Offer, that are suspended or debarred from contracting with the US federal government, any state or local government, as of the submission date of their offer, are not sufficiently responsible to contract with the City. The City may reject and set aside any offer, or terminate for cause any contract resulting from an offer, in which the offeror falsely certified they were not suspended or debarred when in fact they were.

NON-COLLUSION AND NON-CONFLICT OF INTEREST CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has **NOT** engaged in collusion and is not aware of any conflicts of interests as described below.

Offeror. The term "Offeror", as used in this document, includes the individual or business entity submitting the Offer. For the purpose of this Affidavit, an Offeror includes the directors, officers, partners, managers, members, principals, owners, agents, representatives, employees, other parties in interest of the Offeror, and any person or any entity acting for or on behalf of the Offeror, including a subcontractor in connection with this Offer.

Anti-Collusion Statement. Offeror has not in any way directly or indirectly:

a. colluded, conspired, or agreed with any other person, firm, corporation, Offeror or potential Offeror to the amount of this Offer or the terms or conditions of this Offer.

b. paid or agreed to pay any other person, firm, corporation Offeror or potential Offeror any money or anything of value in return for assistance in procuring or attempting to procure a contract or in return for establishing the prices in the attached Offer or the Offer of any other Offeror.

Preparation of Solicitation and Contract Documents. Offeror has not received any compensation or a promise of compensation for participating in the preparation or development of the underlying Solicitation or Contract documents. In addition, the Offeror has not otherwise participated in the preparation or development of the underlying Solicitation or Contract documents, except to the extent of any comments or questions and responses in the solicitation process, which are available to all Offerors, so as to have an unfair advantage over other Offerors, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.

Participation in Decision Making Process. Offeror has not participated in the evaluation of Offers or other decision making process for this Solicitation, and, if Offeror is awarded a Contract no individual, agent, representative, consultant, subcontractor, or sub-consultant associated with Offeror, who may have been involved in the evaluation or other decision making process for this Solicitation, will have any direct or indirect financial interest in the Contract, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.

Present Knowledge. Offeror is not presently aware of any potential or actual conflicts of interest regarding this Solicitation, which either enabled Offeror to obtain an advantage over other Offerors or would prevent Offeror from advancing the best interests of the City in the course of the performance of the Contract.

City Code. As provided in Sections 2-7-61 through 2-7-65 of the City Code, no individual with a substantial interest in Offeror is a City official or employee or is related to any City official or employee within the first or second degree of consanguinity or affinity.

Chapter 176 Conflict of Interest Disclosure. In accordance with Chapter 176 of the Texas Local Government Code, the Offeror:

a. does not have an employment or other business relationship with any local government officer of the City or a family member of that officer that results in the officer or family member receiving taxable income; Section 0810, Non-Collusion, 1 Revised 12/22/15 Non-Conflict of Interest, and Anti-Lobbying Certification;

b. has not given a local government officer of the City one or more gifts, other than gifts of food, lodging, transportation, or entertainment accepted as a guest, that have an aggregate value of more than $100 in the twelve month period preceding the date the officer becomes aware of the execution of the Contract or that City is considering doing business with the Offeror; and

c. does not have a family relationship with a local government officer of the City in the third degree of consanguinity or the second degree of affinity.

ANTI-LOBBYING CERTIFICATION

Instruction. Offerors shall read and acknowledge this certification by checking the box below. Offerors that do not check the box below indicating their compliance with this certification shall be determined nonresponsive.

☒ (Check)

OFFEROR HEREBY CERTIFIES
Offeror has and will continue to comply with the City's Anti-Lobbying Ordinance, Chapter 2-7, Article 6.

Applicability. This Solicitation is subject to City Code, Ch. 2-7, Article 6, Anti-Lobbying and Procurement.

No Lobbying Period. The No-Lobbying Period begins on the data this Solicitation was initially published and continues through the earlier of (i) 60-days following Council authorization of any contracts resulting from this Solicitation, (ii) the date the last resulting contract is signed, (iii) the date this Solicitation is cancelled.

Prohibited Communications. During the No Lobbying Period, Respondents to this Solicitation or their Agents, shall not make prohibited communications to City officials or City employees.

Ordinance. https://www.austintexas.gov/financeonline/afo_content.cfm?s=15&p=145

Rules. https://www.austintexas.gov/financeonline/afo_content.cfm?s=16&p=77

NONRESIDENT BIDDER AND MANUFACTURING CERTIFICATION

Instruction. Offerors shall read and checking the applicable boxes in response to both certifications below.

☒ **YES** ☐ **NO**
(Check One)

OFFEROR HEREBY CERTIFIES
Offeror **IS (YES)** or **IS NOT (NO)** a Nonresident Bidder in accordance with Texas Government Code Ch. 2252.002.

If "Yes" is checked, provide the name of the state where Nonresident Bidder's Principle Place of Business is located.

Arizona
(State)

☐ **YES** ☒ **NO**
(Check One)

OFFEROR HEREBY CERTIFIES
Offer **INCLUDES (YES)** or **DOES NOT INCLUDE (NO)** Equipment, Supplies and/or Materials in accordance with Texas Government Code Ch. 2252.002

If "YES" is checked, provide the name of the State where majority of the Equipment, Supplies and/or Materials were manufactured

Click or tap here to enter text.
(State)

Reciprocal Preference. In accordance with Texas Government Code Ch. 2252.002 (see below), the City must apply a reciprocal preference to a Nonresident Bidder's offer, consistent with the applicable preference granted by the state of the Nonresident Bidder's principal place of business. The City will also apply a reciprocal preference to a Resident Bidder or Nonresident Bidder's offer, consistent with the applicable preference granted by the state where the majority of the equipment, supplies and/or materials were manufactured.

Resident bidder. An Offeror whose principal place of business is in Texas, including a contractor whose ultimate parent company or majority owner has its principal place of business in Texas.

Nonresident Bidder. An Offeror that is not a Resident Bidder.

Statute: https://statutes.capitol.texas.gov/Docs/GV/htm/GV.2252.htm

LOCAL PRESENCE CERTIFICATION – OPTIONAL

Instruction. Offerors wishing to claim Local Presence shall read and acknowledge this certification by checking the applicable box and providing the physical address below.

OFFEROR HEREBY CERTIFIES
Offeror's **HEADQUARTERS** or a **BRANCH OFFICE** is within the Austin Corporate City Limits.

☐ **HEADQUARTERS**
☐ **BRANCH OFFICE**
(Check One)

None
(Physical Address of Offeror's Headquarters or Branch Office)

Do you employ anyone at the location checked above who is a resident of the City of Austin?

☐ **Yes**
☐ **No**
(Check One)

Benefit to the City. In accordance with Resolution, 20140807-113, Council has determined that contracts awarded to local companies that provide employment to Austin residents is an economic benefit.

Local Presence. Offerors may claim Local Presence if at least one (1) of the following are located within the Austin Corporate City Limits, employing residents of Austin.
1. Headquarters; or
2. Branch office.

Austin Corporate City Limits. The City of Austin's Full Purpose Jurisdiction, not including the City's Extraterritorial Jurisdiction.

Headquarters. The Offeror's administrative center where most of the company's important functions and full responsibility for managing and coordinating the business activities of the firm are located.

Branch Office. A company office other than the Offeror's headquarters, that has been in place for at least five (5) years.

SUBCONTRACTING UTILIZATION FORM

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:
a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Avēsis Third Party Administrators, Inc.		
City Vendor ID Code	V00000968993		
Physical Address	10400 N. 25th Avenue, Suite 200		
City, State Zip	Phoenix, AZ 85021		
Phone Number	281.682.0989	Email Address	mreamer@avesis.com
Is the Offeror City of Austin M/WBE certified?	☒ NO ☐ YES Indicate one: ☐ MBE ☐ WBE ☐ MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form,** and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract

Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Michael Reamer, Chief Marketing Officer — Michael Reamer 2/21/2021

Name and Title of Authorized Representative (Print or Type) — Signature/Date

SUBCONTRACTING UTILIZATION PLAN

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☐ **I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;
STEP TWO: Perform Good Faith Efforts (Check List provided below);
STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☐ **Advertise**. Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant		
City of Austin Certified	☐ MBE ☐ WBE	Ethnic/Gender Code: ☐ NON-CERTIFIED
Company Name		
Vendor ID Code		
Contact Person		Phone Number:
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$	
List commodity codes & description of services		
Justification for not utilizing a certified MBE/WBE		

Subcontractor/Sub-consultant		
City of Austin Certified	☐ MBE ☐ WBE	Ethnic/Gender Code: ☐ NON-CERTIFIED
Company Name		
Vendor ID Code		
Contact Person		Phone Number:
Additional Contact Info	Fax Number:	E-mail:
Amount of Subcontract	$	
List commodity codes & description of services		
Justification for not utilizing a certified MBE/WBE		

SMBR Contact Information			
SMBR Contact Name	**Contact Date**	**Means of Contact**	**Reason for Contact**
		☐ Phone **OR** ☐ Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

_____ _____

Reviewing Counselor Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

_____ _____

Director/Assistant Director or Designee Date