2017
Benefits Enrollment 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 2017 Plan Year.

Your rights are governed by each plan instrument, which may be a Summary Plan Description (SPD), 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 selected 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

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 *800-735-2985* (Relay Texas TTY number) for more information.

Contact Information

City of Austin
Human Resources Department
Employee Benefits Division

Benefits staff are available to answer questions you have about your benefits.

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

We recommend making an appointment before visiting our office.

Office Hours: 7:30 a.m. to 5:00 p.m.
Office Location: 505 Barton Springs Road, Suite 600

Online Resources

To access benefits information, go to 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 webpage.

UnitedHealthcare
Medical Plans

CDHP/PPO Phone Number: 888-331-3408
HMO Phone Number: 888-383-0132
NurseLine Services 24/7: 877-365-7949
Vision Phone Number: 800-638-3120
Vision Providers: myuhcvision.com
Mental Health Providers: liveandworkwell.com
Prescription Information: myuhc.com

To find a medical provider, go to myuhc.com.

1. Click the ***Find Physician, Laboratory, or Facility*** link.
2. Click ***All UnitedHealthcare Plans***.
3. Select ***NexusACO OAP*** for the CDHP w/HRA and PPO. Select ***NexusACO R*** for the HMO.

To view the prescription formulary, Explanation of Benefits, and print a temporary ID card, go to myuhc.com. To register, follow these steps:

1. Click the ***Register Now*** button.
2. Enter information from your ID card. If you don't have your ID card, select the ***Click Here*** link and you can enter your Social Security Number and date of birth.
3. Click the ***Next Step*** button.
4. Enter email address or sign up for a free email account.
5. Create a username, password, answer security questions, and agree to website policies.
6. Click the ***Submit*** button.

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, go to davisvision.com. To register, follow these steps:

1. Click the ***Members*** link.
2. Click the ***Register*** link.
3. Enter information from your ID card.
4. Create a username, password, and security question.
5. Click the ***Register*** button.

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

Delta Dental Plan

Toll-Free Number: 800-521-2651
Office Hours: 6:15 a.m. to 6:30 p.m. Monday through Friday
Website: deltadentalins.com

To register, follow these steps:

1. Click the ***Register Today*** link.
2. From the drop down menu, select ***Enrollee.***
3. Enter your personal information, and create your username and password.

Assurant Employee Benefits - Heritage Plus with Specialty Benefit Plan

Toll-Free Number: 800-443-2995
Office Hours: 7 a.m. to 5:30 p.m. Sunday through Saturday
Website: assurantemployeebenefits.com

To register, follow these steps:

1. Click the ***For Members*** link.
2. Click the ***Register for Online Advantage*** link.
3. Enter your personal information and create your username and password.

City of Austin Employees' Retirement System (COAERS)

418 E. Highland Mall Blvd.
Austin, TX 78752-3720

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 205
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

To enroll in, view, and manage your account, go to dcaustin.com.

1. To enroll, click the ***Enroll Now Here!*** link and follow the prompts.
2. To register, click the ***Let's Get Started!*** link and follow the prompts.

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

Your dependents who meet the descriptions listed below can be enrolled for benefits.

- **Spouse:** Your legally married spouse, including a common-law 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 limit, 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.

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.

Changes in Family:

When you add or drop a dependent during Open Enrollment, the change is effective January 1, 2017. For changes to be effective immediately, call the Employee Benefits Division at *512-974-3284* within 31 days of the status change to schedule an appointment with a Benefits representative.

Willie Nelson statue on W. 2nd Street.

Documentation

To provide coverage for 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 submitted for all eligible dependents.

City of Austin skyline view from Ladybird Lake.

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 TDFPS, which meets the requirements listed in Dependent Eligibility.

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.

Coverage Information

Enrollment Changes for Retirees

Certain events in your and your family's lives may occur during the year that may affect your medical, dental, and vision coverage. Examples of a family status change are:

- Marriage or divorce.
- A dependent's death.
- Termination of employment or reduction in work hours.
- Newly eligible dependent.
- Loss of dependent eligibility.
- Domestic partner no longer qualifies or domestic partnership is dissolved.
- Medicare coverage becomes effective.

You may change coverage as long as you submit an enrollment form within 31 days of the qualifying life event to the Employee Benefits Division. The change will be effective the first day of the month after your enrollment form is submitted.

In the case of a newborn dependent, medical coverage is temporarily effective on the date of birth for any eligible child born while you are a covered retiree. Coverage continues for the child for 31 days. Coverage extends beyond that date only if you submit an enrollment form within 31 days of the child's birth.

Retiree Coverage Ending Dates

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

- The date you fail to pay any required premium.
- The date the City ceases to offer coverage to retirees.
- The date the plan in question is terminated.
- The date the coverage in question is terminated or reduced.
- The last day of the month in which you voluntarily terminate your or your dependent's coverage.
- The last day of the month in which you or your dependents no longer meet eligibility requirements.
- The date of your death.

Enrollment Changes for Surviving Dependents

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.

You may request a change to your coverage only at the following times:

- During Open Enrollment.
- If you are enrolled in UnitedHealthcare HMO and move outside the plan's service area.
- If you are enrolled in Assurant Employee Benefits - Heritage Plus with Specialty Benefit Plan and move where there are no providers in your service area.
- Within 31 days of obtaining or losing other coverage.
- Medicare coverage becomes effective.

Surviving Dependent Coverage Ending Dates

Surviving dependent medical coverage will end on the last day of the month following any of these dates:

- The date you fail to pay any required premium.
- The date you remarry. (Only applies to retiree's surviving spouse).
- The date you are covered under another group plan, except for Medicare.
- The date the City ceases to offer coverage to surviving dependents.
- The date the plan in question is terminated.
- The date the coverage in question is terminated or reduced.
- The date you voluntarily terminate coverage.
- The date you no longer meet eligibility requirements.
- The date of your death.

Canceling Coverage

You may cancel medical coverage for yourself and your dependents, if applicable, 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 change in family status.

Exception: If you are covered by Assurant Employee Benefits-Heritage Plus with Specialty Benefit Plan, and you move where there are no plan providers in your service area.

Medicare Eligibility Requirements

A retiree or a surviving spouse/domestic partner 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 or surviving spouse/domestic partner does not enroll in Medicare Parts A and B, benefits will be reduced to the amount that would have been payable had he or she enrolled in Medicare Parts A and B. For information about Medicare Part D, refer to "Your Prescription Drug Coverage and Medicare" under "Important Benefits Information in this Guide."

Coordination of Benefits

Coordination of Benefits is a group health insurance policy provision that provides a method for determining which coverage will apply (primary or secondary) when an individual is covered under more than one plan. It also keeps benefits paid from exceeding the amount of expenses incurred. 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 along with a Cost Estimator tool is available online at myuhc.com. Select ***NexusACO OAP*** for the CDHP w/HRA and PPO. Select ***NexusACO R*** for the HMO.

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 UnitedHealthcare. If you are enrolled in the CDHP w/HRA or PPO and utilize a non-network doctor or facility, the amount will be applied toward your out-of-network deductible. 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 UnitedHealthcare. The same network of doctors and facilities as those on the PPO and HMO plans are available. Despite these similarities, the plan works differently. Read on to see if the CDHP w/HRA plan is right for you.

Why the City is Offering the CDHP w/HRA

Research shows that many large employers offer some type of Consumer Driven Health Plan. The City is concerned with the rising costs of health care. The CDHP w/HRA features lower premiums when covering dependents, a Health Reimbursement Account, and higher out-of-pocket costs for non-preventive services, which enable you to be a wise consumer of health care. The City and UnitedHealthcare provide you with tools to make the cost of health care more transparent. This allows you to consider the cost of a provider or facility before making the decision of where to seek care.

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

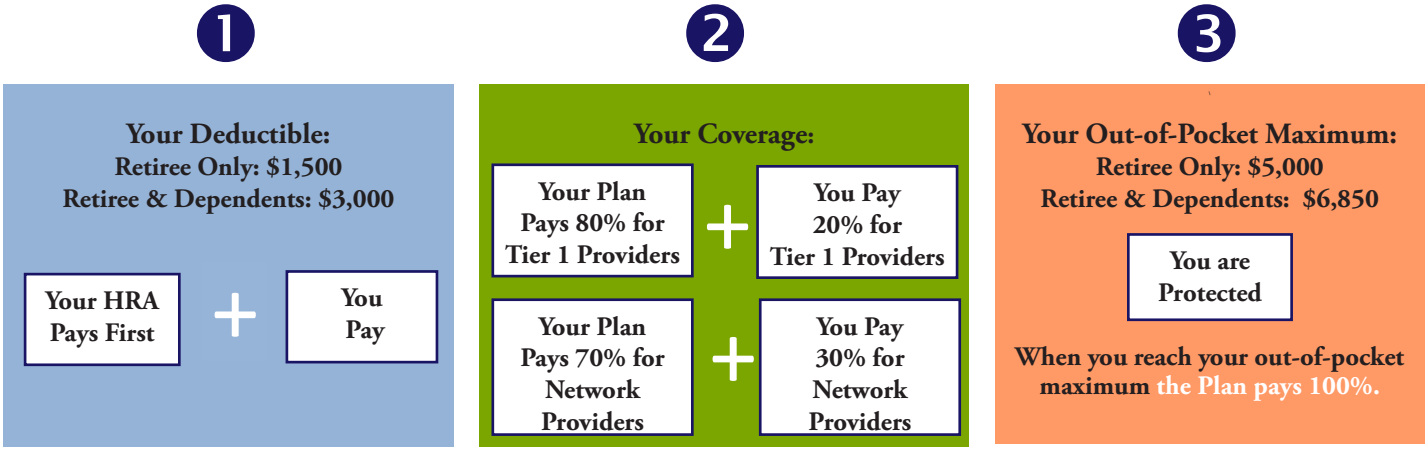
How the CDHP w/HRA Works

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 continue to be covered at 100 percent.
- Except for preventive services, you must meet your calendar year deductible for medical services before the plan pays for any covered 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.
- The CDHP w/HRA includes three prescription formularies:
  - ❖ Affordable Care Act – The plan pays 100 percent, no deductible.
  - ❖ Expanded Preventive Drug List – The plan will pay 80 percent, no deductible. The list of expanded preventive medications can be found on the Retiree Benefits web page at austintexas.gov/retirees.
  - ❖ 2017 Prescription Drug List – 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 City owns the money in the HRA, 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 have to pay out of your pocket for health care expenses. HRA money does not rollover each year.



Preventive care is covered at 100% in NexusACO OAP.

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 remaining deductible is met.

2. Your Coverage.
Your plan pays a percentage of your expenses. Once the deductible is met, the CDHP w/HRA plan has coinsurance. With coinsurance, the plan shares the cost of expenses with you. 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 for family. The plan will then pay 100 percent of all remaining 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 Preventive Drug List go to austintexas.gov/retirees.

Medical Benefits	NexusACO		Out-of-Network
	Tier 1 Providers	Network Providers	
Deductible	$1,500 - Retireee Only $3,000 - Retireee & Dependents		$3,000 - Retireee Only $6,000 - Retireee & 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 - Retireee Only $6,850 - Retireee & Dependents		$10,000 - Retireee Only $20,000 - Retireee & Dependents

Vision Benefits	NexusACO	Out-of-Network
Annual Routine Vision Exam	Plan pays 80% after deductible.	Plan pays 60% after deductible.
Annual Contact Lens Fitting Fee	Plan pays 80% after deductible.	Plan pays 60% after deductible.
Frames, Standard Lenses, and Contact Lenses	Preferred Pricing or discounts at participating private practices and retail chain providers.	Retail chain providers may offer a discount.

Prescription Benefits	Coverage
Affordable Care Act Mandated Prescriptions – found at austintexas.gov/benefits.	No deductible. Plan pays 100%.
Expanded Preventive Drug List – found at austintexas.gov/retirees.	No deductible. Plan pays 80%.
2017 Prescription Drug List – found at austintexas.gov/retirees.	Plan pays 80% after deductible.

PPO & HMO Schedule of Benefits

	PPO – NexusACO OAP		HMO – NexusACO R	
	Tier 1 Providers	**Network Providers**	**Tier 1 Providers**	**Network Providers**
Individual Deductible	$500 per covered person.		None.	
Out-of-Pocket Maximum	$4,000 per covered person.		$4,500 per covered person.	
Provider Selection	Members **may** select Tier 1, Network, or Out-of-Network Providers.		Members **must** select Tier 1 or Network Providers. Referrals are required to receive 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 in-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.	

Austin State Capitol Building.

PPO & HMO Schedule of Benefits

	PPO – NexusACO OAP		HMO – NexusACO R	
	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%.		Plan pays 100%.	
	Office visit copays may apply.		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 Insulin Pumps and Related Supplies	Plan pays 80% after deductible.		Plan pays 80%.	
Other Covered Medical Expenses	Refer to your Medical Plan Document or contact UnitedHealthcare.			

PPO & HMO Vision Benefits

	Routine Vision Network	HMO/PPO In-Network
Routine Vision Exam Copay	$25 for routine exam including contact lens fitting.	$45/$35
Contact Lens Fitting Fee	Amount charged is due at time of service. Submit a vision claim form for 100% reimbursement.	Included in annual routine vision exam copay.
Frames, Standard Lenses, and Contact Lenses	Preferred Pricing or discounts at participating private practices and retail chain providers.	Retail chain providers may offer a discount.

PPO & HMO Pharmacy Benefits

	PPO		HMO	
	Retail (31-day supply)	Mail Order (90-day supply)	Retail (31-day supply)	Mail Order (90-day supply)
Tier 1	$10	$20	$10	$30
Tier 2	$30 or 20% of cost, $60 maximum.	$60 or 20% of cost, $120 maximum.	$35 or 20% of cost, $70 maximum.	$105 or 20% of cost, $210 maximum.
Tier 3	$50 or 20% of cost, $100 maximum.	$100 or 20% of cost, $200 maximum.	$55 or 20% of cost, $110 maximum.	$165 or 20% of cost, $330 maximum.
A $50 deductible will apply for Tier 2 & Tier 3 prescription drugs per covered person.				

Applies to the CDHP w/HSA, HMO, and PPO

Diabetic Supplies (see also Diabetic Equipment)	
Retail	Supplies are covered at a participating pharmacy.
Mail Order	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.

Diabetes Program/Drugs

A participant can receive Tier 1 diabetes medication and supplies for free if the participant is covered under a City sponsored medical plan, at least18 years of age, and completes requirements of the HealthyConnections Diabetes Program.

This benefit does not include medications prescribed for related issues and durable medical equipment. Supplies for the continuous glucose monitors are covered if obtained through a retail pharmacy provider.

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

How To Use Mail Order

The pharmacy benefit offers home delivery through mail order. In some instances, mail order can save you money. Generally, these programs are designed to cover drugs used to treat chronic conditions and medications taken for more than 31 days.

To begin using 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.
- Mail this information to the medical plan's mail order pharmacy.

Within 7 to 14 days, your prescription will be delivered to you, postage paid.

- **CDHP w/HRA** participants will pay 20 percent of the cost once the in-network deductible is met. Your HRA will pay first. If you do not have money in your HRA, you will pay out-of-pocket. If you have not met your in-network deductible, you will pay 100 percent of the cost. If the prescription is for a preventive care medication listed on the Expanded 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.

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. For additional information, go to myuhc.com or call UnitedHealthcare at *800-430-7316*.

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. If you do not have money in your HRA, you will pay out-of-pocket. If you have not met your in-network deductible, you will pay 100 percent of the cost.
- **PPO** participants will pay ***two*** copays/coinsurance for a 90-day prescription.
- **HMO** participants will pay ***three*** copays/coinsurance for a 90-day prescription.

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

Medical Programs

UnitedHealthcare

Cancer Support Program – 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.
- Help you manage symptoms and side effects.
- Explain your medications.
- Work with your doctors to make sure all your questions are answered.
- Talk to your spouse, family, children, and employer.
- Keep your doctors informed about how you're feeling.

Comprehensive Kidney Program – Specialized nurses offer education, motivation, and reinforcement to ensure integration with other programs. UnitedHealthcare 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.
- With other health concerns, such as high blood pressure, anemia, or nutrition.

Maternity Program – Provides 100 percent outreach for every pregnancy, offering guidance on preventive care, early risk detection, and education. Personalized support for each participant's unique experience. If you're thinking about having a baby, or you already have one on the way, the Maternity Support Program can help. Enroll and get access to an experienced maternity nurse who can:

- Answer your questions on everything from pre-conception health to newborn care.
- Offer support throughout pregnancy and after birth.
- Provide specialized resources if your pregnancy is considered high-risk to help you stay healthy and prevent premature birth.

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. 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.

We'll provide you with:

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

When you call, a registered nurse can help you:

- Discuss your options for the right medical care.
- Find a doctor or hospital.
- Understand treatment options.
- Develop a healthy lifestyle.
- Ask medication questions.

Call NurseLine services any time for health information and support – at no additional cost to you as part of your benefit plan. Registered nurses are available any time, day or night. Call NurseLine services at *877-365-7949, TTY 711*.

Cost for Coverage

Retirees

The amount you pay for medical coverage is based on the following:

- Years of service with the City.
- Level of coverage (i.e., retiree only, retiree and spouse, retiree and children, etc.).
- Medicare eligibility.

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 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.

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 must 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.

Austin Visitor Center on E. 4th Street.

Retiree Medical Rates for 2017

"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	UnitedHealthcare CDHP w/HRA	UnitedHealthcare PPO	UnitedHealthcare HMO
Retiree without Medicare	Less than 5	$ 709.73 (2A1)	$ 704.45 (8A1)	$ 714.45 (9A1)
	5 through 9	$ 630.87 (2A2)	$ 637.15 (8A2)	$ 647.15 (9A2)
	10 through 14	$ 473.16 (2A3)	$ 502.62 (8A3)	$ 512.62 (9A3)
	15 through 19	$ 315.44 (2A4)	$ 368.02 (8A4)	$ 378.02 (9A4)
	20 or more	$ 157.66 (2A5)	$ 166.17 (8A5)	$ 176.17 (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	$1,277.55 (2C1/6)	$1,417.81 (8C1/6)	$1,427.81 (9C1/6)
	5 through 9	$1,167.15 (2C2/7)	$1,310.80 (8C2/7)	$1,320.80 (9C2/7)
	10 through 14	$ 977.88 (2C3/8)	$1,096.78 (8C3/8)	$1,106.78 (9C3/8)
	15 through 19	$ 757.07 (2C4/9)	$ 882.72 (8C4/9)	$ 892.72 (9C4/9)
	20 or more	$ 473.11 (2C5/0)	$ 561.68 (8C5/0)	$ 571.68 (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	$1,216.92 (2E1/6)	$1,335.30 (8E1/6)	$1,345.30 (9E1/6)
	5 through 9	$1,109.88 (2E2/7)	$1,233.28 (8E2/7)	$1,243.28 (9E2/7)
	10 through 14	$ 923.99 (2E3/8)	$1,029.29 (8E3/8)	$1,039.29 (9E3/8)
	15 through 19	$ 709.91 (2E4/9)	$ 825.23 (8E4/9)	$ 835.23 (9E4/9)
	20 or more	$ 439.49 (2E5/0)	$ 519.19 (8E5/0)	$ 529.19 (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 2017

	Years of Service	UnitedHealthcare CDHP w/HRA	UnitedHealthcare PPO	UnitedHealthcare HMO
Retiree without Medicare and Children	Less than 5	$ 993.65 (2H1)	$1,061.25 (8H1)	$1,071.25 (9H1)
	5 through 9	$ 899.01 (2H2)	$ 974.14 (8H2)	$ 984.14 (9H2)
	10 through 14	$ 725.52 (2H3)	$ 800.00 (8H3)	$ 810.00 (9H3)
	15 through 19	$ 536.25 (2H4)	$ 625.78 (8H4)	$ 635.78 (9H4)
	20 or more	$ 315.38 (2H5)	$ 364.53 (8H5)	$ 374.53 (9H5)
Retiree and Spouse/ Domestic Partner, both without Medicare and Family	Less than 5	$1,561.46 (2I1/6)	$1,774.61 (8I1/6)	$1,784.61 (9I1/6)
	5 through 9	$1,435.29 (2I2/7)	$1,647.78 (8I2/7)	$1,657.78 (9I2/7)
	10 through 14	$1,230.24 (2I3/8)	$1,394.17 (8I3/8)	$1,404.17 (9I3/8)
	15 through 19	$ 977.88 (2I4/9)	$1,140.48 (8I4/9)	$1,150.48 (9I4/9)
	20 or more	$ 630.83 (2I5/0)	$ 760.04 (8I5/0)	$ 770.04 (95/0)
Retiree without Medicare and Spouse/ Domestic Partner with Medicare and Family	Less than 5	$1,500.83 (2J1/6)	$1,692.10 (8J1/6)	$1,702.10 (9J1/6)
	5 through 9	$1,378.02 (2J2/7)	$1,570.27 (8J2/7)	$1,580.27 (9J2/7)
	10 through 14	$1,176.35 (2J3/8)	$1,326.68 (8J3/8)	$1,336.68 (9J3/8)
	15 through 19	$ 930.74 (2J4/9)	$1,082.99 (8J4/9)	$1,092.99 (9J4/9)
	20 or more	$ 597.22 (2J5/0)	$ 717.55 (8J5/0)	$ 727.55 (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 2017

	Years of Service	UnitedHealthcare CDHP w/HRA	UnitedHealthcare PPO	UnitedHealthcare HMO
Surviving Spouse without Medicare	Less than 5	$ 709.73 (2Y1)	$ 712.32 (8Y1)	$ 722.32 (9Y1)
	5 through 9	$ 630.87 (2Y2)	$ 648.93 (8Y2)	$ 658.93 (9Y2)
	10 through 14	$ 473.16 (2Y3)	$ 522.23 (8Y3)	$ 532.23 (9Y3)
	15 through 19	$ 315.44 (2Y4)	$ 395.54 (8Y4)	$ 405.54 (9Y4)
	20 or more	$ 157.72 (2Y5)	$ 205.53 (8Y5)	$ 215.53 (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	$ 299.68 (2V1)	$ 376.74 (8V1)	$ 376.74 (9V1)
	5 through 9	$ 291.79 (2V2)	$ 366.83 (8V2)	$ 366.83 (9V2)
	10 through 14	$ 283.91 (2V3)	$ 347.03 (8V3)	$ 347.03 (9V3)
	15 through 19	$ 268.13 (2V4)	$ 327.22 (8V4)	$ 327.22 (9V4)
	20 or more	$ 236.59 (2V5)	$ 297.52 (8V5)	$ 297.52 (9V5)
Surviving Spouse without Medicare and Surviving Children	Less than 5	$1,009.42 (2W1)	$1,089.06 (8W1)	$1,099.06 (9W1)
	5 through 9	$ 922.67 (2W2)	$1,015.76 (8W2)	$ 1,025.76 (9W2)
	10 through 14	$ 757.06 (2W3)	$ 869.27 (8W3)	$ 879.27 (9W3)
	15 through 19	$ 583.57 (2W4)	$ 722.76 (8W4)	$ 732.76 (9W4)
	20 or more	$ 394.31 (2W5)	$ 503.05 (8W5)	$ 513.05 (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

DAVIS VISION℠
EYECARE REFRAMED

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, go to davisvision.com or call *888-445-2290*. For non-members, click on ***Member*** and enter **2481** as the client code.

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 – in lieu of contact lenses.
Once per calendar year.
Up to $125 retail allowance toward provider-supplied frames plus 20% off cost exceeding the allowance.* Up to $175 retail allowance if purchased at Vision Works.

OR

Any Fashion or Designer frame from Davis Vision's Collection (with retail values up to $175), **covered in full**.

OR

Any Premier frame from Davis Vision's Collection (with retail values up to $225), **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, **covered in full** after $25 copay. (Up to four boxes of disposable lenses).

OR

Medically necessary with prior approval, **covered in full**.

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	$ 4.48	V1
Retiree & Spouse or Domestic Partner	$ 8.88	V2
Retiree & Children	$ 8.72	V3
Retiree & Family or Domestic Partner & Children	$ 13.28	V4
Surviving Spouse	$ 4.48	V6
Surviving Spouse & Children	$ 8.72	V8
Surviving Children Only	$ 4.48	V9

Dental Plans

The City of Austin offers retirees and surviving dependents two dental coverage options. The following information briefly describes the two dental plans.

Delta Dental

If you enroll in Delta Dental, you can select any dentist to provide dental services. Selecting a dentist in one of Delta Dental's networks (DPO or Premier) will save you money. The DPO Program offers you the greatest savings because charges are generally lower than those charged by the majority of dentists in the same area. If you select a dentist in the Premier Network, you will not be balanced-billed for amounts over the Usual, Customary and Reasonable (UCR) fee. If you select a non-Delta dentist, you will be responsible for any extra amount charged by the dentist over the benefits that Delta Dental will pay, in addition to any deductibles and maximums specified by the Plan. When contacting a dentist, ask whether the dentist participates in the Delta DPO Network or Premier Network. For detailed information call Delta Dental at *800-521-2651*.

Plan features include:

- Diagnostic and Preventive Services covered at 100 percent.
- Basic Services covered at 80 percent.
- Major Services covered at 50 percent.
- Orthodontia Services covered at 50 percent.
- $50 deductible per covered person (does not apply to Diagnostic and Preventive Services).
- $150 deductible per family, per calendar year.
- $50 deductible for Orthodontia Services per covered person.
- $1,000 per patient maximum per covered person, per calendar year.
- $1,000 lifetime Orthodontia maximum per covered person.

Assurant Employee Benefits - Heritage Plus with Specialty Benefit Plan

The Assurant Employee Benefits Plan is a prepaid dental plan that offers benefits through a network of plan dentists. Members must select a network general dentist if enrolled in this plan, you 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, call *800-443-2995* or visit assurantemployeebenefits.com. Click on the ***For Members*** section on the website, choose ***Find a Dentist,*** and then under Prepaid/Managed Care Plans, select ***Heritage Series***. Services provided by an SBA Plan Specialty Dentist, and services provided by a Plan Specialty Dentist (a specialty dentist who is a part of the plan provider network but does not accept the SBA copay schedule), will be provided to you at a rate lower than the specialist's normal retail charges.

	Delta Dental			Assurant Employee Benefits - Heritage Plus with Specialty Benefit Plan
	DPO Network	**Premier Network**	**Out-of-Network**	**In-Network**
Selection of Dentist	Member can go to general dentist or specialist in network.	Member can go to general dentist or specialist in network.	Member can go to any general dentist or specialist.	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/$150 per family percalendar year. Deductible does not apply to Diagnostic or Preventive Services.			None.
Covered Services (other than Orthodontia)	Diagnostic and Preventive – covered at 100% of DPO fee schedule. Basic – covered at 80% of DPO fee schedule. Major – covered at 50% of DPO schedule.	Diagnostic and Preventive – covered at 100% of Premier fee schedule (UCR). Basic – covered at 80% of Premier fee schedule (UCR). Major – covered at 50% of Premier fee schedule (UCR).	Diagnostic and Preventive – covered at 100% of UCR. Basic – covered at 80% of UCR. Major – covered at 50% of UCR. Also responsible for amounts above Usual, Customary and Reasonable (UCR).	Member pays applicable copays according to the schedule of benefits when services are provided by a network dentist.
Annual Maximum Benefit	$1,000 per person per calendar year.		$1,000 per person per calendar year. Also responsible for amounts above UCR.	No maximum for network dentist. $2,000 annual maximum for nonplan specialty dentist.
Orthodontia	50% of DPO fee schedule.	50% of Premier fee schedule (UCR).	50% of UCR. Also responsible for amounts above UCR.	25% discount when services are received from a network specialist. No age limitations adults and children are both covered).

	Delta Dental			Assurant Employee Benefits - Heritage Plus with Specialty Benefit Plan
	DPO Network	**Premier Network**	**Out-of-Network**	**In-Network**
Orthodontia Maximum Benefit	$1,000 per person per lifetime.			No Orthodontia maximum when services are received from a network specialist.
Benefit Waiting Period	None.	None.	None.	None.
One Year Commitment	Allows members to cancel coverage only during Open Enrollment or within 31 days of a change in family status.			
Identification Cards	Two cards per retiree are issued.			
Claim Forms	None.	None.	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.
Additional Information	For questions about eligibility, participating network dentists, plan benefits, claim forms, etc., call *800-521-2651*.			For questions about eligibility, participating network dentist, plan benefits, claim forms, etc., call *800-443-2995*.

Dental Rates – Monthly Premiums

	Delta Dental		Assurant Employee Benefits - Heritage Plus with Specialty Plan	
Retiree Only	$ 28.83	I1	$ 10.14	A1
Retiree & One Dependent	$ 60.66	I2	$ 16.64	A2
Retiree & Family or Domestic Partner & Children	$ 88.83	I3	$ 25.77	A3
Surviving Spouse	$ 28.83	I6	$ 10.14	A6
Surviving Spouse & One Child	$ 60.66	I7	$ 16.64	A7
Surviving Spouse & Children	$ 88.83	I8	$ 25.77	A8
Surviving Children Only	$ 60.66	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 Beneficiary Designation form for this purpose. Unless prohibited by law, your life insurance benefits will be distributed as you indicated on your Beneficiary Designation form. 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 – Beneplace

The City has teamed up with Beneplace, a local internet service offering discounts on hundreds of products and services. Some of the companies offering discounts through Beneplace are: Dell, Panasonic, Sears, Sony, Apple, AT&T, Costco, Walt Disney World, Travelers Insurance, and others. For discounts on cruises, hotels, cell phones, rental cars, hearing aids, life insurance, and travel, go to beneplace.com/coaustin.

BENEPLACE

Retiree Wellness Program

HealthyConnections, the City's award-winning wellness program, sponsors the Retiree Wellness Program, which offers activities such as educational seminars, Health & Lifestyle Expos, and walking groups. The focus continues to be on reducing health risks and improving quality of life, and reducing medical costs for both retirees and the organization. Many health issues can be improved through a healthy lifestyle that includes avoiding tobacco, following a healthy diet, regular exercise, and preventive screenings.

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 City Health Assessment to get health numbers such as cholesterol, glucose, and triglycerides. To register for an appointment, call *877-366-7483*.

OR

2. Use lab results obtained through a doctor to get current health numbers.

These health numbers are then used to complete the Rally Health Survey at myuhc.com. When the survey is completed, you will receive a Rally Health Age and recommendations for improving health and fitness. This information is available any time at myuhc.com/Rally. All personal health information is protected by HIPAA and will remain confidential.

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. Retiree and spouses/domestic partners can attend a class without registering.

Tobacco Cessation 101

HealthyConnections offers Tobacco Cessation 101, a two-part class, to help individuals live tobacco free. Classes, which are designed for all tobacco users, are available at worksites across the City. To successfully complete Tobacco Cessation 101, the individual must complete BOTH classes (Part 1 & Part 2). Individuals who complete the class can receive cessation medication (including over-the-counter products) for 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. Call *512-974-3284* for assistance.

Diabetes and Pre-diabetes Programs

This program is offered to retirees and dependents enrolled in a City sponsored medical plan. The program provides education on the disease, quarterly meetings with a Randalls Pharmacist, and a free OneTouch glucose monitor. Those who meet program requirements can receive free Tier 1 diabetes medication and supplies. Individuals who are pre-diabetic are eligible to participate in the educational component of the program. To enroll, call the Seton Diabetes Education Center at *512-324-1891* (choose option 2).

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 City worksites and at Retiree Open Enrollment meetings.

Healthy Pregnancy & Beyond

The Healthy Pregnancy Program offered by HealthyConnections and UnitedHealthcare is designed to help pregnant women get the support and information they need to have a healthy pregnancy. All pregnant women enrolled in a City sponsored medical plan are eligible for the program and can enroll by calling *800-430-7316*. Benefits include 24/7 access to OB nurses, a copy of the Mayo Clinic's *Guide to a Healthy Pregnancy*, and a HealthyConnections onesie. Breast pumps are covered at 100% through UnitedHealthcare. Contact UnitedHealthcare for more information.

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.

Health & Lifestyle Expos

HealthyConnections sponsors citywide Health and Lifestyle Expos at Palmer Events Center. Expos offer Health Assessment screenings and an opportunity for employees, retirees, and family members to explore a number of booths focusing on health and lifestyle.

Walk Groups

Retirees and their spouses may participate in walking groups offered quarterly through the PE Program. All levels of walkers are welcome.

Health Awareness

During the year, HealthyConnections sponsors activities based on national awareness campaigns designed to educate individuals about healthy lifestyles. Examples include Heart Health Month, Men's Health Month, Women's Health Month, and Diabetes Education Month.

Optum Health

Optum Health, a part of UnitedHealthcare, offers helpful resources. For example, you can call myNurseLine at *877-440-6011* to visit with a registered nurse who can help you make decisions about treatment options and the appropriate level of care you may need. This service is available 24/7.

You may receive a call from an Optum nurse, who can offer assistance on managing your health issues. This is an added benefit that is available as part of the City medical plan.

LIVESTRONG Survivorship Notebook

If you or someone in your family has been diagnosed with cancer, the LIVESTRONG Foundation has provided the City of Austin a valuable resource: *LIVESTRONG Survivorship Notebook*. This notebook includes information and tools to help you organize your care, keep all of your medical information in one place, and understand how to deal with the physical, emotional, and practical issues all cancer patients face. The notebook is available by contacting the Employee Benefits Division at *512-974-3284*.

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 contacting the Employee Benefits Division at *512-974-3284*.

Important Benefits Information

Summary of Benefits and Coverage (SBC) and Uniform Glossary of Terms

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, go to austintexas.gov/retirees or call *512-974-3284*.

Under the Patient Protection and Affordable Care Act (Health Reform), consumers will also have a new resource to help them understand some of the most common but confusing jargon used in health insurance. Retirees can access the Uniform Glossary of Terms online at austintexas.gov/retirees or call *512-974-3284* for a copy.

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* or use the Relay Texas TTY number *800-735-2989* for assistance. For more information, visit the website at 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, 2020, 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 Spouse 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 eligible for Continuation of Coverage for Domestic Partners only.

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, contact 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*.