



Temporary Employees Benefits Guide

Medical | Wellness | Employee Assistance Program

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

Employees should make 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: <http://cityspace>, the City's intranet website, or on the Internet at austintexas.gov/benefits.

You can also view eligibility requirements and plan choices, print the City's employee and retiree benefits guides and find information about the City's wellness and commuter benefits.

CompuSys/Erisa Group Inc. (Erisa)

COBRA Administration

These programs are managed by the City's third party administrator, Erisa.

Phone Number: 512-250-9397
Toll-Free Number: 800-933-7472
Fax Number: 512-250-2937

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!** button and follow the prompts.
2. To register, click the **Let's Get Started!** link and follow the prompts.

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 **Find Physician, Laboratory, or Facility** link.
2. Click **All United Healthcare Plans**.
3. Select **NexusACO OAP** for the CDHP w/HSA 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 and password, answer security questions and agree to website policies.
6. Click the **Submit** button.

Deer Oaks

Employee Assistance Program

Toll-Free Phone 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, go to deeroakseap.com. To access, follow these steps:

1. Click the **Member Login** button.
2. Type austintexas.gov for the user name and password.
3. Click the **Login** button.

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 terminated 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 Summary Plan Description (SPD), 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.

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

City Benefits Philosophy

The City is concerned for the health and welfare of its employees and is committed to providing cost-effective benefits that assist employees in being physically and mentally healthy. As part of this philosophy, the City is committed, as resources permit, to making available a benefits program that includes plans for:

- Health care
- Wellness
- Employee Assistance Program

In keeping with this philosophy, 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

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.

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 issues 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.
 - ❖ Employee 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

Temporary Employee Eligibility

Temporary employees and their eligible dependents can enroll in the City's medical coverage based on the eligibility requirements below:

- Worked for the City for 12 consecutive months
- Over the age of 18
- Not a City retiree

Benefits Eligibility for Temporary Employees

- Medical
- Commuter Program
- Employee Assistance Program
- Wellness Program
- Deferred Compensation

Temporary employees are not eligible to earn ADL for a Health Assessment or for PE. They are eligible for all other wellness program incentives including Healthy Rewards if enrolled in a medical plan.

Work Week Status for Temporary Employees:

- The rates being offered to Temporary employees are the same as regular employee rates.
- There are three categories of rates, which are based on the amount of hours worked each week:
 - ❖ 30+ hours
 - ❖ 20-29 hours
 - ❖ less than 20 hours
- It is important to understand that the category of rates are not determined by what the department has listed the Temporary employee's hours as in the payroll system.
- The category is determined by calculating the Temporary employees weekly hourly average based on the previous 52 weeks they have worked.
- The weekly hourly average will be evaluated on an annual basis every October prior to the annual Open Enrollment period. If a Temporary employee's weekly hourly average changes they will be sent notification of the change.

Dependent Eligibility

Enrolling Dependents for Benefits

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

- Medical
- Wellness Program
- Employee Assistance Program

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 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 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 dependent must be covered continuously on the medical and dental plans. If coverage is dropped on a plan, they will not be allowed to re-enroll.

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 or 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.

Dependent 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 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.

Coverage Information

Changing Coverage

To change coverage, you must call the Employee Benefits Division to schedule an appointment with a Benefits representative.

You can request changes to your coverage throughout the year at the following times:

- During annual Open Enrollment.
- Within 31 days of the date you initially become eligible for coverage.
- Within 31 days of a qualifying life event or HIPAA special enrollment period.

If you do not complete a Benefits Enrollment Form within the time frames listed above, you must wait until the next Open Enrollment. To drop coverage for dependents who no longer meet the eligibility requirements, you must contact the Employee Benefits Division to complete a Benefits Enrollment Form.

Qualifying Life Events

When you have a qualifying life event – such as marriage, divorce, birth of a child, death, establishing a committed living arrangement as domestic partners, dissolution of domestic partnership or loss or gain of other coverage – you can make changes to your coverage within 31 days of the event.

You must contact the Employee Benefits Division within 31 days of the event to complete a Benefits Enrollment Form and provide the following:

- Social Security Number of the person you are adding.
- Certified birth certificate, complimentary hospital birth certificate or Verification of Birth Facts issued by the hospital for the birth of a child.
- Marriage license or a signed Domestic Partnership Affidavit and Agreement Form.
- Divorce decree signed by a judge showing the date the divorce was final or a notarized Dissolution of Domestic Partnership Affidavit.
- Documentation from the employer or health insurance carrier confirming the date other coverage became effective or was lost.

Coverage Effective Dates

Providing 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 during annual Open Enrollment, coverage for you and any dependents you enroll will be effective on January 1 of the following year.
- 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 enrollment form.
- Medical coverage is temporarily effective on the date of birth for any child born while you are a covered employee. This includes an eligible grandchild born to your covered dependent. Coverage will extend past the 31 days only if you visit the Employee Benefits Division within the first 31 days of birth, complete a Benefits Enrollment Form and pay any required premiums. Even if you have family coverage you must complete an enrollment form to add a newborn to your coverage.
- If you enroll within 31 days of the court-ordered adoption, placement for adoption, guardianship or conservatorship of a child, coverage for any dependents you enroll will be effective on the date of the adoption, placement for adoption, guardianship or conservatorship; even if you have family coverage you must complete an enrollment form and pay any required premiums to add a child to your coverage.

Coverage Ending Dates

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

- The date the plan in question is terminated.
- The date the coverage in question is terminated or 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 terminate your or your dependents' coverage.
- The last day of the pay period in which you or your dependents no longer meet eligibility requirements.
- The last day of the month your dependents no longer meet eligibility due to age.

Waiving Coverage

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

- Provide proof of other insurance for the coverage you are declining or dropping.
- Complete a Benefits Enrollment Form.
- Sign a waiver indicating you are aware that City provided medical and dental coverage have been made available to you.

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 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](tel: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.

Plan Choices

- Medical
 - ❖ Consumer Driven Health Plan with a Health Savings Account (CDHP w/HSA)
 - ❖ PPO
 - ❖ HMO

CDHP w/HSA, PPO and HMO Medical Plans



As an employee, 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/HSA 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.

UnitedHealthcare 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	\$ 88.68	\$ 182.54	\$ 187.54
Employee & Children	\$ 43.98	\$ 134.47	\$ 139.47
Employee & Family or Domestic Partner & Children	\$ 203.94	\$ 306.46	\$ 311.46

Part-Time Employees 20 - 29 hours per week	CDHP w/HSA	PPO	HMO
Employee Only	\$ 127.06	\$ 115.56	\$ 120.56
Employee & Spouse or Domestic Partner	\$ 329.46	\$ 389.40	\$ 394.40
Employee & Children	\$ 265.21	\$ 319.32	\$ 324.32
Employee & Family or Domestic Partner & Children	\$ 494.39	\$ 575.26	\$ 580.26

Part-Time Employees Less than 20 hours per week	CDHP w/HSA	PPO	HMO
Employee Only	\$ 254.12	\$ 324.76	\$ 326.61
Employee & Spouse or Domestic Partner	\$ 570.24	\$ 728.74	\$ 745.87
Employee & Children	\$ 486.44	\$ 622.37	\$ 636.86
Employee & Family or Domestic Partner & Children	\$ 784.84	\$1002.98	\$1026.42

CDHP w/HSA – Is it right for you?

Benefits of the Consumer Driven Health Plan with a Health Savings Account:

- No cost for Employee Only coverage.
- Lower medical premiums if you cover dependents.
- Health Savings Account through Optum Bank established in your name with a Health Savings debit card.
- City contribution into a Health Savings Account for employees in a 30+ hour regular budgeted position (part-time employees receive a reduced contribution).
 - ❖ \$500 for Employee Only Coverage.
 - ❖ \$1,000 for Employee & Dependent Coverage.
- Ability to contribute money on a pre-tax basis into a Health Savings Account.
 - ❖ \$120.83 per pay period for Employee Only coverage.
 - ❖ \$239.58 per pay period for Employee & Dependent coverage.
- 100 percent coverage for preventive services – such as annual physicals, well baby checks, well woman checks, mammograms, and colonoscopies.
- 100 percent coverage for Affordable Care Act-mandated prescriptions.
- No deductible and plan pays 80 percent for medications on the Expanded Preventive Drug List for conditions such as heart disease, high blood pressure, high cholesterol, and asthma.
- 2017 Prescription Drug List – Plan pays 80 percent after you have met your calendar year deductible. To reach your deductible, you can pay for expenses using your Health Savings debit card.
- Tier 1 and Network providers bill you for services after UHC discounted rates.
- Use Health Savings debit card to 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 and Family premiums	\$4,894 a year	Employee and Family premiums	\$7,475 a year
Four primary care doctor visits	\$ 600 a year	Four primary care doctor visits	\$ 100 a year
Four prescriptions	\$ 124 a year	Four prescriptions	\$ 40 a year
Total employee paid for the year	\$5,618	Total paid medical expenses for the year	\$7,615
City's HSA contribution	\$1,000	City's HSA contribution	No City contribution
Net paid medical expenses for the year	\$4,618	Net paid medical expenses for the year	\$7,615
A savings of	\$2,997		

Health Savings Account Eligibility:

To be eligible for the HSA, you must meet requirements determined by the IRS. If you do not meet all of these requirements, you are not eligible to enroll in this plan. It is up to you to determine if you meet the eligibility requirements below:

- You or your enrolled dependents cannot be eligible to be claimed on another person's tax return.
- You or your enrolled dependents cannot be enrolled in a Flexible Spending Health Care Account (FLEXTRA Health Care Account).
- You cannot be enrolled in any plan other than a CDHP including: Medicare, Medicaid or TRICARE.
- You must provide a physical address to Optum Health Bank (no post office boxes).
- You must be a legal resident of the United States.

CDHP w/HSA – Contributions

- Preventive Service – Covered at 100 percent.
- Injury or Illness at Tier 1 or Network Provider – The amount you pay will be determined after UHC-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:

Joe is enrolled in the CDHP w/HSA, Employee & Children coverage. By enrolling in the CDHP w/HSA instead of the HMO, Joe saved \$2,291 in premiums. Joe'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 Health Savings 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 2018.



The City contributed \$1,000 in Joe's HSA Account in 2017.



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



Joe pays the \$100 using his HSA Debit card from the bank.



Joe has \$900 left in his Health Savings

CDHP w/HSA Schedule of Benefits

Medical Benefits	CDHP – NexusACO OAP		Out-of-Network
	Tier 1 Providers	Network	
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

Vision Benefits	CDHP – NexusACO OAP	Out-of-Network
Routine Vision Exam Copay	Plan pays 80% after deductible.	Plan pays 60% after deductible.
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/benefits .	No Deductible. Plan pays 80%.
2017 Prescription Drug List – found at austintexas.gov/benefits .	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.	
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 Immunizations	Plan pays 100%. Plan pays 100%. Office visit copays may apply.		Plan pays 50%. Plan pays 100%. Office visit copays may apply.	

	PPO – NexusACO OAP	HMO – NexusACO R
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 Prescription 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.				

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	
<p>A participant can receive Tier 1 diabetes medication and 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.</p> <p>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.</p>	
Tobacco Cessation Program/Drugs	
<p>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.</p> <p>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.</p>	

Medical Programs



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 is offered 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 anytime, 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.

How To Use Mail Order

Each medical plan has a mail order prescription drug benefit that offers home delivery and, in some instances, can save you money. Generally, these programs are designed to cover drugs used to treat chronic conditions or 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 seven to 14 days, your prescription will be delivered to you, postage paid.

- **CDHP w/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. You can use your Optum Health Bank debit card to pay for your out-of-pocket expenses. 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. The mail order pharmacy will then fill your prescription using a generic form of your medication, if available. 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/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. You can use your Optum Health Bank debit card to pay for your out-of-pocket expenses. 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.



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 healthy lifestyles. Programs are free to employees and held at various City worksites. The program offers something for everyone, including free workout classes, Health Coaching, and chronic disease management and prevention.

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.

Engaged Employees

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 for the organization and are passed on to the employee.

Find Out About Wellness

Sources for wellness information:

- Website: Visit the HealthyConnections webpage on CitySpace and click on Monthly News.
- Newsletters: Watch for featured articles in CitySpace, *CitySource Today*, and the *HR Update*, as well as program information provided in the weekly PE email.
- Annual wellness calendars are available in December from your department's Health Promotion Team.

Contact: 512-974-3284 and ask to speak with a Wellness Consultant or email HealthyConnections@austintexas.gov.

Department Health Promotion Teams

Each City department has a Health Promotion Team (HPT) made up of volunteers who understand the importance of wellness. A current list can be found on the HealthyConnections website on CitySpace.

Health Assessments

The City strives to achieve a healthy workplace for the benefit of its employees and for the sustainability of the organization. An important tool is a Health Assessment, which provides a "snapshot" of an individual's health. Identifying health risks leads to early intervention, resulting in better outcomes and less costly treatment.

To Complete a Health Assessment:

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, employees will receive a Rally Health Age and recommendations for improving health and fitness. This information is available any time at myuhc.com. All personal health information is protected by HIPAA and will remain confidential.

Healthy Rewards Wellness Incentive Program

Healthy Rewards is a financial incentive program designed to engage employees in health and wellness activities to improve overall health status. Employees can participate in a variety of activities to earn rewards (up to \$100, taxable), which are tracked on the HR Portal. Employees must complete the Rally Health Survey (before September 30) to earn Healthy Rewards.

Examples of eligible wellness activities include an annual physical or colonoscopy. Employees can also earn Healthy Rewards by participating in the Healthy Weight Program, health coaching, the Stress Management Program, City Olympics, and designated health campaigns and seminars.

To earn Healthy Rewards, an employee:

- Must be enrolled in a City-sponsored medical plan
- Must be employed by the City at the time of payout in November.
- Must complete the Rally Health Survey at myuhc.com between January 1 and September 30, 2017.

Chronic Disease Programs

The City is committed to addressing the growing issue of chronic disease in the workforce. HealthyConnections offers a number of programs to help employees and dependents age 18 and older manage their conditions and improve quality of life.

The programs are available to individuals enrolled in a City medical plan.

Diabetes and Prediabetes Programs

This program is offered to employees, 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).

Healthy Weight Program

Obesity is the top health risk for employees, based on data obtained through City-sponsored Health Assessments. Karelia Health assists participants in losing weight and reducing health risks. It is designed for employees with a BMI of 40 or higher, or a BMI of 35 or higher and one health risk factor, such as diabetes or high blood pressure.

The program is offered quarterly and features weekly meetings at City worksites for 10 weeks led by a Registered Dietitian. Lunchtime classes will be held at multiple locations and a live webinar is available for employees who cannot attend physical classes. The curriculum covers basic nutrition principles with an emphasis on a plant-based diet, food logging and portion control, smart shopping, and the importance of exercise. Participants complete a pre and post assessment to evaluate progress. Employees who complete the program are eligible to earn Healthy Rewards.

Cardiovascular Disease Management Program

The City is committed to controlling health care costs related to heart disease, as well as implementing a program that reduces the risk of heart disease in employees. HealthyConnections is partnering with the American Heart Association to offer Check Change Control, a blood pressure monitoring program where employees check their blood pressure twice a month for four months. Contact HealthyConnections or your HPT if you are interested in hosting the program at your worksite.

Stress Management Program

Stress is one of the top three health risks that City employees are dealing with and this program offers tips, resources, and support on how to manage stress. The program is a series of webinars (hosted by Deer Oaks, the City's EAP provider) that can be viewed from your desk. The webinars cover the impact of stress on your health and provide real world tips to manage and reduce stress in your daily life.

Complete the webinar series and take the survey to earn \$25 in Healthy Rewards! Links to webinars are available on the HealthyConnections website.

Tobacco Premium

Employees and spouses 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 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. Employees can register for the Tobacco Cessation class on TRAIN/HealthyConnections, spouses will show up and register at the class.

Tobacco Cessation 101

Helps participants live tobacco free. 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 BOTH Parts 1 and 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. Employees, spouses and eligible dependents (age 18 years and older) who are covered in a City medical plan are eligible for this benefit. Check the HealthyConnections website, or look on TRAIN for the schedule of classes.

PE Program

HealthyConnections offers free exercise classes at a variety of worksites and other locations to help employees improve their fitness and overall health. The PE program has options for all fitness levels and encourages participants to go at their own pace.

The program is offered year round and includes many types of exercise classes. Examples include yoga, strength training, spin classes, Zumba, boot camps, golf, and basketball. There are also several Walk and Run/Walk options including an advanced running class (PE2).

PE Anytime allows employees to participate in PE using the Endomondo app or a Fitbit fitness tracker. This option offers flexibility for individuals with challenging schedules or those wanting to exercise on their own. Classes are offered on a quarterly basis, and registration is on the HR Portal. Employees (excluding temporary employees) who attend 10 out of 12 workouts and complete the Rally Health Survey can earn four hours of ADL in any two of the four PE quarters.

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.

Flu Shots

This benefit is free to employees and is offered in the fall at City worksites. Dependents age 18 and older are eligible if accompanied by an adult employee.

Onsite Health Coach/Registered Dietitian

Supports wellness in the workplace. The coach meets with employees one-on-one at City worksites to address health issues such as high blood pressure or diabetes. The coach can provide assistance with setting appropriate health and fitness goals, identifying barriers to success, and maintaining motivation along the way. Examples of issues she can provide assistance with include weight reduction, improving nutrition, and managing stress.

Visit the HealthyConnections website for Frequently Asked Questions about health coaching, including how to set up an appointment. Employees who participate in this program are eligible for Healthy Rewards.

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 covered by a City 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.

For breastfeeding support, contact Mom's Place at *512-972-6700* or visit their website at momsplace.org.

City Olympics

HealthyConnections partners with the Parks and Recreation Department to host the annual City Olympics for employees and their families at Krieg Sports Complex. The event includes a sports tournament for employees, a mini-health expo, brisket cook-off competition, golf tournament, obstacle course, 5K run/walk, and a kids 1k and activities. Employees who participate in this event are eligible for Healthy Rewards.

Healthy Connections Sponsors Activities

HealthyConnections sponsors activities based on national awareness campaigns and challenges are designed to educate employees about a healthy lifestyle. At least 50 percent of all medical claims are preventable with healthy eating, regular exercise, and quitting tobacco. Most activities are eligible for Healthy Rewards.

City health awareness campaigns for 2017 are listed below.

- January – Nutrition Month
- February – Heart Health Month – Wear Red Day Heart Walk
- April – Million Mile Month / Financial Literacy Month
- June – Men's Health Month
- September – Women's Health Month – Mammo Mixers

Farm to Work

In partnership with the Sustainable Food Center of Austin, this program offers weekly delivery of preordered baskets containing fresh, locally-grown produce at City worksites. To see what worksites receive delivery and to place an order, visit the HealthyConnections website.

Chair Massage

Several registered massage therapists offer a 15-minute head, neck, and shoulder massage at the workplace for \$15. Check with an HPT member in your department for information about availability in your department.

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 for free by contacting your department's HPT member or the Employee Benefits Division.

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
- Legal problems
- Anger management
- Work/vocation issues
- Adolescence
- Substance abuse/dependency

Real Lives, Real Help

A 23-year-old mother of two children whose marriage was falling apart because she and her husband felt their problems were just too big to overcome. Like many young couples, they had financial issues and just didn't feel the same about each other after having two children in three years. After several sessions with an EAP counselor they found ways to work through their problems together. They also learned the importance of making time for themselves – such as a date night without the kids.

A 40-year-old utility worker whose 14-year-old daughter began having trouble with grades and started spending her time at home locked in her room. He and his wife were concerned so they scheduled an appointment with a counselor for a family session. They learned their daughter's behavior was not uncommon for a child her age.

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 telephonic consultations
- Travel information/referral
- Adoption education/coordination
- Advantage Legal Assist – Free 30 minute telephonic consultations
- Child/elder care referral
- Consumer product information
- Academic services

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. This service is available from the EAP. Calling a taxi service, Uber or Lyft is often the best thing to do in these situations.

This benefit is free and 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. 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](tel:866-228-2542) or go to deeroakseap.com.

If your EAP counselor makes a referral for additional assistance, you are responsible for the cost. However, when making the referral, your counselor will consider your resources, including applicable medical coverage.

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 monthly for employees.
- *The HR Advisor* is published periodically for supervisors and managers.
- *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.

Employee 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. There are discounts on cruises, hotels, cell phones, rental cars, hearing aids, life insurance and travel.

Go to beneplace.com/coaustin.

Other Benefits

The City offers other benefits that employees may access, including:

- Tax Preparation Assistance, if eligible. Go to foundcom.org.
- Free Entry to City parks, including Deep Eddy and Barton Springs pools. The free entry does not include Zilker Botanical Gardens. Free parking permits for Zilker Park are available at the Parks Departments and HRD.

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 at least one day a week. 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 the Rideshare office at *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*.

For more information on the Commuter Program, call the Employee Benefits Division at *512-974-3284*.

Important Benefits Information

- Summary of Benefits and Coverage and Uniform Glossary of Terms
- 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
- Your Prescription Drug Coverage and Medicare
- Health Insurance Marketplace

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/benefits or call 512-974-3284.

Under the Patient Protection and Affordable Care Act (Health Reform), consumers will also have a resource to help them understand some of the most common but confusing jargon used in health insurance. Employees can access the Uniform Glossary of Terms online at austintexas.gov/department/benefits 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, use the Relay Texas TTY number 800-735-2989 for assistance, or 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 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 one 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 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.
- Prosthesis 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 2010, 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 FLEXTRA Health Care Account at their own cost in the case of certain qualifying events. Continuation of your life insurance, short term disability, long term disability, FLEXTRA Dependent Care Account 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.

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, contact the Employee Benefits Division of the Human Resources Department at [512-974-3284](tel: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](tel:888-834-7406), local number [800-252-9330](tel:800-252-9330).
- Call [800-MEDICARE \(800-633-4227\)](tel:800-MEDICARE).
- TTY users should call [877-486-2048](tel: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](tel:800-772-1213).

TTY users should call [800-325-0778](tel:800-325-0778).

The New Health Insurance Marketplace, Coverage Options and your City Health Coverage

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?

No. 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 go to austintexas.gov/benefits for your summary plan description, or contact City of Austin 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.