2019 Temporary Employee Benefits Guide

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

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
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, and click the **Register** button.

BlueCross BlueShield

Medical Plans

Member Service Phone Number: 888-907-7880
24/7 NurseLine Phone Number: 800-581-0368

To find a medical provider, go to bcbstx.com/coa.

1. Click ***Find a Doctor or Hospital.***
2. Click the ***Search as Guest***.
3. Click ***Search In-Network providers***.
4. Under "How do you get your insurance," select ***Through my employer or my spouse's employer***.
5. Under "Are you a member or are you shopping for an insurance plan," select ***I am a member***.
6. Under "Select type of care you are looking for," select ***Medical or Pharmacy***.
7. Under "Where you live?" Select your state.
8. Under "Select Plan/Network," select your medical plan. For PPO & CDHP members, select ***Blue Choice PPO***. For HMO members, select ***Blue Essentials***.

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

1. Go to bcbstx.com/coa.
2. Click ***Sign Up*** or ***Log in*** button.
3. Click ***Register Now***.
4. Follow the prompts to register.
5. Enter information from your ID card. If you do not have your ID card, you can call the Internet Help Desk at 888-907-7880.

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:

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

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.
- **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. 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 plan. 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 Your Benefits Coverage

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

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

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

Qualifying Life Events

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

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

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 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.
- If you enroll within 31 days of the birth of a child, coverage will be the effective on the date of the birth; even if you have family coverage, you must complete a Benefits Enrollment Form.
- If you enroll within 31 days of the court-ordered adoption, placement for adoption, guardianship or conservatorship of a child, coverage will be effective on the date of the adoption, placement for adoption, guardianship or conservatorship; even if you have family coverage, you must complete a Benefits Enrollment Form.
- If you enroll during annual Open Enrollment, coverage for you and any dependents you enroll will be effective on January 1 of the following year.

Coverage Ending Dates

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

- The date the plan in question 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 or part-time employee declining or dropping medical coverage for yourself, you must:

- Complete a Benefits Enrollment Form.
- Sign a waiver indicating you are aware that City-provided medical 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 premiums. The amount paid by the City is not taxable to you if your dependent is a qualified dependent as defined by the Internal Revenue Service (IRS). You are responsible for determining whether your dependent meets the IRS dependent definition.

Premium Deduction Errors

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

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

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

Taxable Fringe

If you choose benefits coverage for a dependent who does not qualify to be claimed on your federal income tax return, you may have to pay taxes on the amount of money the City contributes for the dependent's medical 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 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

BlueCross BlueShield of Texas

As an employee, you choose the medical plan that best meets your needs. Provider and prescription information is available online at bcbstx.com/coa. Select ***Blue Choice PPO*** for the CDHP w/HSA and PPO. Select ***Blue Essentials*** 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.

BlueCross BlueShield Medical Rates – Per Pay Period

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

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

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

CDHP w/HSA – 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 HSA Bank established in your name with a HSA Bank 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).
  - $1,000 for Employee Only Coverage.
  - $1,500 for Employee & Dependent Coverage.
- Ability to contribute money on a pre-tax basis into a Health Savings Account.
  - $104.00 per pay period for Employee Only coverage.
  - $229.00 per pay period for Employee & Dependent coverage.
- Ability to increase or decrease your per pay period contributions any time during the year.
- 100 percent coverage for preventive services – such as annual physicals, well baby checks, well woman checks, mammograms, and colonoscopies.
- 100 percent coverage for Affordable Care Act-mandated prescriptions.
- No deductible and plan pays 80 percent for medications on the HSA Preventive Drug List for conditions such as heart disease, high blood pressure, high cholesterol, and asthma.
- 2019 Basic 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 HSA Bank debit card.
- Tier 1 and Network providers bill you for services after BCBS discounted rates.
- Use Health Savings debit card to pay for eligible out of pocket medical, pharmacy, dental, and vision expenses.

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

CDHP Medical Plan		HMO Medical Plan	
Employee & Family premiums	$5,065/year	Employee & Family premiums	$7,820/year
Four primary care doctor visits	$600/year	Four primary care doctor visits	$100/year
Four prescriptions	$124/year	Four prescriptions	$40/year
Total employee paid for the year	**$5,789**	Total paid medical expenses for the year	**$7,960**
City's HSA contribution	-$1,500	City's HSA contribution	No City contribution
Net paid medical expenses for the year	**$4,289**	Net paid medical expenses for the year	**$7,960**
A savings of $3,671			

CDHP Health Savings Account Eligibility:

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

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

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

CDHP How the CDHP w/HSA Works;

- Preventive Service – Covered at 100 percent.
- Injury or Illness at Tier 1 or Network Provider – The amount you pay will be determined after BCBS-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 $2,406 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 $1,500 the City contributed to his HSA. This was their only medical expense and his HSA balance of $1,400 will roll over to 2020.

The City contributed $1,500 in Joe's Health Savings Account in 2019.

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

Joe pays the $100 Using his HSA debit card received from the bank.

Joe has $1,400 left in his Health Savings Account for 2019 that will carry over to 2020.

CDHP w/HSA Schedule of Benefits

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

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

CDHP Vision Benefits

Routine Vision Exam	CDHP (Blue Choice PPO)	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	For discounts, visit Blue365 at blue365deals.com/bcbstx.	For discounts, visit Blue365 at blue365deals.com/bcbstx.

CDHP Pharmacy Benefits

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

Pharmacy Drug Lists can be found at austintexas.gov/benefits.

PPO & HMO Schedule of Benefits

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

PPO & HMO Schedule of Benefits

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

PPO & HMO Vision Benefits

Routine Vision Exam	PPO (Blue Choice PPO)	HMO (Blue Essentials)
Optometrists	$25	$25
Ophthalmologists	$35	$45
Frames, Standard Lenses, and Contact Lenses	For discounts, visit Blue365 at blue365deals.com/bcbstx.	For discounts, visit Blue365 at blue365deals.com/bcbstx.

PPO & HMO Prescription Benefits

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

CDHP w/HSA, PPO, and PPO

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

Diabetes Program/Drugs

A participant can receive approved 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.

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.

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. BlueCross BlueShield offers access to the top-performing centers through their network of preferred dialysis centers. You'll also receive ongoing clinical expertise and help from specialized nurses who can help you:

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

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

They will provide you with:

- Immediate answers to your health questions 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. Registered nurses are available any time, day or night. Call NurseLine services at ***800-581-0368***.

For more information about any of these programs, call BlueCross BlueShield at 888-907-7880.

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 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 10 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 HSA 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 bcbstx.com/coa or call BlueCross BlueShield at *888-907-7880*.

Diabetic Bundling – What Your Medical Plan Does for You

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

- **CDHP w/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. You can use your HSA Bank debit card to pay for your out-of-pocket expenses. 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 approved 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 wellness journey. HealthyConnections offers a wide range of wellness activities to encourage and support a healthy lifestyle. Programs are free to employees and held at various City worksites. Participants can earn up to $150 in Healthy Rewards each year.

Why Engage in Wellness

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

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

Get Engaged in Wellness

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

Health Assessments

Employees on a City medical plan can complete a health assessment at bcbstx.com/coa.

Step 1: Get your Health Numbers

- Complete a finger stick screening at a City biometric screening event. To register for an appointment, call *877- 366-7483* or visit the HealthyConnections page on CitySpace

OR

- Use lab results from your most recent annual physical.

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

- Use your health numbers to complete the online health assessment.
- No personal health information is shared with the City.

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 up to $150 (taxable) added to their mid-November paycheck. Visit the HealthyConnections page on CitySpace to see a list of eligible activities and preventive screenings.

To Earn Healthy Rewards

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

New Naturally Slim - Online Weight Loss

Naturally Slim is a simple, online program that helps employees lose weight and improve their health. It's not a diet. There are no points to count, no starving, and no eating diet food! The program teaches participants when and how to eat the foods they love while losing weight, boosting their energy and improving their health. By learning new techniques about how and when you should eat, you can continue eating your favorite foods while improving your health, reducing your chance of developing chronic disease, and losing weight.

To enroll, visit the HealthyConnections page on CitySpace.

Diabetes Control Program

Learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost. This program is offered to employees, retirees, and dependents (18+) who are diabetic or prediabetic and enrolled in a City-sponsored medical plan.

Participants Receive:

- Approved diabetes medications and testing supplies at no cost
- Comprehensive diabetes education
- Quarterly screenings through a Randall's pharmacist (required)

To enroll, call HealthyConnections at *512-974-3284* and ask to speak to a Wellness Consultant.

Tobacco Cessation 101

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

Individuals who complete the classes are eligible to receive cessation medication at no cost for nine months with a doctor's prescription. Employees, spouses and eligible dependents (age 18 years and older) who are enrolled in a City-sponsored medical plan are eligible for this benefit. Check the HealthyConnections website, or look on TRAIN for the schedule of classes.

Tobacco Premium

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

Employees and Spouses/Domestic partners enrolled in a City sponsored medical plan who use tobacco, will each pay $12.50 per pay period. To waive the tobacco premium, employees and spouses using tobacco must complete the Tobacco Cessation 101 class each year.

PE Program

HealthyConnections offers free exercise classes at City worksites to help employees improve their fitness and overall health. The program is offered year round and includes around 80 different classes each quarter. Examples include yoga, strength training, spin classes, Zumba, boot camps, golf, and volleyball. There are also several Walk and Run/Walk classes including an advanced running class (PE2).

Classes are offered on a quarterly basis, and registration can be accessed through the HealthyConnections page on CitySpace. During quarter 4, PE shirts will be given to employees who meet attendance requirements. Due to City policy, temporary employees are unable to earn WADL.

Onsite Health Coach/Registered Dietician

The City's onsite health coach supports wellness in the workplace. The health coach meets with employees one-on-one at City worksites to address health risks such as high blood pressure, obesity and high cholesterol. The health coach can provide assistance with setting appropriate health and fitness goals, identifying barriers to success, and maintaining motivation along the way. Weight reduction, improving nutrition, and managing stress are examples of issues that can be addressed through health coaching. Visit the HealthyConnections website to set up an appointment.

Special Beginnings Maternity Support

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

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

Financial Wellness

Have you lost any sleep or felt anxious about your financial situation? If the answer is "yes", take charge of your personal finances by attending a HealthyConnections Financial Wellness seminar. A variety of seminars led by financial professionals will be offered year-round with something for everyone. You can learn what a budget is, how to reduce your risk of identity theft, how to get a credit report, steps to take to get out of debt and much more! Seminars are eligible for $25 through Healthy Rewards and will be posted on Train/HealthyConnections.

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.

Other Wellness Activities

- Health & Lifestyle Expo - Palmer Events Center every February and September
- Mammo Mixers - Free mammogram, lunch and massage
- Farm to Work - Weekly delivery of farm fresh produce to participating City worksites
- Chair Massages - 15 minute chair massages at participating worksites ($15)
- Flu Shots - Flu shot clinics provide free flu shots at City worksites
- Five Wishes - an easy to complete living will
- City Olympics - sports tournament, brisket cook-off, golf tournament, 5K, and more
- Stress Management Webinars - Visit the HealthyConnections page on CitySpace
- Financial Wellness Series – Seminars focusing on debt, credit, savings, and more
- Wellness Seminars – Presented on a variety of topics at City worksites.

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 Consultations
- Travel information/referral
- Adoption education/coordination
- Advantage Legal Assist – Free 30 minute telephone 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* 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 quarterly for employees.
- *CitySource Today* is an online weekly newsletter published by the Communications and Public Information Office. It focuses on the people and projects that define the City of Austin workforce and provides valuable information about City benefits.

Employee Discount Page – PerksConnect

The City of Austin has teamed up with PerksConnect to provide discounts to employees and retirees. You can save at thousands of retailers in your neighborhood and around the country. Savings at Wyndham Hotels, Dell, Apple, Costco, Restaurant.com, AMC discount tickets and gift cards, Budget/Enterprise/Avis Car Rentals and TrueCar are just a small sampling of the partners that are offering you everyday savings. Whether it is local show & save, discounted gift cards or national deals, savings are just a click away. Activation is simple and FREE. Simply go to coadiscountpage.com on your computer, tablet or phone.

Affordable Small Dollar Loans

City employees will have access to apply for small dollar loans through the Community Loan Center of Austin (CLC). Employees can apply online at clcofaustin.org for loans ranging from $400 - $1,000!

- No credit check.
- To be eligible, must be employed with the City a minimum of 90 days.
- One-time $20 loan processing fee.
- Loan term is set at 12 months.
- Interest not to exceed a rate of 18% annually.
- Repayment options are automatic draft or have payments deducted from your paycheck.
- Repay loan prior to the term without penalty.
- Free one-on-one financial coaching is available.
- Apply anytime with a fully automated system.

For additional Customer Service assistance call *956-356-6600* or *214-688-7456*.

Homebuyer Assistance Program

Neighborhood Housing and Community Development (NHCD) manages a number of programs and partnerships with area homebuilders and non-profit agencies to help eligible employees achieve home ownership. For more information, call NHCD at *512-974-3100*.

Commuter Program

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

Bus and Rail Services

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

RideShare Vanpools

City employees can also take advantage of Capital Metro's vanpool services. Call 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*.

Other Benefits

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

- Bilingual Pay, if eligible. Call the Compensation Division at *512-974-3292*.
- Tax Preparation Assistance, if eligible. Go to foundcom.org.
- Free entry to City parks, including Deep Eddy and Barton Springs pools (does not include Zilker Botanical Gardens).
- Free parking permits to Zilker Park are available at the Human Resources and Parks Departments.

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.
- Prostheses and physical complications of all stages of mastectomy, including lymph edemas.
- Secondary consultation, whether such consultation is based on a positive or negative initial diagnosis.

The benefits required under the **Women's Health and Cancer Rights Act of 1998** must be provided in a manner determined in consultation with the attending physician and the patient. These benefits are subject to the health plan's regular copays and deductibles.

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 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 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 at their own cost in the case of certain qualifying events.

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*.

More information about Medicare Part D prescription drug coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. You can also:

- Visit medicare.gov for personalized help.
- Call the **Health and Human Services Commission of Texas** toll free at *888-834-7406*, local number *800-252-9330*.
- Call *800-MEDICARE (800-633-4227)*.
- TTY users should call *877-486-2048*.

Financial assistance may be available for individuals with limited income and resources through the **Social Security Administration (SSA)**. For more information, visit the SSA website at socialsecurity.gov or call *800-772-1213*.
TTY users should call *800-325-0778*.

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?

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, and 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.