CITY OF AUSTIN
2021 EMPLOYEE BENEFITS GUIDE

Our Benefits Revolve Around You

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

Table of Contents

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

The City of Austin is committed to compliance with the Americans with Disabilities Act.

Call the Human Resources Department at *512-974-3400* (Voice) or *800-735-2989* (Relay Texas TTY number) for more information.

Contact Information

City of Austin
Human Resources Department
Employee Benefits Division

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

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

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

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

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

BlueCross BlueShield
Medical Plans & BlueCare Dental PPO

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

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

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

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

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

Retirement Systems

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

Davis Vision
Vision Plan

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

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

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

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

CompuSys/Erisa Group Inc. (Erisa)
– COBRA Administration
– Child Care Reimbursements

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

Austin Deferred Compensation Plan
457 Plan (Empower Retirement)

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

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

Deer Oaks
Employee Assistance Program

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

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

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

ARAG
Group Legal Plan

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

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

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

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

Total Administrative Services Corporation (TASC)
Flexible Spending Accounts (FSA) & Debit Card

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

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

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

Benefits Guide Information

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

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

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

City Benefits

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

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

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

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

Cost-wise Consumerism

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

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

Administration

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

Joya Hayes, Director of Human Resources & Civil Service

Communications

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

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

BENEFITS ELIGIBILITY

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

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

-David Ondich
ADA Program Administrator

Employee Eligibility

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

Full-Time Employees – 30 or more hours per week

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

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

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

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

Part-Time Employees – 20 to 29 hours per week

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

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

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

Part-Time Employees – Less than 20 hours per week

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

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

Temporary Employees

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

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

Dependent Eligibility

Enrolling Dependents for Benefits

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

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

Eligible Dependents

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

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

Dependent Documentation

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

Acceptable documents are listed below for the following dependents:

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

Persons Not Eligible

Dependents do not include:

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

An individual is not eligible to be covered:

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

Coverage Information

Changing Your Benefits Coverage

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

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

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

Qualifying Life Events

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

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

Coverage Effective Dates

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

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

Coverage Ending Dates

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

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

Waiving Coverage

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

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

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

Premium Information

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

Premium Deduction Errors

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

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

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

Taxable Fringe

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

Retiring from the City of Austin

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

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

-Bradley Jarrell
O&M Specialist

PLAN CHOICES

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

★ ★ ★ ★ ★ ★

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

-Ronnie Hawkins
Business Development Counselor II

CDHP w/HSA, PPO, and HMO Medical Plans

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

Things to consider when choosing a medical plan:

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

BlueCross BlueShield Medical Rates - Per Pay Period

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

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

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

CDHP w/HSA Calendar Year Savings

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

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

CDHP w/HSA – Is it right for you?

Benefits of the CDHP w/HSA:

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

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

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

CDHP Health Savings Account Eligibility:

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

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

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

How the CDHP w/HSA Works:

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

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

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

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

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

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

Differences between the CDHP HSA and the Health Care FSA:

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

CDHP w/HSA Schedule of Benefits

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

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

CDHP Vision Benefits

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

CDHP Pharmacy Benefits

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

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

PPO & HMO Schedule of Benefits

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

PPO & HMO Schedule of Benefits

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

PPO & HMO Vision Benefits

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

PPO & HMO Pharmacy Benefits

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

CDHP w/HSA, PPO, and HMO

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

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

Tobacco Cessation Program/Drugs
A participant can receive FDA-approved tobacco-cessation drugs for free if the participant is covered under a City sponsored medical plan, at least 18 years of age, and completes requirements of the HealthyConnections Tobacco Cessation Program. Must obtain a prescription for tobacco cessation drugs from your physician. This applies to select prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.

Using Mail Order

To begin mail order:

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

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

Your cost:

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

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

Diabetic Bundling – What Your Medical Plan Does for You

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

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

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

HEB Prescription Delivery Service

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

How does it work?

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

For more information, call your local HEB Pharmacy.

Medical Programs

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

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

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

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

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

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

When you call, a registered nurse can:

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

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

Virtual Visits

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

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

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

Vision Plan

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

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

Plan Coverage	
Covered Service – In-network benefits (limited out-of-network benefits are available).	
Comprehensive Eye Exam – $10 copay, one exam per calendar year.	
Frames – Once per calendar year in lieu of contact lenses. Up to $125 retail allowance toward provider-supplied frame plus 20% off cost exceeding the allowance.* Up to $175 retail allowance if purchased at VisionWorks. ***OR*** Any Fashion or Designer frame from Davis Vision's Exclusive Collection (with retail values up to $160), **covered in full**. ***OR*** Any Premier frame from Davis Vision's Collection (with retail values up to $195), **covered in full** after an additional $25 copay. One year eyeglass breakage warranty included at no additional cost.	**Contacts** – Once per calendar year in lieu of frames. Up to $120 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance.* Standard Contacts – Evaluation, fitting fees, and follow-up care; $25 copay applies. Specialty Contacts – Evaluation, fitting fees, and follow-up care, up to a $60 allowance plus 15% off cost exceeding allowance.* $25 copay applies. ***OR*** Davis Vision Collection contact lenses, evaluation, fitting fees, and follow-up care, are **covered in full** after $25 copay. (Up to 4 boxes of disposable lenses). ***OR*** Medically necessary contact lenses are **covered in full** with prior approval.
Standard Eyeglass Lenses – Single, bifocals, trifocals, lenticular, and standard scratch coating. $25 copay, once per calendar year. Polycarbonate lenses for children are covered in full up to age 19.	

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

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

Davis Vision Rates – Per Pay Period

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

Dental Plan

BlueCare Dental™

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

BlueCare Dental PPO Schedule of Benefits

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

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

Orthodontia Treatment

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

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

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

Dental Rates – Per Pay Period

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

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

-Adan Medina
HR Advisor

Group Term Life Insurance

Basic Life Insurance

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

Supplemental Life Insurance

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

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

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

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

Choosing a Beneficiary

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

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

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

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

Your Beneficiary Designation Form

You can update your beneficiary designation two ways.

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

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

Other Beneficiary Designation Forms

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

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

Accidental Death and Dismemberment (AD&D) Coverage

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

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

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

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

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

Waiver of Premium

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

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

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

Accelerated Death Benefit

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

Filing a Life Insurance Claim

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

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

Imputed Income (I50)

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

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

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

Your Right to Convert

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

Dependent Life Insurance

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

Dependent Life Insurance Rates – Per Pay Period

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

Exclusions and Limitations

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

Supplemental Life Insurance Worksheet

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

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

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

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

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

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

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

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

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

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

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

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

Disability

Short Term Disability (STD)

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

Definition of Disability

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

Benefit Amount

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

Coverage Period

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

Reduction in Benefits

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

Filing a Claim

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

Eligibility for Other Benefits

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

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

When Benefits End

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

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

Exclusions and Limitations

STD coverage has the following exclusions or limitations:

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

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

Long Term Disability (LTD)

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

Definition of Disability

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

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

Benefit Amount

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

Coverage Period

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

Reduction in Benefits

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

Filing a Claim

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

Eligibility for Other Benefits

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

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

When Benefits End

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

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

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

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

Exclusions and Limitations

LTD coverage has the following exclusions and limitations:

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

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

Long Term Disability Worksheet

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

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

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

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

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

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

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

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

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

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

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

Flexible Spending Accounts (FSA)

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

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

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

Health Care FSA

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

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

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

Dependent Care FSA

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

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

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

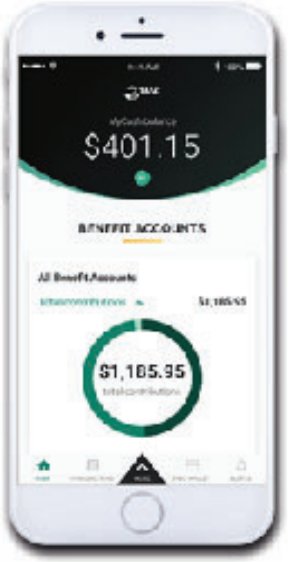
Note: You will realize the same type of savings enrolling in Dependent Care FSA.

Pay with ease

Health Care FSA Debit Card

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

Benefits on the Go!



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

What is MyCash?

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

Here are a few FSA Reminders

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

Dependent Care FSA and the City's Child Care Programs

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

Leaving City Employment

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

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

Health Care FSA Worksheet

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

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

Dependent Care FSA Worksheet

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

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

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

Benefits Tips!

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

Legal Insurance Plan

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

Take Advantage of the Following Plan Benefits:

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

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

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

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

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

ARAG Rates – Per Pay Period

Employee Only	$ 5.41
Employee & Family	$ 7.35

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.
© 2021 ARAG North America, Inc.

EMPLOYEE WELLNESS

- **HealthyConnections**

★ ★ ★ ★ ★ ★

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

-Becky Richburg
Program Specialist

HealthyConnections
City of Austin Wellness Program

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

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

Why Engage in Wellness?

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

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

Get Engaged in Wellness

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

NEW Health Care Clinic!

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

Healthy Rewards Wellness Incentive Program

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

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

To Earn Healthy Rewards

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

Know Your Health Numbers Campaign

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

Health Assessment: Earn 8 hours of WADL

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

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

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

OR

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

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

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

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

Get Active Campaign

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

PE for ME – Earn up to 8 hours of WADL

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

PE for ME

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

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

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

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

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

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

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

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

Live Healthy Campaign

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

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

Participants Receive:

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

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

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

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

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

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

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

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

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

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

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

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

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

Eat Well Campaign

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

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

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

ADDITIONAL BENEFITS

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

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

-Diana Martin
IT Business Systems Analyst Sr.

Employee Assistance Program (EAP)

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

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

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

Work/Life Services

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

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

Take the High Road Program

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

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

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

iConnect You

Is an app that instantly connects you with professionals for instant support and help finding resources for you and your family. To access iConnectYou, download the app from your smartphone and register using the iCY passcode **106912**.

Employee Communications

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

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

Tuition Reimbursement Program

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

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

Service Incentive Pay

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

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

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

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

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

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

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

Direct Deposit

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

Employee Discount Page

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

Smart Commute Rewards

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

Here's how it works:

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

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

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

Affordable Small Dollar Loans

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

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

Homebuyer Assistance Program

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

Other Benefits

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

Child Care Program

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

Child Care Assistance Program

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

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

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

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

Youth Camp Scholarship

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

Child Care Referral

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

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

Maternity & Lactation Support

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

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

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

Commuter Program

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

Bus and Rail Services

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

RideShare Vanpools

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

MetroAccess – Paratransit Services

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

"Pickup" On-Demand Transit Service

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

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

Leave Programs

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

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

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

Paid Leave

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

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

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

Personal Holidays

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

Official Holidays

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

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

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

Sick Leave

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

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

Personal (Vacation) Leave

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

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

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

Maximum accrual is 400 hours.

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

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

Family and Medical Leave (FMLA)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Military Family Leave

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

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

Qualifying Exigency Leave

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

Veterans Services Office – Five Star Employer

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

The City's program:

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

City benefits also include the following:

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

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

Benefits Tip!

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

Workers' Compensation

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

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

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

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

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

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

-Antwaine Hobbs
Fire Specialist

Employee Retirement Systems

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

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

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

City of Austin Employees' Retirement System (COAERS)

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

Group A (Tier 1)

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

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

Normal Retirement

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

Early Retirement

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

Austin Fire Fighters Relief and Retirement Fund (AFRS)

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

Normal Retirement

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

Early Retirement

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

City of Austin Police Retirement System (PRS)

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

Normal Retirement

- 23 years creditable service at any age (excluding prior military service)
- 20 years creditable service at age 55 (excluding prior military service)
- Any number of years creditable service at age 62

Early Retirement

- None

Deferred Compensation Plan (457 Plan)

The Deferred Compensation Plan is a retirement savings plan that allows eligible employees to supplement retirement/pension benefits by saving and investing before- or after-tax dollars through voluntary salary deferral. Empower Retirement is the plan administrator.

You may enroll in the Deferred Compensation Plan or make changes in your deferrals any time during the year. You may also choose from a diverse array of investment options. If you contribute pretax dollars, your account is tax deferred until you withdraw money, usually at retirement. However, you may also contribute post-tax dollars (pay income tax at the time your contributions are made) and your account is tax-free (subject to qualifying conditions) when you withdraw your money. To review and manage your account, call *866-613-6189,* or visit dcaustin.com.

Social Security

Social Security pays benefits once you meet certain eligibility requirements when you retire, become disabled, or die. Social Security taxes are paid by you and the City. At the current time, this amount is 6.2 percent for Old Age, Survivors and Disability Insurance (OASDI) and 1.45 percent for Medicare Tax. However, these amounts are subject to any changes made by the United States Congress.

Contributions by firefighters to Social Security may vary, and in some cases, may not be made at all. If you are a firefighter, contact the Austin Fire Fighters Relief and Retirement Fund for more information about your Social Security benefits.

Questions about Social Security benefits may be directed to the Social Security Administration at *800-772-1213*, or visit socialsecurity.gov.

IMPORTANT BENEFITS INFORMATION

- Summary of Benefits and Coverage
- ADA Compliance
- Governing Plan
- HIPAA
- Women's Health and Cancer Rights Act
- Patient Protection and Affordable Care Act
- COBRA
- Continuation of Coverage for Domestic Partners
- USERRA Continuation of Coverage
- Surviving Dependent Coverage
- Surviving Family/Work-Related Coverage
- Your Prescription Drug Coverage and Medicare
- Health Insurance Marketplace
- Notice to Enrollees
- Premium Assistance Under Medicaid and CHIP
- Corporate Human Resources Department

★ ★ ★ ★ ★ ★

Benefits Tip!

Did you know by getting your health numbers and completing the BlueCross BlueShield online Health Assessment, you can earn 8 hours of WADL (Wellness Administrative Leave)?

Summary of Benefits and Coverage (SBC)

Under the law, insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes the key features of the plan and coverage limitations and exceptions. For a copy of the SBC of the City's medical plans, visit austintexas.gov/benefits, or call the Human Resources Department at *512-974-3284*.

ADA Compliance

The City is committed to complying with the Americans with Disabilities Act (ADA). Reasonable accommodation, including equal access to communications, will be provided upon request. For more information, call the Human Resources Department at *512-974-3284*, use the Relay Texas TTY number *800-735-2989* for assistance, or visit austintexas.gov/ada.

Governing Plan

Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage or contract), and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern. City of Austin employees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time. These benefits are not a guarantee of your employment with the City.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA)

This act imposes the following restrictions on group health plans:

Limitations on pre-existing exclusion periods. Pre-existing conditions can only apply to conditions for which medical advice, diagnosis, care, or treatment was recommended or received during a period beginning six months prior to an individual's enrollment date, and any pre-existing condition exclusion is not permitted to extend for more than 12 months after the enrollment date. Further, a pre-existing condition exclusion period may be reduced by any creditable previous coverage the individual may have had.

Special enrollment. Group health plans must allow certain individuals to enroll upon the occurrence of certain events, including new dependents and loss of other coverage. Loss of coverage includes:

- Termination of employer contributions toward other coverage.
- Moving out of an HMO service area.
- Ceasing to be a "dependent," as defined by the other plan.
- Loss of coverage to a class of similarly situated individuals under the other plan (i.e., part-time employees).

Additionally, individuals entitled to special enrollment must be allowed to enroll in all available benefit package options and to switch to another option if he or she has a spouse or dependent with special enrollment rights.

Prohibitions against discriminating against individual participants and beneficiaries based on health status. Plans may not establish rules for eligibility of any individual to enroll under the terms of the plan based on certain health status-related factors, including health status, medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability, or disability.

Standards relating to benefits for mothers and newborns. Plans must provide for a 48-hour minimum stay for vaginal childbirth, and a 96-hour minimum stay for cesarean childbirth, unless the mother or medical provider shortens this period. No inducements or penalties can be used with the mother or medical provider to circumvent these rules.

Parity in the application of certain limits to mental health benefits: Plans must apply the same annual and lifetime limits (i.e., dollar amounts) that apply to other medical benefits to benefits for mental health. If this requirement results in a 1 percent or more increase in plan costs or premiums, this rule does not apply.

City of Austin Policy on HIPAA

HIPAA gives the City, as the plan sponsor of a non-federal governmental plan, the right to exempt the plan in whole or in part from the requirements described above. The City has decided to formally implement all of these requirements. The effect of this decision as it applies to each of the above requirements is as follows:

- The Plan does not currently have a pre-existing condition limitation and is in compliance.
- The Plan will provide special enrollment periods.
- The Plan will comply with the non-discrimination rules.
- The Plan will comply with the standards for benefits for mothers and newborn children.
- The Plan will comply with the rules on mental health benefits.

The HIPAA Privacy Rules for Health Information were established to provide comprehensive federal protection concerning the privacy of health information. The Privacy Rules generally require the City to take reasonable steps to limit the use, disclosure, and requests for Protected Health Information to the minimum necessary to accomplish the intended purpose. The City is committed to implementing the Privacy Rules.

The Women's Health and Cancer Rights Act of 1998

This law was enacted on October 21, 1998. It provides certain protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Specifically, the act requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications of all stages of mastectomy, including lymph edemas.
- Secondary consultation, whether such consultation is based on a positive or negative initial diagnosis.

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

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 2022, medical plans which exceed a threshold level established by the federal government will have to pay a 40 percent excise tax. The City of Austin is committed to designing a medical plan that is below the threshold level. However, if the threshold is reached, the cost of the excise tax will be passed on to employees and retirees.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, dental coverage, or participation in the Health Care FSA at their own cost in the case of certain qualifying events. Continuation of your life insurance, short term disability, long term disability, Dependent Care FSA, and group legal plan is not available under COBRA.

COBRA Notice Requirements. Each employee or qualified beneficiary is required to notify the Employee Benefits Division of the Human Resources Department within 60 days of a divorce, legal separation, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. Erisa, the City's COBRA administrator, will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

Continuation of Coverage for Domestic Partners

The City offers covered individuals the opportunity to continue medical coverage, vision coverage, and dental coverage at their own cost in the case of certain qualifying events. Continuation of life insurance is not available under Continuation of Coverage for Domestic Partners.

Each employee or covered individual is required to notify the Employee Benefits Division of the Human Resources Department within 31 days of dissolution of the Domestic Partnership, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. Erisa, the City's administrator, will then notify all covered individuals of their rights to enroll in Continuation of Coverage for Domestic Partners coverage. Notice to a covered individual who is the Domestic Partner or former Domestic Partner of the covered employee is considered proper notification to all other covered individuals residing with the Domestic Partner or former Domestic Partner at the time the notification is made.

USERRA Continuation of Coverage

The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides that if you are required to be absent from work for a period of time due to voluntary or involuntary military service or training, you have certain reemployment and medical benefits continuation rights during your absence. You and your family members have the opportunity to continue your benefits from the date coverage otherwise would end, provided you pay the premium. However, for absences of less than 31 days, you may continue benefits while paying only your usual share of the cost. When you return to work, no exclusions or waiting periods will apply.

Surviving Dependent Coverage

Your dependent may be eligible for Surviving Dependent medical, dental, and vision coverage only if you meet one of the following requirements and your dependent completes a Surviving Dependent Benefits Enrollment Form within 31 days from the date of your death:

- You are a City retiree under the City of Austin Employees' Retirement System, Austin Fire Fighters Relief and Retirement Fund, or City of Austin Police Retirement System.
- You are an active City employee who is eligible to retire with the City but chose to continue to work for the City.
- You are a City retiree who has returned to active employment with the City.

If eligible, your dependent will be able to continue his or her coverage through the City after your death, provided your dependent was enrolled in a City-sponsored plan at the time of your death. The coverage offered is the same coverage offered to City retirees.

Surviving Family/Work-Related Coverage

If you are killed in the line of duty (your accident must be considered compensable under the City's Workers' Compensation program) while working for the City, your dependents who are enrolled in a City-sponsored medical or dental plan at the time of your death are allowed to continue their coverage, if they complete a Surviving Family Benefits Enrollment Form and pay the premium within 90 days from the date of your death. The City will continue to subsidize the premium.

Surviving Family/Work-Related Coverage is not available to active employees who are also City retirees who have returned to work for the City and have declined active employee benefits. The City will notify your surviving dependents of their eligibility for Surviving Family/Work-Related Coverage.

For more information or to receive a Surviving Family/Work-Related Benefits Guide, call the Employee Benefits Division at *512-974-3284*.

Your Prescription Drug Coverage and Medicare

Beneficiary Creditable Coverage Disclosure Notice

This notice has information about your current prescription drug coverage with the City of Austin and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining a Medicare drug plan, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in this area. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. On January 1, 2006, new prescription drug coverage became available to individuals with Medicare Part A. This coverage is available through Medicare prescription drug plans, also referred to as Medicare Part D. All such plans provide a standard, minimum level of coverage established by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Austin has determined that prescription drug coverage offered through City health plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Other Important Considerations

- If you currently have prescription drug coverage through a City health plan, you may choose to enroll in Medicare Part D annually between October 15 and December 7, or when you first become eligible for Medicare Part D.
- If you decide to join a Medicare drug plan, your current City of Austin medical coverage will not be affected.
- If you do decide to join a Medicare drug plan and drop your current City of Austin coverage for your dependents, you may be able to get this coverage back during an Open Enrollment period.
- You should also know that if you drop or lose your current coverage with the City of Austin and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least one percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium.
- You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.
- If you are enrolled in Medicare Part D or a Medicare Advantage Plan and are also enrolled in the City health plan, you may have duplicate prescription coverage. If you would like to review your coverage or for more information, call the Employee Benefits Division of the Human Resources Department at *512-974-3284*.

More information about Medicare Part D prescription drug coverage

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

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

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

Health Insurance Marketplace

PART A: General Information

The Health Insurance Marketplace is a new way to purchase health insurance in the United States. As you evaluate health insurance options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer, the City of Austin.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

Regular full-time employees will not experience savings because the City pays the entire premium for the CDHP and the majority of the PPO and HMO premium. Part-time employees may realize savings by going to the Marketplace.

Temporary employees with less than 12 months of service are not eligible for City-provided medical coverage. Temporary employees and their dependents can purchase health insurance through the Health Insurance Marketplace, designed to provide affordable health insurance.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. The City of Austin offers coverage that meets government standards. If you are in a regular budgeted position and work full-time, you will not be eligible for a tax credit at the Marketplace.

If you are in a regular budgeted position working part-time, and the premium you would pay for the City's lowest cost medical plan (Employee Only) is more than 9.5 percent of your household income for the year, you may be eligible for a tax credit at the Marketplace. If you are a temporary employee, and therefore not eligible for medical coverage under a City medical plan, you are eligible for medical coverage through the Marketplace and may also qualify for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by the City of Austin, then you may lose the City's contribution (if any) to the employer-offered coverage. Also, the City's contribution as well as your employee contribution to City offered coverage is usually excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by the City of Austin, review this guide, or visit austintexas.gov/benefits for your summary plan description, or call the Human Resources Department at *512-974-3284*.

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

HRD | HUMAN RESOURCES DEPARTMENT

PART B: Information About Health Coverage Offered by the City

This section contains information about health coverage offered by the City of Austin. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: City of Austin		4. Employer Identification Number: 74-6000085
5. Employer address: P.O. Box 1088		6. Employer phone number: 512-974-3284
7. City: Austin	8. State: Texas	9. ZIP code: 78767
10. Who can we contact about employee health coverage at this job? Human Resources Department, Employee Benefits Division		
11. Phone number: 512-974-3284		12. Email address: HRD.Benefits@austintexas.gov

Basic Health Care Coverage Information

As your employer, the City of Austin offers a health plan to all employees in regular budgeted positions and to temporary employees with more than 12 months of continuous service.

The City of Austin offers dependent coverage to eligible dependents. Eligible dependents (spouse, domestic partner, children, dependent grandchildren) are detailed in this guide.

The City's coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even though the City of Austin offers affordable coverage, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If you are an hourly employee, or have previously been unemployed, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, healthcare.gov will guide you through the process.

Notice to Enrollees in a self-funded nonfederal governmental group health plan for plan years beginning on or after September 23, 2010

Group Health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The City of Austin has elected to exempt the City's medical plans of the following requirements:

1. Parity in the application of certain limits to mental health benefits. Limit coverage for Applied Behavior Analysis treatment to 170 visits each year for individuals diagnosed with autism.
2. The exemption from these Federal requirements will be in effect for the 2021 plan year beginning January 1, 2021 and ending December 31, 2021. The election will be renewed for subsequent plan years.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may be eligible for assistance paying your employer health plan premiums. The following is current as of January 31, 2021. For more information on eligibility visit gethipptexas.com/ or call *877-440-0493*.

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact:

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

Corporate Human Resources Department Can Help You!

Civil Service Division
Serves the Austin Police Department, Austin Fire Department, and the Emergency Medical Services Department. The Civil Service Office administers processes regarding the initial selection, advancement, and conditions of employment in accordance with Chapter 143 of the Texas Local Government Code, Civil Service Commission Rules, and agreements with employee (labor) associations.

Compensation Division
Provides tools, resources, and information to departments and employees in order to enhance their knowledge and understanding of policies, procedures and trends related to classification and the City's base pay plan.

Employee Benefits Division
Can assist you with questions about medical, dental, vision, life, disability insurance, and Flexible Spending Accounts, and other benefits such as wellness, childcare and commuter programs. Staff can also assist with benefits changes due to a qualifying life event, filing disability claims, and life insurance claims.

Employee Relations Division
Provides support and guidance related to Chapter A of the City's personnel policies and procedures. The division conducts workplace investigations related to discrimination, harassment, and retaliation. Provides guidance on personnel issues and disciplinary actions, and oversees the Drug and Alcohol testing for CDL drivers.

Employment Services Division
Assists applicants, employees, managers and executives in gaining access to and filling vacant positions with top talent by assessing workforce needs, engaging the community, managing programs and creating and maintaining City-wide procedures, tools and resources.

Municipal Civil Service Division
Administers the Municipal Civil Service (MCS) rules and serves as the liaison between the MCS Commission and the City. The MCS Commission hears appeals and makes final, binding decisions in the case of City employees who are denied a promotion, discharged, demoted, suspended or put on disciplinary probation.

Organizational Development Division
Champions organizational learning and employee engagement at the City of Austin through the delivery of diverse training programs. Ongoing development is provided through the Leadership Academies, such as the Lifelong Learning Academy, Supervisor Academy, Management Academy, and Executive Academy. SSPR training is also provided for managers.

Quality Assurance Division
Implements a broad framework of continuous quality initiatives aimed at evaluating human resources policies and procedures, the delivery of related services, and providing opportunities to either improve, enhance, or reengineer existing practices. The Americans with Disabilities Act Office resides under this division, and ensures all city services and programs are accessible to all people, including those with disabilities. This office assists with requests for reasonable accommodation, delivers compliance training for employees, and consults on disability-related issues citywide.

Records Division
Updates and maintains City-wide personnel files and provides employment verifications, personnel file review, and employee information updates. All subpoenas and public information requests requiring employee record documents are processed in this division. The division also assists departments in completing personnel actions.

Risk Management Division
Oversees programs designed to manage and transfer risk, prevent and control injuries, and provide supplemental benefits to employees when on the job injuries occur. The programs include workers compensation, wage continuation/serious injury supplement/line of duty leave, insurance and risk management, and corporate safety.

Veterans Services Division
Provides support to City employees and their families who are in the National Guard and Reserve or are veterans. Support is provided before deployment, during deployment and during reintegration into the workplace.

For more information or assistance, please call the Human Resources Department at *512-974-3400*.

HRD HUMAN RESOURCES DEPARTMENT

HRD | HUMAN RESOURCES DEPARTMENT