



2023 Temporary Employee Benefits Guide

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

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

Call the Human Resources Department at **512-974-3400** (Voice) or **800-735-2985**
(Relay Texas TTY number) for more information.

Contact Information

City of Austin

Human Resources Department

Employee Benefits Division

Benefits staff are available to answer questions you have about your benefits. For your convenience, make an appointment before visiting our office.

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

Office Hours: 7:30 a.m. to 5:00 p.m.
Closed 12 – 1 p.m.
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.

CompuSys/Erisa Group Inc. (Erisa)

COBRA Administration

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

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

Austin Deferred Compensation Plan

457 Plan (Empower Retirement)

Toll-Free Number: 866-613-6189
To enroll in, view and manage your account, go to dcaustin.com, and click the **Register** button.

BlueCross BlueShield

Medical Plans

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

Group Numbers: PPO - 246681; HMO - 246682; CDHP - 246683; BlueCare Dental PPO – 299988

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

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

To find a medical provider, visit bcbstx.com/coa.

1. Click on **Doctors and Hospitals** tab.
2. Under **Find a Provider**, 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 or **Search for Names and Specialties**.

ComPsych GuidanceResources

Employee Assistance Program

Toll-Free Phone Number: 866-586-1456

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

1. Click the **Register** tab.
2. Enter austintexas.gov as your **Organization Web ID** and click the **Register** button.
3. Select your company, Organization, or Location Identification.
4. Enter a user name and password.
5. Confirm security questions.
6. Click the **Submit** button.

Benefits Guide Information

City of Austin Temporary 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 employment with the City.

This Guide is designed to help you understand your benefits and assist you in making your enrollment decisions. Your rights are overseen by each Plan. The terms of the Plan and detailed coverage information are included in the document made available by the Plan, which may be a plan document, evidence of coverage, certificate of coverage, contract, etc.

In the case of a conflict between information presented in this Guide and the Plan, the Plan's terms take over.

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 in this document require employees to assume responsibility for the choices they make and to be informed on how to use their benefits effectively.

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

Administration and Cost-Wise Consumerism

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. 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.

Employee contributions are required to help finance the cost of parts of the program.

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.
- *CityNews* 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.

A variety of methods are used to communicate the benefits program to employees and their dependents, including presentations, newsletters, the City's website, video on demand, and *CityNews*.

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 users of all benefits.
 - ❖ Employee choices should be appropriate for their needs.
 - ❖ Employees should contribute to the cost-effectiveness of the plans by making informed choices when using their benefits. users
- Increasing employee understanding of the value of their benefits.

Benefits Eligibility

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

Temporary Employee Eligibility

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

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

Temporary employees that become eligible for coverage will receive written notification of eligibility from the Employee Benefits Division within 2 to 4 weeks from their anniversary date.

Benefits Eligibility for Temporary Employees

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

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

Work Week Status for Temporary Employees:

- The rates being offered to Temporary employees are the same as Regular employee rates.
- There are three categories of rates, which are based on the amount of hours worked each week:
 - ❖ 30+ hours
 - ❖ 20-29 hours
 - ❖ less than 20 hours
- It is important to understand that the category of rates are not determined by what the department has listed the Temporary employee's hours as in the payroll system.
- The category is determined by calculating the Temporary employees weekly hourly average based on the previous 52 weeks they have worked (26 full pay periods).
- The weekly hourly average will be evaluated on an annual basis every October prior to the annual Open Enrollment period. If a Temporary employee's weekly hourly average changes they will be sent notification of the change.

Dependent Eligibility

Enrolling Dependents for Benefits

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

- Medical
- Wellness Program
- Employee Assistance Program

Eligible Dependents

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

Dependent Documentation

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

Acceptable documents are listed below for the following dependents:

- **Spouse:** A marriage certificate which has been recorded as provided by law.
- **Domestic Partner:** A Domestic Partnership Affidavit and Agreement form signed by the employee and domestic partner. Also a Domestic Partnership Tax Dependent Status Form signed by the employee.
- **Child:** A certified birth certificate, complimentary hospital birth certificate, Verification of Birth Facts issued by the hospital or court order establishing legal adoption, guardianship, or conservatorship, or qualified medical child support order or be the subject of an Administrative Writ.
- **Child of a Domestic Partner:** The documentation listed above must also be provided and the domestic partner must be covered for the same benefit in order to cover a child of a domestic partner.
- **Stepchild:** The documentation listed above must also be provided and a marriage certificate or declaration of informal marriage indicating the marriage of the child's parent and stepparent.
- **Dependent Grandchild:** The documentation listed above must also be provided and a birth and/or 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 extended family members not listed under the Eligible Dependents section.
- Grandchildren who do not meet the definition of dependent grandchildren or who are not claimed on your or your spouse's federal income tax return.

Coverage Information

ENROLLING IN BENEFITS

Insurance Benefits for you and/or your dependents are effective on your date of hire or work status change provided you submitted a Benefits Enrollment Form and required documentation to the Employee Benefits Division by the pay period deadline. If you missed the deadline, you have 31 days from your date of hire or work status change to enroll in benefits by calling the Employee Benefits Division at 512-974-3284. Benefits coverage will be effective the first day of the following pay period from the date you submitted your Benefits Enrollment Form.

If you are a full-time or part-time employee declining benefits coverage for yourself, you must complete a Benefits Enrollment Form. If you later decide you want coverage, you can enroll within 31 days due to a Qualifying Life Event or during Open Enrollment.

CHANGING YOUR BENEFITS COVERAGE

You can request changes to your benefits coverage:

- Within 31 days of your date of hire or work status change.
- Within 31 days of a Qualifying Life Event.
- During Open Enrollment (occurs mid-October through mid-November, benefits changes are effective January 1 of the following year).

To change your benefits coverage or to drop a dependent who no longer meets the eligibility requirements, you must contact the Employee Benefits Division to complete a Benefits Enrollment Form and provide the required documentation.

QUALIFYING LIFE EVENTS

You can add/drop dependents or change your benefits coverage when you experience a Qualifying Life Event such as: marriage, divorce, birth, adoption/placement of a child, death of a dependent, establishing a committed living arrangement as domestic partners, dissolution of domestic partnership, or loss or gain of other insurance coverage. You must contact the Employee Benefits Division within 31 days of the Qualifying Life Event to complete a Benefits Enrollment Form and provide the required documentation.

The benefits change will be effective the first day of the following pay period, or the month following the date you submitted your Benefits Enrollment Form. In the case of a newborn dependent, adoption, placement of

adoption, guardianship, or conservatorship of a child, the benefits change is effective the date of the Qualifying Life Event and you will be required to pay any benefits premiums owed, if applicable.

Note: A newborn dependent is temporarily covered for medical for 31 days. After 31 days, if you did not contact the Employee Benefits Division to enroll your newborn, your newborn will no longer have medical coverage even if you have Employee and Children or Family coverage.

DUPLICATE BENEFITS COVERAGE

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.

It is your responsibility to ensure that you and/or your dependents are not double covered for the same benefit. Duplicate claims will not be paid, and premiums will not be refunded.

COVERAGE ENDING DATES

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

- Within 31 days of your date of hire or work status change.
- 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 your employment ends.
- The last day of the pay period in which you or your dependents no longer meet eligibility requirements.

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 ensure that information on your Benefits Enrollment Form, your annual Open Enrollment Coverage Statement, and Confirmation Statement is correct. If a premium deduction error occurs, you must notify the Employee Benefits Division.

If an overpayment occurs due to a City data entry error or an error you made when completing your enrollment form or participating in Open Enrollment, the City will reimburse you up to a maximum of two pay period premiums. Conversely, if an underpayment occurs due to the City data entry error or the error you made, the City has the right to collect any additional premiums owed. The data entry error will not invalidate the coverage reflected on your enrollment form.

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 finalize your retirement paperwork with the retirement system, you must call the Employee Benefits Division within 31 days from your retirement date 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 call no later than the last day of the month you are retiring in.

Plan Choices

- Medical
 - ❖ CDHP w/HSA (Consumer Driven Health Plan)
 - ❖ PPO (Preferred Provider Organization)
 - ❖ HMO (Health Maintenance Organization)

CDHP w/HSA, PPO and HMO Medical Plans



BlueCross BlueShield
of Texas

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

Things to consider when choosing a medical plan:

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

BlueCross BlueShield Medical Rates – Per Pay Period

| Full-Time Employees 30 + hours per week | CDHP w/HSA | PPO | HMO |
|--|---------------|-----------|-----------|
| Employee Only | \$ 0.00 | \$ 15.00 | \$ 20.00 |
| Employee & Spouse or Domestic Partner | \$ 96.37 | \$ 200.67 | \$ 210.67 |
| Employee & Children | \$ 47.79 | \$ 147.84 | \$ 157.84 |
| Employee & Family or Domestic Partner & Children | \$ 221.63 | \$ 336.91 | \$ 346.91 |

| Part-Time Employees 20 - 29 hours per week | CDHP w/HSA | PPO | HMO |
|--|---------------|-----------|-----------|
| Employee Only | \$ 138.08 | \$ 127.03 | \$ 132.03 |
| Employee & Spouse or Domestic Partner | \$ 358.04 | \$ 428.08 | \$ 438.08 |
| Employee & Children | \$ 288.22 | \$ 351.04 | \$ 361.04 |
| Employee & Family or Domestic Partner & Children | \$ 537.27 | \$ 632.41 | \$ 642.41 |

| Part-Time Employees Less than 20 hours per week | CDHP w/HSA | PPO | HMO |
|--|---------------|------------|------------|
| Employee Only | \$ 276.16 | \$ 357.03 | \$ 428.68 |
| Employee & Spouse or Domestic Partner | \$ 619.71 | \$ 801.14 | \$ 978.96 |
| Employee & Children | \$ 528.65 | \$ 684.21 | \$ 835.88 |
| Employee & Family or Domestic Partner & Children | \$ 852.91 | \$1,102.63 | \$1,347.18 |

CDHP w/HSA – Is it right for you?

Benefits of the CDHP w/HSA:

- No cost for Employee Only coverage and 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, 2023, 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.
 - ❖ \$139 maximum per pay period for Employee Only coverage.
 - ❖ \$281 maximum per pay period for Employee & Dependent coverage.
- Ability to increase or decrease your HSA per pay period contributions any time during the year.
- The money remaining in your HSA Account (including the City's contribution) is yours to keep even if you leave employment or retire from the City.
- 100% 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% of Tier 1 providers covered services and 70% of Network providers covered services.
- Affordable Care Act (ACA) Preventive Drug List – covered at 100%.
- CDHP w/HSA Preventive Drug List – No deductible. Plan pays 80% 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% 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 your HSA 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 | \$5,6319/yea | Employee & Family premiums | \$8,325/year |
| Four primary care doctor visits | \$ 600/year | Four primary care doctor visits | \$ 120/year |
| Four prescriptions | \$ 124/year | Four prescriptions | \$ 40/year |
| Total employee paid for the year | \$4,595 | Total paid medical expenses for the | \$8,165 |
| City's HSA contribution | \$1,000 | City's HSA contribution | No City contribution |
| Net paid medical expenses for the | \$3,595 | Net paid medical expenses for the | \$8,165 |
| A savings of \$4,590 | | | |

CDHP Health Savings Account Eligibility:

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

- You or your enrolled dependents cannot be 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, you HSA will be opened automatically.

CDHP How the CDHP w/HSA Works;

- Preventive Service – Covered at 100%.
- Injury or Illness at Tier 1 or Network Provider – The amount you pay will be determined after BCBS-discounted rates.
- Calendar year deductible – After you meet the deductible, the plan will pay 80% 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% for all eligible covered medical and pharmacy expenses.

CDHP w/HSA Schedule of Benefits

| Medical Benefits | CDHP (Blue Choice PPO) | | Out-of-Network |
|--|--|-----------------------------------|--|
| | Tier 1 Providers | Network | |
| Deductible | \$1,500 - Employee Only \$3,000 - Employee & Dependents | | \$3,000 - Employee Only \$6,000 - Employee & Dependents |
| Preventive Services | Member pays \$0. | | Member pays 40% after deductible. |
| Eligible Covered Services & Facilities | Member pays 20% after deductible. | Member pays 30% after deductible. | Member pays 40% after deductible. |
| Out-of-Pocket Calendar Year | \$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 | Member pays 20% after deductible. | Member pays 40% after deductible. |
| Ophthalmologists | Member pays 20% after deductible. | Member pays 40% 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 | Member pay \$0 no deductible. |
| CDHP w/HSA Preventive Drug List | Member pays 20% no deductible. |
| Basic Drug List - Tier 1, 2 & 3 | Member pays 20% after deductible. |
| 90-Day Supply - Mail Order | Member pays 20% after deductible. |

Pharmacy Drug Lists can be found at bcbstx.com/coa.

PPO & HMO Schedule of Benefits

| | PPO (Blue Choice PPO) | | HMO (Blue Essentials) | |
|------------------------------|---|-------------------|---|-------------------|
| | Tier 1 Providers | Network Providers | Tier 1 Providers | Network Providers |
| Individual Deductible | \$600 per covered person. | | None. | |
| Family Deductible Maximum | Three individual deductibles. | | None. | |
| Out-of- pocket Maximum | \$4,250 per covered person or \$13,250 per family, per calendar year. | | \$4,750 per covered person or \$9,500 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 Specialist. No benefits coverage without a referral. | |
| Primary Care Physician (PCP) | PCP selection is not required. | | PCP selection is required. If a PCP is not selected, one will be assigned. You will be required to seek services from the assigned PCP. To change your PCP, call BlueCross BlueShield. You may change 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 | \$2,000 deductible per covered person. Member pays 40%, up to maximum allowable charge. Out-of-network benefits are subject to network benefit plan limits, pre-approval, and pre-notification requirements. Inpatient Admission are subject to a \$500 copay per admission. | | 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 copay | \$0 | | \$0 | |
| Virtual visit copay | \$10 | | \$10 | |
| Office/Telemedicine visit copay | | | | |
| Primary Care | \$15 | \$30 | \$15 | \$30 |
| Specialist | \$30 | \$50 | \$40 | \$60 |
| Convenience care clinics copay | \$25 | | \$25 | |
| Urgent care copay | \$40 | | \$50 | |
| Emergency room copay | \$300 | | \$350 | |
| Ambulance services | Member pays 20% after deductible. | | \$300 copay | |
| Outpatient surgery | Member pays 20% after deductible. | Member pays 30% after deductible. | \$750 copay | \$1,000 copay |
| Inpatient admission | Member pays 20% after deductible. | Member pays 30% after deductible and \$250 copay. | \$1,750 copay | \$3,000 copay |
| Allergy services | Member pays \$0 | | Member pays 50%. | |
| Immunizations | Covered in full. (Office visit copays may apply.) | | Covered in full. (Office visit copays may apply.) | |
| Physical, speech & occupational therapy | | | | |
| Registered dietitian | \$40 | | \$50 | |
| Chiropractic care Copay (20 visit limit) | | | | |
| Acupuncture copay (12 visit limit) | \$40 | | Not covered. | |
| CT, MRI, PET scans copay | \$100 | | \$150 | |
| Mental health care outpatient copay | \$15 | | \$15 | |
| Durable medical equipment | Member pays 20% after deductible. | | Member pays \$0. | |
| Disposable medical supplies & prosthetic-orthotic devices | Member pays 20% after deductible. | | Member pays 20%. | |
| Insulin pumps copay | \$100 | | \$150 | |
| 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 Prescription Benefits

| Plan Features (In-Network) | PPO (Blue Choice PPO) | HMO (Blue Essentials) |
|--|---|---|
| Affordable Care Act (ACA) Preventive Drugs | \$0 copay. | \$0 copay. |
| 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: \$40 or 20% of cost (up to \$70). | Tier 2: \$45 or 20% of cost (up to \$80). |
| Basic Drug List - Tier 3 (Non-preferred) | Tier 3: \$60 or 20% of cost (up to \$110). | Tier 3: \$65 or 20% of cost (up to \$120). |
| 90-Day Supply - Mail Order | 2 x's Tier 1, 2, or 3 copay. | 3 x's Tier 1, 2, or 3 copay. |

CDHP w/HSA, PPO, and PPO

| Diabetic Supplies (see also Diabetic Equipment) | |
|--|---|
| Retail | Supplies are covered at a participating 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 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 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 using mail order:

- Have your doctor write a prescription for a 90-day supply of your medication (ask for three refills).
- Complete the mail order form and attach your prescription.
- Provide a check or credit card information.
- 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% of the cost once the in-network deductible is met. If you have not met your in-network deductible, you will pay 100% of the cost. If the prescription is for a preventive care medication listed on the Expanded Preventive Drug List, no deductible is required and you will only pay 20% of the cost.
- **PPO** participants receive 90 days of medication for **two** copays/coinsurance.
- **HMO** participants receive 90 days of medication for **three** copays/coinsurance.

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

Diabetic Bundling – What Your Medical Plan Does for You

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

- **CDHP w/HSA** participants will pay 20% 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.

H-E-B 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 H-E-B store.



How does it work?

- Call your H-E-B 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 pm, except for major holidays.
- Delivers medications as late as 8 pm.

For more information, call your local H-E-B Pharmacy.

Medical Programs

Cancer Support Program – Specialized cancer nurses offer needed support to participants throughout cancer treatment, recovery and at end of life to assist with treatment decisions and improve a participant’s health care experience.

Experienced, caring cancer nurses from the cancer support program are available to support participants in several ways. They can:

- Find the right doctor for you, explore your treatment options 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 Program – Specialized nurses offer education, motivation and reinforcement to ensure integration with other programs. BlueCross BlueShield offers access to the top-performing centers through their network of preferred dialysis centers. You’ll also receive ongoing clinical expertise and help from specialized nurses who can help you:

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

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

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

When you call, a registered nurse can help you:

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

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 its 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**.



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. Temporary employees enrolled in a medical plan can earn 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.

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**.

Health Care Clinics

HealthyConnections has partnered with Premise Health to bring you onsite & mobile health care clinics. Employees enrolled in a City medical plan can access the health care clinics for biometric and preventive screenings, immunizations, and for treatment of minor, non-worker's compensation injury or illness. The onsite health clinic is located at the Learning & Research Center at 5202 E Ben White Blvd, Suite 500. The mobile health clinic rotates weekly between various City worksites. To schedule an appointment call 512-640-4997 or create an account at mypremisehealth.com.

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:

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



The program is offered year round and includes around 80 different classes each quarter. Examples include yoga, strength training, spin classes, Zumba, boot camps, basketball, and more. There are also several Run/Walk classes including an structured running class that can help you train for an upcoming race event.

Classes are offered on a quarterly basis, and registration can be accessed through the HR Portal at hrportal.coacd.org/login.cfm. During quarter four, t-shirts will be given to employees who meet attendance requirements.

PE Anytime allows employees to track their exercise via the Map My Fitness 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

Form teams with your coworkers and compete in a Spring 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 concessions.

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.

- Million Mile Month in April
- Triathlon in a Month in July
- Fall into Action in September

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 other events.

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, retirees, and dependents who are diabetic or prediabetic and enrolled in a City-sponsored medical plan. To enroll, visit the HealthyConnections website on CitySpace or call 512-974-3284.

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 and Family Connects Program

This program is offered by BlueCross BlueShield and is available to pregnant, covered members enrolled in a City medical plan. The program is designed to provide the support and information needed for a healthy pregnancy. Participants will receive personalized maternity care and assistance in managing high-risk conditions including gestational diabetes and preeclampsia. If you enroll during the first 18 weeks of your pregnancy and complete the program, you will receive \$100 in your paycheck (taxable) and a HealthyConnections onesie. To enroll, call BlueCross BlueShield at 888-907-7880. Participants of the Maternity Support program will also be referred to the Family Connects program through Austin Public Health. Family Connects offers in-home consultations with Registered Nurses to identify needs and connect families with available resources.

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 – August

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. To make an appointment, call the Breast Center at St. David's Medical Center at 512-544-8800. Registration will open one month prior to the start of the Mammo Mixers.

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. Tobacco Cessation program is available on-demand online by webinar or by one-on-one telephonic coaching. Individuals who complete the program 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 medical plan are eligible for this benefit. Check the HealthyConnections website for more information.

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 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.

Wondr Online Weight Management Program

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 Health Coaches can meet with employees one-on-one in person or virtually to provide nutritional counseling. Get 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.

Employee Assistance Program (EAP)

ComPsych GuidanceResources® services 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. Your EAP benefits will give you and the members of your household confidential support, resources, and information for personal and work-life issues.

ComPsych GuidanceResources® can help you with:

- Marital/family problems
- Stress, Anxiety & Depression
- Grief & Loss
- Work/vocation issues
- Domestic violence
- Psychological issues

ComPsych Guidance Resources can also assist with work/life issues such as:

- Legal Guidance – Including a free 30-minute consultation
- Financial Guidance
- Child/elder care referral
- Home repair
- Online Support and more

Go Mobile! Access your GuidanceResources® program anytime, anywhere! The GuidanceNowSM app gives you fast, easy access to Employee Assistance Program resources. Check it out! Download the app from your smartphone or tablet.

- Search GuidanceResources (one word)
- Install GuidanceNow
- To register, click the **Register** link. Enter **austintexas.gov** as the Organization Web ID.

Commuter Program

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

Bus and Rail Services

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

RideShare Vanpools

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

MetroAccess – Paratransit Services

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

"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. For more information, visit capmetro.org/pickup.

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

Sick Leave

Temporary and Seasonal employees are eligible to receive paid sick leave. Paid sick leave can be used as it is earned, up to the annual maximum. Any unused sick leave hours will carry over year to year. See chart below for Accrual information.

| Hours Worked Per Week | Accrued Hours | Annual Maximum Hours |
|--|---------------|----------------------|
| Full-Time – 40 hours | 3.00 | 72.00 |
| More than or equal to 30; less than 40 | 3.00 | 54.00 |
| More than or equal to 20; less than 30 | 2.00 | 36.00 |
| Less than 20 | 1.00 | 18.00 |

Employee Discount Page – PerksConnect

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**.

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

The Housing and Planning Department (HPD) 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 HPD at **512-974-3100** or email HPD@austintexas.gov.

Other Benefits

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

Important Benefits Information

- Summary of Benefits and Coverage
- ADA Compliance
- Governing Plan
- HIPAA
- Women's Health and Cancer Rights Act
- Patient Protection and Affordable Care Act
- COBRA
- Continuation of Coverage for Domestic Partners
- USERRA Continuation of Coverage
- Your Prescription Drug Coverage and Medicare
- Health Insurance Marketplace

Summary of Benefits and Coverage (SBC)

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

ADA Compliance

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

Governing Plan

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

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

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

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

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

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

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

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

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

City of Austin Policy on HIPAA

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

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

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

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

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

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

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 2013, medical plans which exceed a threshold level established by the federal government will have to pay a 40 percent excise tax. The City of Austin is committed to designing a medical plan that is below the threshold level. However, if the threshold is reached, the cost of the excise tax will be passed on to employees and retirees.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage under COBRA.

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

Continuation of Coverage for Domestic Partners

The City offers covered individuals the opportunity to continue medical coverage at their own cost in the case of certain qualifying events.

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

Domestic Partner or former Domestic Partner of the covered employee is considered proper notification to all other covered individuals residing with the Domestic Partner or former Domestic Partner at the time the notification is made.

USERRA Continuation of Coverage

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

Your Prescription Drug Coverage and Medicare

Beneficiary Creditable Coverage Disclosure Notice

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

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

Other Important Considerations

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

More information about Medicare Part D prescription drug coverage

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

- Visit medicare.gov for personalized help.
- Call the **Health and Human Services Commission of Texas** toll free at **888-834-7406**, local number **800-252-9330**.

- Call **800-MEDICARE (800-633-4227)**.
- TTY users should call **877-486-2048**.

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

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

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

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

How Can I Get More Information?

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

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

PART B : Information About Health Coverage Offered by the City

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

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

Basic Health Care Coverage Information

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

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

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

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

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