

CITY OF AUSTIN

2023 EMPLOYEE BENEFITS GUIDE

Our Benefits Revolve Around You



HRD HUMAN
RESOURCES
DEPARTMENT



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

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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.

Photo credit - Omar Francia, Human Resources Department & PARD



HRD | HUMAN RESOURCES DEPARTMENT

CONTACT INFORMATION

CITY OF AUSTIN HUMAN RESOURCES DEPARTMENT EMPLOYEE BENEFITS DIVISION

Benefits staff are available by phone or in person to discuss your benefit 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: 8 a.m. to 5 p.m.

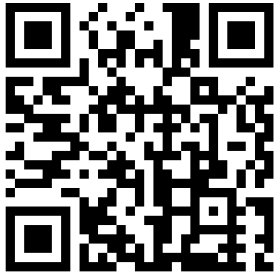
Office closed 12-1 p.m.

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

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

Toll-Free 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**, then click **Register Now**.
2. Follow the prompts to register.
3. 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. Click on **Doctors and Hospitals** tab.
2. Under **Find a Provider** click on **HMO Plan, PPO Plan, or HSA Plan**.
3. Enter your **City, State or Zip**.
4. Click **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**.

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

1. Click on **Dental** tab, then click on **Find a Dentist**.
2. Select the criteria by which you want to search for a dentist:
 - Search by Dentist Name
 - Search by Location
 - Search by County
 - Search by Center Name

RETIREMENT SYSTEMS

CITY OF AUSTIN EMPLOYEES' RETIREMENT SYSTEM (COAERS)

6836 Austin Center Blvd., Suite 190
Austin, TX 78731

Phone Number: 512-458-2551

Fax Number: 512-458-5650

Website: coaers.org

AUSTIN FIRE FIGHTERS RELIEF AND RETIREMENT FUND (AFRS)

4101 Parkstone Heights Dr., Suite 270
Austin, TX 78746

Phone Number: 512-454-9567

Fax Number: 512-453-7197

Website: afrs.org

CITY OF AUSTIN POLICE RETIREMENT SYSTEM (PRS)

2520 South IH-35, Suite 100
Austin, TX 78704

Phone Number: 512-416-7672

Fax Number: 512-416-7138

Website: ausprs.org

CONTACT INFORMATION

AVESIS VISION PLAN

Group Number: 9614

Toll-Free Number: 866-563-3589

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

1. Click **Members**.
2. Click **Sign Up**.
3. Enter contact and account information.
4. Agree to Terms and Conditions.
5. Click **Submit and Get Started**.

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.com

To view and manage your account, visit dcaustin.com or dcaustin.empower-retirement.com

To enroll, click **Register**.

COMPSYCH GUIDANCERESOURCES® EMPLOYEE ASSISTANCE PROGRAM

Toll-Free Number: 866-586-1456

To view a list of free webinars, counseling services and more visit guidanceresources.com To register, 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.

ARAG LEGAL INSURANCE PLAN

Client ID Number: 17886

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 **Login** and then click **Create account**.
2. Enter your member ID number from your ID card. Click **Look up my ID Number** if you do not have your card and follow the prompts.
3. Enter your email address twice and click **Continue**.
4. Enter the verification code sent to your email and click **Submit Code**.
5. 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

Toll-Free Number: 800-422-4661

Fax Number: 608-661-9601

To view activity, visit tasconline.com. To register, follow these steps:

1. Click **Log In**.
2. Select **Universal Benefit Account Individual/Employee**.
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**.

NEW YORK LIFE INSURANCE COMPANY - DISABILITY VENDOR

Toll-Free Number: 800-459-2780

To apply for Short or Long Term Disability go to myNYLGBS.com or call New York Life.

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 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 *City News*.

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 cost-effectiveness of the plans by making informed choices when using their benefits.
- Increasing employee understanding of the value of their benefits.

HRD HUMAN
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DEPARTMENT



Joya Hayes, Director of Human Resources & Civil Service

CORPORATE HUMAN RESOURCES DEPARTMENT CAN HELP YOU!

ADA DIVISION

Ensures that 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.

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/CIVIL SERVICE DIVISION

The Civil Service Office serves the Austin Police Department, Austin Fire Department, and the Emergency Medical Services Department. This Office also 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.

The Municipal Civil Service Office 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 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.

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.

DIVERSITY AND VETERAN INITIATIVES DIVISION

The Diversity and Veteran Initiatives division of the City of Austin Human Resources department develops and implements a comprehensive, integrated, and strategic focus on diversity and inclusion as a key component of all human resources recruitment, Diversity, Disability, and Veteran programs and other community engagement activities.

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

BENEFITS ELIGIBILITY

- Employee Eligibility
- Dependent Eligibility
- Dependent Documentation
- Coverage Information



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
- Dependant 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
- Basic Life Insurance
- Dental - Employee Only
- 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
- Dependant 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
- Dependant 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:

- Medical – If employed continuously for more than 12 months
- Wellness Program
- Employee Assistance Program
- Commuter 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% 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 if 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.

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 and who are not claimed on your or your spouse's federal income tax return.

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.



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:

- 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 Plans
- Vision Plan
- Dental Plan
- Group Term Life Insurance
- Disability
- Flexible Spending Accounts (FSA)
- Legal Insurance Plan



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.



**BlueCross BlueShield
of Texas**

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	\$ 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 CALENDAR YEAR SAVINGS

CDHP Employee Only coverage saves you:
 \$360 – switching from PPO Employee Only
 \$480 – switching from HMO Employee Only
 City also contributes \$500 into your HSA.

CDHP Employee Family coverage saves you:
 \$2,766 – switching from PPO Employee & Family
 \$3,006 – switching from HMO Employee & Family
 City also contributes \$1,000 into your HSA.

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	\$5,319/year	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	\$6,043	Total paid medical expenses for the year	\$8,485
City's HSA contribution	\$1,000	City's HSA contribution	No City contribution
Net paid medical expenses for the year	\$5,043	Net paid medical expenses for the year	\$8,485
A savings of \$3,442			



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 to 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%.
- 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% of covered services for Tier 1 and 70% 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.

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 without a Qualifying Life Event.	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, your 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
Out-of-Pocket Calendar Year Maximum	\$5,000 - Employee Only \$6,850 - Employee & Dependents		\$10,000 - Employee Only \$20,000 - 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
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 list	Member pays \$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 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	\$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 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 the state of Texas. No benefits coverage outside of Texas.	
Out-of-network benefits	<p>\$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.</p> <p>Inpatient Admission are subject to a \$500 copay per admission.</p>		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 Specialist	\$15 \$30	\$30 \$50	\$15 \$40	\$30 \$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 Chiropractic care copay (20 visit limit)	\$40		\$50	
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 Copay	\$25	\$25
Ophthalmologists Copay	\$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	\$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 copay or 20% of cost (up to \$70).	Tier 2: \$45 copay or 20% of cost (up to \$80).
Basic drug list - tier 3 (non-preferred)	Tier 3: \$60 copay or 20% of cost (up to \$110).	Tier 3: \$65 copay 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 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.

HEALTHYCONNECTIONS DIABETES PROGRAM/DRUGS

A participant can receive approved diabetes medication and testing supplies for free if the participant is covered under a City medical plan, at least 15 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 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% 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% 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% 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 15 years of age and older enrolled in a City medical plan. Refer to the Employee 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 p.m. except for major holidays.
- Delivers medications as late as 8 p.m.

For more information, call your local H-E-B 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 - MDLIVE

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. Avesis will help you care for your sight while saving you money.



To view benefits and locate a provider, visit avesis.com or call 866-563-3589.

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.*

OR

Up to \$175 retail allowance if purchased at Vision Works plus 20% off cost exceeding the allowance.

OR

Up to \$200 retail allowance toward frames if purchased using UVP Online.

Additional pair of eyeglasses, 30% off if purchased at the same time as first pair.

Contacts – Once per calendar year in lieu of frames.

Up to \$120 allowance toward provider supplied contacts plus an additional discount off the cost exceeding the allowance*– 10% for disposable contacts and 15% for standard contacts.

OR

Medically necessary contact lenses are **covered in full** with prior approval.

Standard & Specialty Contacts - Evaluation, fitting fees, and follow-up care; \$25 copay applies.

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

Standard progressive addition lenses	\$50
Premium progressives (i.e. Varilux, etc.)	\$90
Intermediate-vision lenses	\$30
Blended-segment lenses	\$20
Ultraviolet coating	\$12
Standard anti-reflective (AR) coating	\$35

Copay

Lens Options

Premium AR Coating	\$48
Ultra AR Coating	\$60
High-index lenses	\$55
Polarized lenses	\$75
Glass photochromic lenses	\$20
Plastic photosensitive lenses	\$65

Copay

* **Additional Discounts** – Not available at Wal-Mart, Sam's Club, and Costco.

AVESIS VISION RATES – PER PAY PERIOD

Employee Only	\$ 1.98
Employee & Spouse or Domestic Partner	\$ 4.28
Employee & Children	\$ 4.06
Employee & Family or Domestic Partner & Children	\$ 6.47



DENTAL PLAN

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.

BlueCare Dental™

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, exclusions, and the out-of-network Table of Allowances, 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.
Orthodontia	Orthodontia Care – covered in full as work progresses up to the Calendar/Lifetime Maximum. Orthodontia work already in progress prior to enrolling, is not covered (including banding).	Orthodontia Care – covered up to the Table of Allowance as work progresses. Orthodontia work already in progress prior to enrolling, is not covered (including banding).
Annual maximum benefit	\$2,000 per person, per calendar year.	\$2,000 per person, per calendar year..
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 an out-of-network dentist for a covered service or procedure.



ORTHODONTIA TREATMENT

Orthodontia work already in progress prior to enrolling, is not covered (including banding).

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.

BLUECARE DENTAL PPO 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



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% 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% 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 in 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 not recovered loss of sight. Loss of speech means total and not recovered loss of speech. Loss of hearing means total and not recovered 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% 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 LIFE INSURANCE 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 Life Insurance 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 Life Insurance 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. To be eligible for this benefit, the minimum coverage amount required is \$20,000. If you are approved for an accelerated benefit, it is payable in a lump sum up to 80% 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 \$400,000 for Basic Life Insurance and a maximum payout of \$500,000 Supplemental Life Insurance.

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 \times \$0.15 = \1.50 . To calculate your imputed income, visit [irs.gov](https://www.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.

$$\underline{\hspace{2cm}} \text{ Hour Work Week} \times 52 \text{ weeks} = \underline{\hspace{2cm}} \text{ Hours} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Hourly Rate Base 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.

$$\$ \underline{\hspace{2cm}} \times 1, 2, 3, \text{ or } 4 = \$ \underline{\hspace{2cm}}$$

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.

$$\$ \underline{\hspace{2cm}} \div 1,000 = \underline{\hspace{2cm}}$$

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.

$$\underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

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, and you are unable to earn 80% or more of your Covered Earnings from working your regular occupation.

BENEFIT AMOUNT

If approved, the benefit amount is 70% 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 disability vendor within 60 day of your disability date. The disability carrier can be reached at 800-459-2780 (select prompt two to file a new disability claim) or online at myNYLGBS.com. If you need assistance please contact the Employee Benefits staff. The disability 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 physical disease, mental disorder, injury, or pregnancy, you are unable to perform the material duties of any occupation, and you are unable to earn 60% or more of your indexed 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% of your base monthly salary, up to \$10,000 per month. The minimum monthly payment is the greater of \$100 or 10% 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 disability vendor within 180 days of your disability date. The disability carrier can be reached at 800-459-2780 (select prompt two to file a new disability claim) or online at myNYLGBS.com. If you need assistance please contact the Employee Benefits staff. The disability 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.

$$\underline{\hspace{2cm}} \text{ Hour Work Week} \times 52 \text{ weeks} = \underline{\hspace{2cm}} \text{ Hours} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

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.

$$\frac{\$ \underline{\hspace{2cm}}}{\text{Base Annual Salary}} \div 100 = \underline{\hspace{2cm}}$$

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.

$$\underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

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.

$$\frac{\$ \underline{\hspace{2cm}}}{\text{Annual Cost}} \div 24 \text{ pay periods} = \$ \underline{\hspace{2cm}}$$

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).

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.

HEALTH CARE FSA

- You can contribute pretax dollars from your paycheck, up to the IRS limit of \$118 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 800-422-4667 or visit [irs.gov](https://www.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	\$1,600.00	\$1,600.00
Health Care expenses deducted before taxes	-\$118.00	\$0.00
Taxable Pay	\$1,482.00	\$1,600.00
Social Security/Medicare at 7.65% of taxable pay	-\$113.37	-\$122.40
Income Tax at 12% tax bracket	-\$177.84	\$192.00
After-Tax Pay	\$1,190.79	\$1,285.60
Paying for Health Care after taxes	\$0.00	-\$118.00
Take-Home Pay	\$1,190.79	\$1,167.60

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

PAY WITH EASE

- **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.



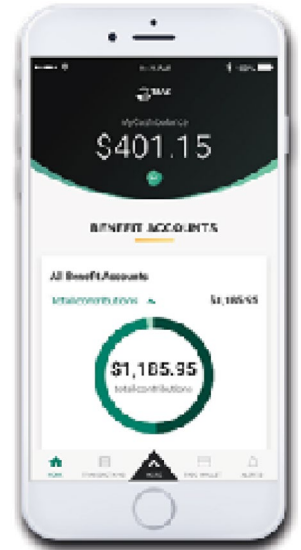
Health Care FSA Debit Card

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 support a claim to TASC or the IRS.
- TASC will request documentation for unsupported 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, 2024 – deadline to incur expenses.
 - ▶ May 31, 2024 – deadline to submit your claims for reimbursement from your 2023 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, you have until May 31, 2024 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 to incur expenses or to continue to use your FSA funds. 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, 2024 to incur expenses and submit claims to TASC by May 31, 2024 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](https://www.irs.gov).

	EMPLOYEE	DEPENDENTS	TOTAL
PRESCRIPTION COPAYS	<i>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.</i>		
Medications (including prescribed over-the-counter drugs)			\$
DOCTOR VISIT COPAYS			\$
Scheduled			
Non-scheduled			
MEDICAL PROCEDURES	<i>Some examples of eligible expenses include laser eye surgery, outpatient surgery, hospital copays, coinsurance, and hospital stays.</i>		
Procedures			\$
DENTAL CARE COSTS	<i>Examples include orthodontia, root canals, crowns, fillings, night guards, splints, etc.</i>		
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 \$118 per pay period (cannot exceed \$2,832).			\$



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](https://www.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: <i>Maximum deduction is \$208 per pay period (cannot exceed \$4,992).</i>				\$

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



LEGAL INSURANCE PLAN

LEGAL IS EVERYWHERE. PROTECT YOURSELF AND YOUR FAMILY WITH LEGAL INSURANCE



Have you ever stopped to think about how many events in your life have a legal element to them? There are the joys — like getting married or buying the house of your dreams. And the challenges — like when true love doesn't work out or you find yourself fighting a speeding ticket.

With ARAG® legal insurance, your network attorney fees are 100% paid in full for a wide variety of covered legal matters.

WHAT DOES LEGAL INSURANCE COVER?

- | | |
|---|---|
| <ul style="list-style-type: none">■ Wills and estate planning■ Real estate and home ownership■ Traffic tickets and license suspension■ Disputes with a landlord■ Family law matters■ Small claims court■ Consumer fraud | <ul style="list-style-type: none">■ Personal property disputes■ Student loan debt■ Bankruptcy■ Tax audit■ Divorce■ School Administrative Hearings■ And more |
|---|---|

To see a full list of coverages available under your plan, visit ARAGlegal.com/myinfo and enter access code **17886coa**. For any legal matters not covered and not excluded under the plan, you are eligible to receive at least 25% off the network attorney's normal rate.

HOW LEGAL INSURANCE BENEFITS YOU

- Receive 100% paid-in-full coverage on attorney fees for most covered legal matters when you work with a network attorney.
- On average, save \$368 per hour on attorney fees.¹
- Access a nationwide network of more than 15,000 attorneys who average 20 years of experience.
- Address your covered legal situations with a network attorney for legal help and representation.
- Use DIY Docs® to create any of 350+ legally valid documents, including state-specific templates.

LEARN MORE

Call ARAG Customer Care at 800-247-4184, Monday through Friday, 7:00 a.m. to 7:00 p.m. Central time.

ARAG LEGAL RATES – PER PAY PERIOD

Employee Only	\$ 5.41
Employee & Family	\$ 7.35

1. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years' experience according to The Survey of Law Firm Economics: 2018 Edition, The National Law Journal and ALM Legal Intelligence, October 2018.

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 800-247-4184.

EMPLOYEE WELLNESS

■ HealthyConnections



HEALTHY CONNECTIONS



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 work sites as well as virtually. Eligible employees can earn up to 16 hours of Wellness Administrative Leave (WADL) and up to \$150 in Healthy Rewards each calendar 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 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. WADL must be used by December 31 and may be used by employees during their probationary period with supervisor approval.

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

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

OR

- Use lab results from your most recent annual physical through your doctor or from one of the City Health Clinics.

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 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 Program – Earn up to 8 hours of WADL

HealthyConnections offers free exercise classes at City worksites to help employees improve their fitness and overall health. WADL must be used by December 31 and may be used by employees during their probationary period with supervisor approval.

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 a 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. 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, 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.

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 Medications 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 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).



NEW Hinge Health Program

City of Austin is excited to announce our partnership with Hinge Health to help you conquer back and joint pain, recover from injuries, prepare for surgery, or stay healthy and pain free. Their programs are available to you and your eligible dependents enrolled in a City medical plan **at no cost** and provide all the tools you need to get moving again from the comfort of your home. Your treatment plan will be tailored to you, and could include one-on-one physical therapy sessions, and wearable sensors to give live feedback on your form in the app.

Maternity Support

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

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 webinars 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 webinar. A variety of financial education topics led by 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.

ADDITIONAL BENEFITS

- Employee Assistance Program
- Child Care Program
- Maternity & Lactation Support
- Commuter Program
- MetroBike
- Tuition Reimbursement Program
- Service Incentive Pay
- Direct Deposit
- Employee Discount Page
- Affordable Small Dollar Loans
- Homebuyer Assistance Program
- Leave Programs
- Diversity and Veteran Initiatives Division
- Workers' Compensation
- Employee Retirement Systems
- Deferred Compensation (457) Plan
- Social Security



ADDITIONAL BENEFITS

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.



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.

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 **\$110,300** 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.

FAMILY SIZE	GROSS INCOME LIMIT
2	\$88,250
3	\$99,250
4	\$110,300
5	\$119,100
6	\$127,950

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

For assistance in locating child care providers, City employees can visit find.childcare.texas.gov. Employees can search providers by their home and work address, or zip code. Employees can also search providers according to their dependent's age. Employees may also call the ComPsych Employee Assistance Program for child care resources at 866-586-1456 or visit guidanceresources.com. On the website, click Register and use Organization Web ID austintexas.gov.

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. Paratransit passes are available at the Employee Benefits Division. 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 programs, call Capital Metro at 512-474-1200 or the Employee Benefits Division at 512-974-3284.

METROBIKE

MetroBike is the city's own bikeshare system that can help employees get around town, travel from one office building to another, or can be a fun team building activity by organizing a group ride! With 75 bikeshare stations throughout Austin and expansion plans on the horizon, opting to take a bike instead of driving solo will help reduce traffic congestion and in turn, help create more sustainable trips citywide. All City employees, both full-time and temporary, can sign up for a free annual MetroBike membership. For more information about MetroBike, visit: austin.bicycle.com/. To sign up for a free City of Austin employee annual membership, visit: atd.knack.com/smart-mobility#bike-benefit. If you have any comments or questions, contact BikeShareBenefit@austintexas.gov.



TUITION REIMBURSEMENT PROGRAM

The City of Austin offers tuition reimbursement to City employees to improve their job skills and career potential. The program is designed for employees who take City career-enhancing credit courses at almost any accredited, degree-granting college or university in the country. Employees (full- or part-time) in regular (non-temporary) positions who have completed the new hire probationary period are eligible for reimbursement.

For more information on the procedure and application, visit the Compensation page on CitySpace at cityspace.austintexas.gov/Departments/Departments/Human-Resources/Divisions/Compensation. You may also contact the Tuition Reimbursement Coordinator at 512-974-3227 or via email at tuitionreimbursement@austintexas.gov.

SERVICE INCENTIVE PAY (SIP)

Regular employees who have completed three years of continuous service by December 1 will receive Service Incentive Pay of \$100 for every year of continuous service, up to \$1,500.

YEARS	SIP	YEARS	SIP
3	\$300	10	\$1,000
4	\$400	11	\$1,100
5	\$500	12	\$1,200
6	\$600	13	\$1,300
7*	\$700	14	\$1,400
8*	\$800	15	\$1,500
9*	\$900	16+	\$1,500

*In 2023 and 2024, employees with seven to nine years of service will receive their SIP payout according to the current guidelines above or previous guidelines below, whichever is greater.

- The formula for employees with seven years: $7 \times .0025 \times \text{hourly rate} \times \text{scheduled work week} \times 52 \text{ weeks per year}$ or \$700, whichever is greater.
- The formula for employees with eight years: $8 \times .0025 \times \text{hourly rate} \times \text{scheduled work week} \times 52 \text{ weeks per year}$ or \$800, whichever is greater.
- The formula for employees with nine years: $9 \times .0025 \times \text{hourly rate} \times \text{scheduled work week} \times 52 \text{ weeks per year}$ or \$900, whichever is greater.

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.

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 form on the Financial Services Department website. Visit coa.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 the Benefits page on CitySpace for more information about the COA Savings Marketplace where you can access discounts from your phone, tablet, or computer.

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% 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. 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 Parks and Recreation Department.

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 take over.

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
- 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, the following pay 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 2023 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 2
Martin Luther King, Jr. Day	January 16
Presidents' Day	February 20
Memorial Day	May 29
Juneteenth	June 19
Independence Day	July 4
Labor Day	September 4
Let Texas Vote (Optional)	November 7
Veterans Day	November 10
Thanksgiving Day	November 23
Thanksgiving Friday	November 24
Christmas Eve Observed	December 25
Christmas Day Observed	December 26

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.

Vacation Leave

You may use vacation 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 vacation leave at a different rate. Civil service employees also accrue vacation 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 vacation leave:

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

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 their department FMLA Coordinator 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.

During your leave, you must pay your benefit premiums to continue your coverage. Failure to pay premiums will result in termination of coverage. Please contact the employee Benefits Division to make arrangements at 512-974-3284. If you fail to return from FMLA leave, you may be required to reimburse the City for the City's portion of the premiums paid on you or your dependent's behalf.

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 are not eligible.

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 are eligible to apply for leave bank hours. 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, but the number of hours they are eligible to receive is reduced. 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

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 are on unpaid Leave of Absence, you are required to pay your benefit premiums including the City's premium towards your and your dependent's coverage, if applicable. Failure to make payments will result in termination of coverage. To make arrangements to pay your benefit premiums, call the Employee Benefit 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.

DIVERSITY AND VETERAN INITIATIVES DIVISION

The City of Austin is a Five Star Employer with a Diversity and Veteran Initiatives Division. This division develops and implements a comprehensive, integrated, and strategic focus on diversity and inclusion as a key component of all human resources recruitment, Diversity, Disability, and Veteran programs and other community engagement activities.

The City's Veteran 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.
- Partners with community organizations to participate in job fairs to hire Veterans for open City positions.

City benefits include the following or Veteran Employees:

- 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 Veteran Services Consultant at 512-974-3306.

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% 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.



EMPLOYEE RETIREMENT SYSTEMS

As part of your compensation, the City provides retirement benefits. 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 – Employees hired on or before December 31, 2011.

- 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 – Employees hired on or after January 1, 2012.

Normal Retirement

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

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.

Group A – Employees hired on or before December 31, 2021

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

Group B – Employees hired on or after January 1, 2022

Normal Retirement

- 25 years creditable service at age 50 (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% for Old Age, Survivors and Disability Insurance (OASDI) and 1.45% 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 (SBC)
- 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
- Premium Assistance Under Medicaid and CHIP



IMPORTANT BENEFITS INFORMATION

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 Employee Benefits Division 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)

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, if the employer's group health plan is self-funded rather than provided through an insurance policy, these employers are permitted to elect to exempt their group health plan from the requirements listed below. The City of Austin has elected to exempt all its self-funded medical plans, CDHP, PPO, and HMO, from all the following requirements. However, while exempt from these provisions, the City of Austin medical plans do provide benefits to employees that are comparable to those required by the Public Health Service Act:

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.
2. Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.
3. Certain requirements to provide benefits for breast reconstruction after a mastectomy.
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.

The exemption from these Federal requirements will be in effect for the plan year beginning January 1, 2023 and ending December 31, 2023. The City of Austin may renew this election for subsequent plan years.

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 2023, medical plans which exceed a threshold level established by the federal government will have to pay a 40% 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.

the date of your death:

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

- 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 medical, dental, and vision coverage 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 a Police Officer, Firefighter, or EMS employee and 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 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 1% 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% 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](https://www.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](https://www.socialsecurity.gov) or call 800-772-1213.

TTY users should call 800-325-0778

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% 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.

HEALTH INSURANCE MARKETPLACE

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: Benefits.HRD@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](https://www.healthcare.gov) will guide you through the process.



PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

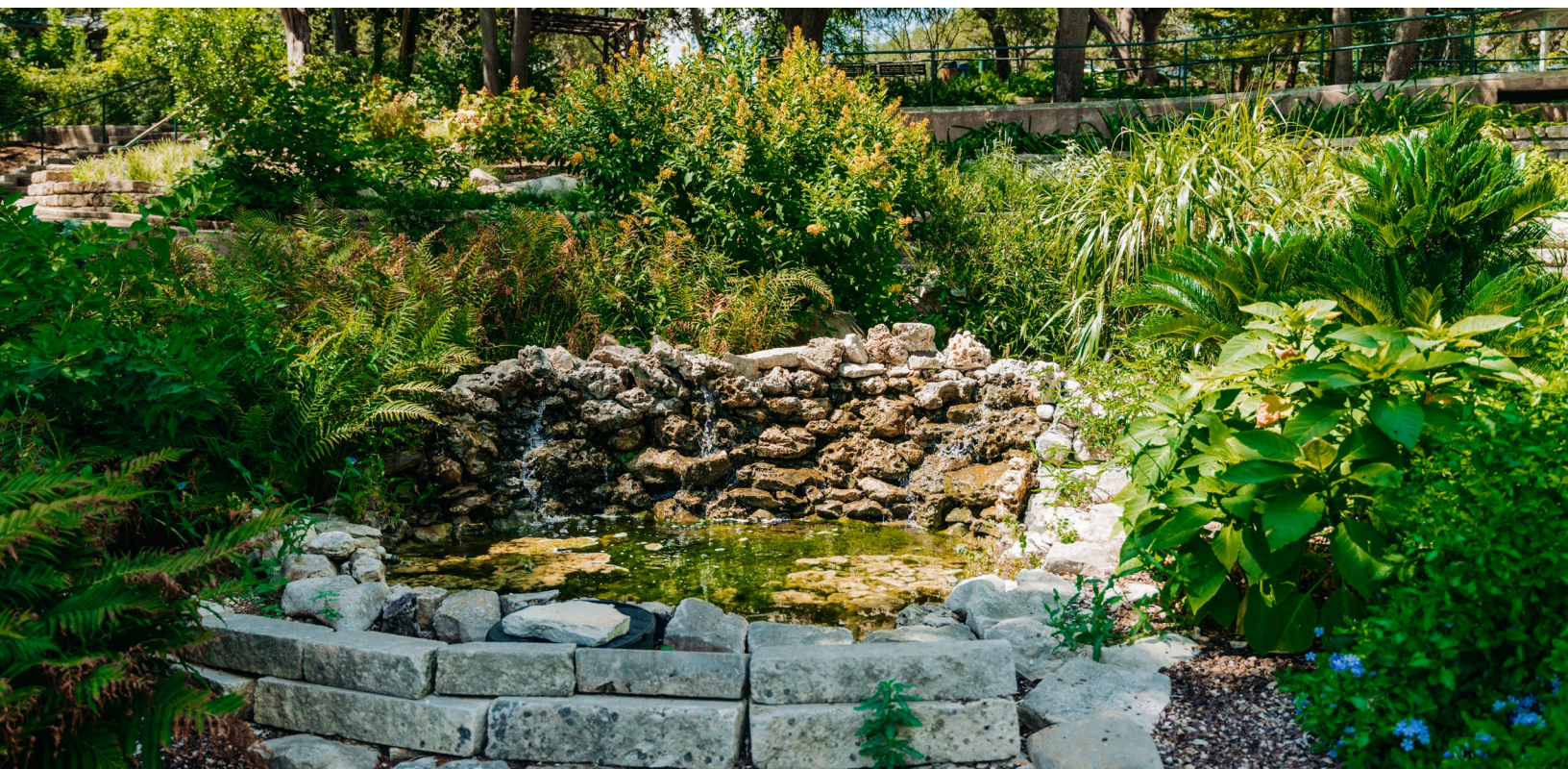
If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid 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 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, 2022. 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, 2022, 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







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