

Employee Benefits Guide

2016



Medical | Vision | Dental | Life Insurance | Disability | FLEXTRA | 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](tel:512-974-3400) (Voice) or [800-735-2985](tel:800-735-2985) (Relay Texas TTY number) for more information.

Cover photos (left to right): Sharon Griffin - Austin Fire Department (page 20); Michelle Adlong - Watershed Protection (page 10); early morning swimmer and lifeguard at Barton Springs Pool (page 29); and John Barlage - Austin Police Department (page 38). Photographer: Jim Linton, Human Resources Department.

Contact Information

City of Austin Human Resources Department Employee Benefits Division

Benefits staff are available to answer questions you have about your benefits.

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

Employees should make an appointment before visiting our office.

Office Hours: 7:30 a.m. to 5:00 p.m.
Office Location: 505 Barton Springs Road, Suite 600

Online Resources

To access benefits information, go to: <http://cityspace>, the City's intranet website, or on the Internet at austintexas.gov/benefits.

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

Scan the QR code to the right for easy access to the Employee Benefits webpage.



UnitedHealthcare Medical Plans

Medical Phone Number: 800-430-7316
myNurseLine, 24/7: 877-440-6011
Vision Phone Number: 800-203-4317
Vision Providers: myuhcvision.com
Mental Health Providers: liveandworkwell.com
Prescription Information: myuhc.com

To find a medical provider, go to myuhc.com.

1. Click the **Find Physician, Laboratory, or Facility** link.
2. Select **UnitedHealthcare Choice Plus** for the CDHP w/HSA and PPO. Select **UnitedHealthcare Choice** for the HMO.

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

1. Click the **Register Now** button.
2. Enter information from your ID card. If you don't have your ID card, select the **Click Here** link and you can enter your Social Security Number and date of birth.
3. Click the **Next Step** button.
4. Enter email address or sign up for a free email account.
5. Create a username and password, answer security questions and agree to website policies.
6. Click the **Submit** button.

Retirement Systems

City of Austin Employees' Retirement System (COAERS)	Austin Fire Fighters Relief and Retirement Fund	City of Austin Police Retirement System
Phone Number: 512-458-2551 Fax Number: 512-458-5650 Website: coaers.org	Phone Number: 512-454-9567 Fax Number: 512-453-7197 Website: afrs.org	Phone Number: 512-416-7672 Fax Number: 512-416-7138 Website: ausprs.org

Contact each benefit vendor directly for identification cards, claims, benefits and coverage information.

Davis Vision

Vision Plan

Toll-Free Number: 888-445-2290

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

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

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

CompuSys/Erisa Group Inc. (Erisa)

- **Dental Assistance Plan**
- **FLEXTRA Health Care Account & Benefits Card**
- **FLEXTRA Dependent Care Account**
- **COBRA Administration**

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

Phone Number: 512-250-9397

Toll-Free Number: 800-933-7472

Fax Number: 512-250-2937

City of Austin Dental Plan

To view claim activity, go to coadentalplan.com.

To register, follow these steps:

1. Enter your insured ID number from your ID card.
2. Create a password.
3. Click the **Submit** button.

FLEXTRA Health and Dependent Care

To view account activity, balances and submit a claim form, go to coaflextra.com. To login, follow these steps:

1. Click on **My Account**.
2. Enter your employee ID number and the first five digits of your Social Security Number.
3. Click the **Login** button.

ARAG

Group Legal Plan

Toll-Free Number: 800-247-4184

Relay Texas Number: 800-383-4184

To view covered services and to locate a participating attorney, go to araglegalcenter.com. To register, follow these steps:

1. Click the **Member Login** button.
2. Click the **Create a user name and password for the first time** link.
3. Enter your member ID number from your ID card and your home address ZIP code.
4. Click the **Continue** button.
5. Create a username and password and answer security questions and click the **Continue** button.

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

Deer Oaks

Employee Assistance Program

Toll-Free Phone Number: 866-228-2542

Relay Texas Number: 800-735-2989

Toll-Free Teen Helpline: 866-228-2542

To view a list of free webinars and counseling services, go to deeroaks.com. To access, follow these steps:

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

Austin Deferred Compensation Plan

457 Plan (Empower Retirement)

Toll-Free Number: 866-613-6189

To enroll in, view and manage your account, go to dcaustin.com.

1. To enroll, click on the **Enroll Now** link and follow the prompts.
2. To register, click on the **Let's Get Started** link and follow the prompts.

Benefits Guide Information

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

This Guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Your rights are governed by each Summary Plan Description (SPD), which may be a plan document, evidence of coverage, certificate of coverage or contract, and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern.

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

City Benefits Philosophy

The City is concerned for the health and welfare of its employees and is committed to providing cost-effective benefits that assist employees in being physically and mentally healthy. The benefits provided to employees may range from reimbursement plans to educational programs, but all benefit plans require employees to assume responsibility for the choices they make and to be informed on how to use their benefits effectively.

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

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

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

Cost

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

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

Administration

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

Communications

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

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



*Mark Washington, Director
Human Resources & Civil Service*

Benefits Eligibility

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



The State of Texas Capitol Building.

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. As a full-time or part-time employee, you may choose any combination of the benefits listed below:

Full-time Employees – 30 or more hours per week

If you are in a regular budgeted position scheduled to work 30 or more hours per week, you are considered full-time and are eligible to participate in:

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

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

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

Part-time Employees – 20 to 29 hours per week

If you are in a regular budgeted position scheduled to work 20 to 29 hours per week, you are considered part-time and are eligible to participate in:

- Medical
- Vision
- Dental
- Life Insurance
- Short Term Disability
- Long Term Disability
- FLEXTRA Health Care
- FLEXTRA Dependent Care
- 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 scheduled to work less than 20 hours per week, you are considered part-time and are eligible to participate in:

- Medical
 - Vision
 - Dental
 - Life Insurance
 - FLEXTRA Health Care
 - FLEXTRA Dependent Care
 - 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 more than 12 months
- Commuter Program
- Employee Assistance Program
- Wellness Program (Refer to the HealthyConnections section.)
- 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
- FLEXTRA Health Care
- FLEXTRA Dependent Care
- Group Legal Plan
- Wellness Program
- Employee Assistance Program



City of Austin skyline, 2015.

Eligible Dependents

Your dependents who meet the descriptions listed below can be enrolled for benefits.

- **Spouse:** Your legally married spouse, including a common-law spouse. Only one spouse or domestic partner may be covered at any time.
- **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. Only one spouse or domestic partner may be covered at any time.
- **Children:** Your biological children, stepchildren, legally adopted children, children for whom you have obtained court-ordered guardianship or conservatorship, qualified children placed pending adoption and children of your domestic partner, if you also cover your domestic partner for the same benefit. Your children must be under 26 years of age.
- **Dependent Grandchildren:** Your unmarried grandchild must meet the requirements listed above and must also qualify as a dependent (as defined by the Internal Revenue Service) on your or your spouse's federal income tax return.
- **Disabled Children:** To continue City coverage for an eligible dependent past the age limit, the child must be covered as a dependent at the time and must also meet the following definitions:
 - ❖ A child is considered disabled if they are incapable of earning a living at the time the child would otherwise cease to be a dependent and depend on you for principal support and maintenance, due to a mental or physical disability.
 - ❖ A disabled child continues to be considered an eligible dependent as long as the child remains incapacitated and dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the time they otherwise would lose dependent status.
 - ❖ A dependent child who loses eligibility and later becomes disabled is not eligible for coverage. A disabled child who was not covered as a dependent immediately prior to the time the child would otherwise cease to be a dependent is not eligible for coverage.
 - ❖ A disabled child must rely on you for more than 50 percent of support.

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

Persons Not Eligible

Dependents do not include:

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

An individual is not eligible to be covered:

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



Mike Garza, PARD, using machinery to lift sections of a Pecan tree from the Barton Springs Pool area.

Dependent Documentation

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

Acceptable documents are listed below for the following dependents:

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

Coverage Information

Changing Coverage

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

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

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

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

Qualifying Life Events

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

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

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



Downtown morning.

Coverage Effective Dates

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

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

Coverage Ending Dates

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

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

Waiving Coverage

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

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

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

Premium Information

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

Premium Deduction Errors

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

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

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

Taxable Fringe

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



Michelle Adlong WPD, teaching elementary school students about the One Texas Center rain gardens.

Plan Choices

- Medical
 - ❖ Consumer Driven Health Plan with a Health Savings Account (CDHP w/HSA)
 - ❖ PPO
 - ❖ HMO
- Vision
- Dental
- Life Insurance
- Disability
- FLEXTRA
- Group Legal Plan



Iconic Austin mural at Roadhouse Relics on South First Street.

CDHP w/HSA, PPO and HMO Medical Plans



As an employee, you may choose the medical plan that best meets your needs. Provider and prescription information, along with a Cost Estimator tool, is available online at myuhc.com. Select UnitedHealthcare Choice Plus for the CDHP w/HSA or PPO. Select UnitedHealthcare Choice for the HMO.

Things to consider when choosing a medical plan:

- Premium costs for dependent coverage
- Amount of copays
- Amount of out-of-pocket expenses
- Future expenses and the predictability of inpatient hospital expenses

UnitedHealthcare Medical Rates

CDHP 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	\$ 125.68	\$ 251.35
Employee & Spouse or Domestic Partner	\$ 87.71	\$ 325.87	\$ 564.03
Employee & Children	\$ 43.50	\$ 262.33	\$ 481.16
Employee & Family or Domestic Partner & Children	\$ 201.72	\$ 489.01	\$ 776.29

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	\$ 5.00	\$ 106.31	\$ 298.77
Employee & Spouse or Domestic Partner	\$ 167.93	\$ 358.23	\$ 670.42
Employee & Children	\$ 123.71	\$ 293.76	\$ 572.56
Employee & Family or Domestic Partner & Children	\$ 281.93	\$ 529.91	\$ 922.71

HMO 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	\$ 10.00	\$ 111.31	\$ 316.79
Employee & Spouse or Domestic Partner	\$ 172.93	\$ 363.23	\$ 723.45
Employee & Children	\$ 128.71	\$ 298.76	\$ 617.71
Employee & Family or Domestic Partner & Children	\$ 286.93	\$ 534.21	\$ 995.56

CDHP w/HSA – Is it right for you?

The Consumer Driven Health Plan may be the right medical plan if:

- You are enrolled in Employee Only coverage and want to enroll in a free medical plan.
- You want to pay lower medical premiums for your dependents.
- You and your family rarely visit a doctor.
- You and your family are currently not on high-cost maintenance medication.

Benefits of the CDHP with a Health Savings Account:

1. 100 percent with no copay or deductible – preventive services such as annual physicals, well baby checks, well woman checks, mammograms and colonoscopies.
2. 100 percent with no copay or deductible – Affordable Care Act mandated prescriptions.
3. Health Savings Account (HSA) – when you enroll in the CDHP, you will be enrolled into an HSA through Optum Health Bank. The City will immediately fund the account with money you can use to pay for your out-of-pocket health care costs. You also can contribute money into this account by having pre-tax dollars deducted from your paycheck on a per pay period basis.
4. Optum Health Card – you will receive a card that you can use at the time of service to pay for your out-of-pocket costs.
5. At the end of the year, any money remaining in your account stays in your account. The unused money rolls over year after year.
6. Portable – once you retire or end your employment with the City, you keep the money in your account. This money can be used for future eligible medical expenses.
7. Receipts verification – no. However, you should retain receipts for your records.

The chart below highlights how much a family could potentially save if enrolled in the CDHP compared to the PPO.

CDHP Medical Plan		PPO Medical Plan	
Employee and Family premiums	\$4,841 a year	Employee and Family premiums	\$6,766 a year
Four primary care doctor visits	\$600 a year	Four primary care doctor visits	\$100 a year
Four prescriptions	\$600 a year	Four prescriptions	\$40 a year
Total employee paid for the year	\$6,041	Total paid medical expenses for the year	\$6,906
City's HSA contribution	\$1,000	City's HSA contribution	No City contribution
Net paid medical expenses for the year	\$5,041	Net paid medical expenses for the year	\$6,906

Health Savings Account Eligibility:

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

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

The charts below show the amounts the City will contribute into your HSA and the amount you can elect to have deducted from your paycheck on a before-tax basis into your HSA.

City contributions if enrolled between January 1 and June 30, 2016

	Full-time 30+ hours	Part-time 20 – 29 hours	Part-time Less than 20 hours
Employee Only	\$ 500	\$ 250	\$ 0
Employee & Dependents	\$ 1,000	\$ 500	\$ 0

City contributions if enrolled between July 1 and December 31, 2016

	Full-time 30+ hours	Part-time 20 – 29 hours	Part-time Less than 20 hours
Employee Only	\$ 250	\$ 125	\$ 0
Employee & Dependents	\$ 500	\$ 250	\$ 0

Employee per pay period contributions to the HSA

2016 HSA Contribution Limits	Employee Only Coverage	Employee & Dependents
Per pay period deduction (Based on 24 pay periods)	Up to \$118.75	Up to \$239.58

How the CDHP w/HSA Works:

1. Preventive service – the service is covered at 100 percent, no deductible.
2. Injury or illness – you will pay the discounted contracted medical rate. You can use the money the City has placed into your HSA to pay for this expense. If you are contributing to the HSA, you also can use this money to pay for the expense.
3. Calendar year deductible – once you have met your deductible, you will pay 20 percent of the cost of eligible covered services and facilities.
4. Out-of-pocket maximum – once you have met your maximum, the plan will pay 100 percent for doctor visits and prescriptions.

Example:

Jose works for AWU and is enrolled in the CDHP w/HSA, Employee and Children coverage. His 11 year-old daughter is not feeling well, and Jose takes her to the doctor. The cost of the visit is \$100, and he uses his Optum Health Bank debit card to pay for the \$100 office visit. He pays \$0 out-of-pocket because he uses the \$100, of the \$1,000 the City contributed to his HSA. This was the only expense he incurred in 2015. His HSA balance of \$900 will roll over to 2016. In addition, Jose saved \$2,045 in premiums because he enrolled in the CDHP plan.

How prescriptions work with the CDHP w/HSA:

1. If your prescription is on the Affordable Care Act mandated prescription list, you will pay nothing out of pocket. The prescription is covered at 100 percent, no deductible. To view the list, go to austintexas.gov/benefits.
2. If your prescription is on the Expanded Preventive Drug List, you will pay 20 percent of the cost, no deductible. You can use the money in your HSA to pay for this prescription.
3. If your prescription is on the 2016 Prescription Drug List, you will pay 100 percent of the cost. Once you meet your calendar year deductible, you will pay 20 percent. You can use the money in your HSA to pay for this prescription.

CDHP w/HSA Schedule of Benefits

Medical Benefits	Employee Only	Employee & Dependents	Employee Only	Employee & Dependents
	In-Network		Out-Of-Network	
Deductible	\$1,500	\$3,000	\$3,000	\$6,000
Preventive Services	Plan pays 100%.	Plan pays 100%.	Calendar year deductible applies. Plan pays 60%.	Calendar year deductible applies. Plan pays 60%.
Eligible Covered Services & Facilities	Calendar year deductible applies. Plan pays 80%.	Calendar year deductible applies. Plan pays 80%.	Calendar year deductible applies. Plan pays 60%.	Calendar year deductible applies. Plan pays 60%.
Out-of-Pocket Calendar Year Maximum	\$5,000	\$6,850	\$10,000	\$20,000

Vision Benefits	In-Network	Out-of-Network
Annual Routine Vision Exam	Calendar year deductible applies. Plan pays 80%.	Calendar year deductible applies. Plan pays 60%.
Annual Contact Lens Fitting Fee	Calendar year deductible applies. Plan pays 80%.	Calendar year deductible applies. Plan pays 60%.
Frames, Standard Lenses, and Contact Lenses	Preferred Pricing at participating private practices. Preferred Pricing discounts at participating retail chain providers.	Not available at private practices. Retail chain providers may offer a discount.

Prescription Benefits	Coverage
Affordable Care Act Mandated Prescriptions – found at austintexas.gov/benefits .	No Deductible. Plan pays 100%.
Expanded Preventive Drug List – found at austintexas.gov/benefits .	No Deductible. Plan pays 80%.
2016 Prescription Drug List – found at austintexas.gov/benefits .	Calendar year deductible applies. Plan pays 80%.



Seabrook Power Plant re-contruction project.

Differences between the CDHP Health Savings Account and the FLEXTRA Health Care Account:

	CDHP Health Savings Account	FLEXTRA Health Care Account
Does the City contribute money to this account?	Yes, the City's contributions are available immediately.	No.
Am I able to contribute money to this account?	Yes, your contributions are available as they are placed in your account each pay period.	Yes, your annual contributions are available immediately.
Will I be issued a debit card?	Yes.	Yes.
Is the account a "Use it or Lose it" account?	No, the City's and your unused contributions roll over each year. There is no deadline.	Yes, you must use your contributions by the IRS deadline.
Do I have to submit receipts?	No, but we recommend that you save your receipts for your records.	Yes, when requested.
Is this an interest bearing account?	Yes.	No.
Do my dependents who use this account have to be IRS dependents?	Yes.	Yes, grandchildren, domestic partner, and domestic partner children.
Only employees enrolled in the CDHP are eligible to open a Health Savings Account.		



Carla Johnson in the DWI Simulator at the annual Safety Fair.

HMO & PPO Schedule of Benefits

	HMO	PPO	
		In-Network	Out-of-Network
Individual Deductible	None.	\$500 per covered person, per calendar year.	\$1,500 per covered person, per calendar year.
Family Deductible Maximum	None.	Three individual deductibles.	Three individual deductibles.
Out-of-Pocket Maximum	\$4,000 per covered person or \$8,000 per family, per calendar year.	\$3,500 per covered person, per calendar year; \$12,700 per family, per calendar year.	\$12,000 per covered person, per calendar year.
Out-of-pocket maximums for both the HMO and PPO include medical and prescription copay, deductible and coinsurance amounts.			
Lifetime Maximum	Unlimited.	Unlimited.	Unlimited.
Maximum Allowable Charge	The maximum allowable charge is the maximum fee for a particular service or supply that the Plan will consider eligible for payment.	The maximum allowable charge is the maximum fee for a particular service or supply that the Plan will consider eligible for payment. In the case of out-of-network benefits, the covered person may be responsible for paying charges in excess of the maximum allowable charge in addition to any deductible, coinsurance, copay, or facility fee required by the Plan.	
Selection of Doctor	Members must select an in-network doctor.	Members select an in-network doctor.	Members select an out-of-network doctor.
Service Locations	Services are provided at in-network doctors' offices, hospitals, and other facilities. If a required service is not available in-network, pre-approval is required.	Services are provided at in-network doctors' offices, hospitals, and other facilities. If a required service is not available in-network, pre-approval is required; otherwise, the service will be paid as an out-of-network expense.	Services are provided in out-of-network doctors' offices, hospitals, and other facilities.
Residency Requirements	Must live or work in the service area (Bastrop, Blanco, Burnet, Caldwell, Hays, Travis and Williamson counties). Children for whom you have been court-ordered to provide medical support are not required to live in the service area.	None. UnitedHealthcare is a national network; contact UnitedHealthcare directly for a list of doctors and/or facilities in your area.	None.
Out-of-Network Benefits	None, except in case of a medical emergency.	\$1,500 deductible. Plan pays 60%, up to maximum allowable charge. Out-of-network benefits are subject to in-network benefit plan limits and pre-approval and pre-notification requirements. In addition to the above, Outpatient Surgical Facilities and Inpatient Hospital Services are subject to a \$250 per day facility fee.	

HMO & PPO Schedule of Benefits

	HMO	PPO – In-Network
Preventive Exams	Plan pays 100%, no copay.	Plan pays 100%, no copay.
Doctor's Charges for Office Visits and Virtual Visits	\$25 Primary Care Physician copay per visit. \$45 Specialist copay per visit.	\$25 Primary Care Physician copay per visit. \$35 Specialist copay per visit.
Doctor's Charges for Office Visits (Premium Designated Provider - Tier 1)	\$15 Primary Care Physician copay per visit. \$35 Specialist copay per visit.	\$15 Primary Care Physician copay per visit. \$25 Specialist copay per visit.
Doctor's Charges for Maternity Office Visits	\$25 copay for first office visit. Plan pays 100% thereafter.	\$25 copay for first office visit. Calendar year deductible applies. Plan pays 80%.
Urgent Care and Non-Hospital Minor Emergency Centers	\$45 copay per visit.	\$35 copay per visit.
Convenience Care Clinics	\$25 copay per visit.	\$25 copay per visit.
Outpatient Surgery	\$1,000 copay.	Calendar year deductible applies. Plan pays 80%.
Hospital Inpatient	\$1,500 copay per confinement. Limited to semi-private room rate. Pre-notification is required unless hospitalization is the result of an emergency.	Calendar year deductible applies. Plan pays 80%. Limited to semi-private room rate. Pre-notification is required unless hospitalization is the result of an emergency.
Hospital Emergency Room Services	\$200 copay per visit.	\$150 copay per visit.
Ambulance Service	\$100 copay.	Calendar year deductible applies. Plan pays 80%.
Allergy and Other Covered Injections	Allergy injections are covered at 50%. Plan pays 50% for allergy testing and serum. Plan pays 100% for all other injections. If charged for an office visit, office visit copays apply.	Allergy injections are covered at 100%. Plan pays 100% for allergy testing and serum. If charged for an office visit, office visit copays apply.
Immunizations	Plan pays 100%. If charged for an office visit, office visit copays apply.	Plan pays 100%. If charged for an office visit, office visit copays apply.
Physical and Occupational Therapy	\$45 copay per visit.	\$35 copay per visit.
Chiropractic Care	\$45 copay per visit. Limited to 20 visits per covered person, per calendar year.	\$35 copay per visit. Limited to 20 visits per covered person, per calendar year.
Speech Therapy	\$45 copay per visit. Limited to rehabilitative speech therapy.	\$35 copay per visit.
Registered Dietitian	\$45 copay per visit.	\$35 copay per visit.
Acupuncture	Not covered.	\$35 copay per visit. Limited to 12 visits per covered person, per calendar year.

HMO & PPO Schedule of Benefits

	HMO	PPO – In-Network
Outpatient Diagnostic X-Ray and Laboratory	Plan pays 100%.	Plan pays 100%.
CT, MRI, PET Scans	\$100 copay. Pre-notification required.	\$100 copay. Pre-notification required.
Mental Health Care Outpatient	\$25 copay per visit.	\$25 copay per visit.
Mental Health Care Inpatient	\$1,500 copay per confinement. Pre-notification required.	Calendar year deductible applies. Plan pays 80% per calendar year. Pre-notification required.
Chemical Dependency	\$1,500 copay per confinement. Pre-notification required.	Calendar year deductible applies. Plan pays 80% per calendar year. Pre-notification required.
Extended Care Skilled Nursing Facility	\$25 copay per day. Limited to 30 days per covered person, per calendar year. Pre-notification required.	Calendar year deductible applies. Plan pays 80%. Limited to 60 days per covered person, per calendar year. Pre-notification required.
Home Health Care	\$30 copay per visit.	Plan pays 100%. Limited to 120 visits per covered person, per calendar year.
Hospice Care	Plan pays 100%. Limited to 50 visits per person, per calendar year. Pre-notification required.	Plan pays 100%. Pre-notification required.
Durable Medical Equipment	Plan pays 100%. Pre-notification required for any item over \$1,000.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over \$1,000.
Disposable Medical Supplies	Plan pays 80%. Pre-notification required for any item over \$1,000.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over \$1,000.
Breast Pumps	Plan pays 100%.	Plan pays 100%. No coverage for out-of-network providers.
Prosthetic-Orthotic Devices	Plan pays 80%. Pre-notification required for any item over \$1,000.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over \$1,000.
Diabetic Equipment Insulin pumps and related supplies	Plan pays 80%. Pre-notification required for any item over \$1,000.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over \$1,000.
Diabetic Supplies At a durable medical equipment provider	Plan pays 80%.	Calendar year deductible applies. Plan pays 80%.
Diabetic Counseling	Plan pays 100%.	Plan pays 100%.
Other Covered Medical Expenses	Refer to your Medical Plan Document or contact UnitedHealthcare.	

HMO & PPO Vision Benefits

	Routine Vision Network	HMO/PPO In-Network
Annual Routine Vision Exam	\$25 copay for routine vision exam including contact lens fitting. Members must use the Routine Vision Network.	\$45 copay Choice (HMO). \$35 copay Choice Plus (PPO).
Annual Contact Lens Fitting Fee	Amount charged is due at time service is rendered. Submit a vision claim form for 100% reimbursement of contact lens fitting fee.	Included in annual routine vision exam copay.
Frames, Standard Lenses and Contact Lenses	Preferred Pricing at participating private practices. Preferred Pricing discounts at participating retail chain providers.	Not available at private practices. Retail chain providers may offer a discount.



Sharon Griffin, AFD, standing beside Engine Four at Station Four. Station Four on Blanco Street is the oldest continuously occupied station the City.

HMO & PPO Prescription Benefits

	HMO		PPO	
	Retail Pharmacy (limited to a 31-day supply)	Mail Order Pharmacy (limited to a 90-day supply)	Retail Pharmacy (limited to a 31-day supply)	Mail Order Pharmacy (limited to a 90-day supply)
Tier 1	\$10	\$ 30	\$10	\$ 20
Tier 2	\$35 copay, or 20% of the cost, with a \$70 maximum copay.	\$105 copay, or 20% of the cost, with a \$210 maximum copay.	\$30 copay, or 20% of the cost, with a \$60 maximum copay.	\$60 copay, or 20% of the cost, with a \$120 maximum copay.
Tier 3	\$55 copay, or 20% of the cost, with a \$110 maximum copay.	\$165 copay, or 20% of the cost, with a \$330 maximum copay.	\$50 copay, or 20% of the cost, with a \$100 maximum copay.	\$100 copay, or 20% of the cost, with a \$200 maximum copay.

A \$50 deductible will apply for Tier 2 & Tier 3 prescription drugs per covered person. Once the deductible is met, the copays listed above apply.

Applies to the CDHP w/HSA, HMO and PPO

Diabetic Supplies (see also Diabetic Equipment)	
Retail Pharmacy	Supplies are covered at a participating pharmacy.
Mail Order Pharmacy	A participant's insulin/non-insulin medication and related diabetic supplies can be purchased through mail order for the cost of the insulin/non-insulin if prescriptions for the insulin/non-insulin and supplies are submitted at the same time.

Diabetes Program/Drugs
<p>A participant can receive Tier 1 diabetes medication and supplies at no cost, if the participant:</p> <ul style="list-style-type: none"> • Is covered under a City medical plan. • Completes requirements of the HealthyConnections Diabetes Program. • Is 18 years of age or older. <p>The benefit of receiving Tier 1 diabetes medication and supplies at no cost is ongoing as long as the individual stays enrolled in the program and continues to meet program requirements. Tier 2 and Tier 3 prescriptions and supplies will be applied to the copays listed above.</p> <p>This benefit does not include medications prescribed for related issues – such as high blood pressure and cholesterol – and it does not include durable medical equipment such as continuous glucose monitors. However, supplies for the continuous glucose monitors are covered if obtained through a retail pharmacy provider.</p>

Tobacco Cessation Program/Drugs
<p>A participant can receive FDA approved tobacco cessation drugs at no cost, if the participant:</p> <ul style="list-style-type: none"> • Is covered under a City medical plan. • Completes requirements of the HealthyConnections Tobacco Cessation Program. • Is 18 years of age or older. • Obtains a prescription from his or her physician. <p>This applies to prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.</p>

New Medical Programs



Premium Designated Providers – Using Premium Designated Providers will reduce PPO and HMO copays for primary care physicians and specialists by \$10. CDHP participants will pay lower overall amounts for primary care physicians and specialist charges. Participants who use these providers have lower overall net paid costs, fewer emergency room visits and inpatient days. Providers must meet UnitedHealthcare criteria based on quality and cost efficiency.

UnitedHealthcare developed the UnitedHealth Premium® designation program to recognize physicians who meet quality and cost efficient care guidelines. The program uses national industry standards to evaluate for quality and local market benchmarks for cost efficiency across 27 medical specialties, including family practice, internal medicine, pediatrics, cardiology and orthopedics.

Spine and Joint Program – Participants receive access to care teams that qualify for UnitedHealthcare’s orthopedic Center of Excellence designation. Care teams include a network of surgeons, hospitals and surgery facilities. The Spine and Joint Solution Program provides employees and their dependents access to Centers of Excellence surgical facilities. They provide experienced surgeons for spine fusion surgery, spine disc surgery, total hip replacement and total knee replacement. Participants also receive support from a dedicated nurse.

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

- Find the right doctor for you.
- Explore your treatment options.
- Help you manage symptoms and side effects.
- Explain your medications.
- Work with your doctors to make sure all your questions are answered.
- Talk to your spouse, family, children and employer.
- Keep your doctors informed about how you’re feeling.

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

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

Maternity Program – Provides 100 percent outreach for every pregnancy, offering guidance on preventive care, early risk detection and education. Personalized support is offered for each participant’s unique experience. If you’re thinking about having a baby, or you already have one on the way, the Maternity Support Program can help. Enroll and get access to an experienced maternity nurse who can:

- Answer your questions on everything from pre-conception health to newborn care.
- Offer support throughout pregnancy and after birth.
- Provide specialized resources if your pregnancy is considered high-risk to help you stay healthy and prevent premature birth.

Applied Behavior Analysis Program – Participants can receive up to 680 hours of intervention each year after being diagnosed with autism. Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory.

Medical and Pharmacy Necessity Program – Management of medical clinical effectiveness, appropriateness and cost effectiveness for treated condition and severity. Duration of medication usage is also reviewed.

Transgender Reassignment Surgery – Procedures to physically change an individual’s gender from male to female, or female to male. Lifetime maximum of \$75,000.

How To Use Mail Order

Each medical plan has a mail order prescription drug benefit that offers home delivery and, in some instances, can save you money. Generally, these programs are designed to cover drugs used to treat chronic conditions or medications taken for more than 31 days.

To begin using mail order:

- Have your doctor write a prescription for a 90-day supply of your medication (ask for three refills).
- Complete the mail order form and attach your prescription.
- Provide a check or credit card information.
- Mail this information to the medical plan's mail order pharmacy.

Within seven to 14 days, your prescription will be delivered to you, postage paid.

- **CDHP w/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. You can use your Optum Health Bank debit card to pay for your out-of-pocket expenses. If you have not met your in-network deductible, you will pay 100 percent of the cost. If the prescription is for a preventive care medication listed on the Expanded Preventive Drug List, no deductible is required and you will only pay 20 percent of the cost.
- **PPO** participants receive 90 days of medication for *two* copays/coinsurance.
- **HMO** participants receive 90 days of medication for *three* copays/coinsurance.

If your doctor allows you to take a generic drug, this should be indicated on the prescription. The mail order pharmacy will then fill your prescription using a generic form of your medication, if available. Three weeks before your mail order supply runs out, you will need to request a refill.

For additional information, go to myuhc.com or call UnitedHealthcare at 800-430-7316.

Diabetic Bundling – What Your Medical Plan Does for You

Participants who are required to take insulin/non-insulin medication can realize significant savings if they utilize the mail order service offered through UnitedHealthcare. If participants submit their 90-day prescriptions through the mail order program, they will pay the following:

- **CDHP w/HSA** participants will pay 20 percent of the cost once the in-network deductible is met. You can use your Optum Health Bank debit card to pay for your out-of-pocket expenses. If you have not met your in-network deductible, you will pay 100 percent of the cost.
- **PPO** participants will pay *two* copays/coinsurance for a 90-day prescription.
- **HMO** participants will pay *three* copays/coinsurance for a 90-day prescription.

The copay incurred is for the insulin/non-insulin prescription only; the other supplies (lancets and test strips) are included at no cost to you.

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



Early morning swimmer and lifeguard at Barton Springs Pool.

Vision Plan



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

To view benefits and locate a provider, go to davisvision.com or call 888-445-2290.

For non-members, click on **Member** and enter **2481** for client code.

Plan Coverage

Covered Service – In-network benefits (limited out-of-network benefits are available).			
Comprehensive Eye Exam – \$10 copay, one exam per calendar year.			
Frames – Once per calendar year in lieu of contact lenses. Up to \$125 retail allowance toward provider-supplied frame plus 20% off cost exceeding the allowance.* Up to \$175 retail allowance if purchased at Vision Works. <p style="text-align: center;">OR</p> Any Fashion or Designer frame from Davis Vision’s exclusive Collection (with retail values up to \$175), covered in full . <p style="text-align: center;">OR</p> Any Premier frame from Davis Vision’s exclusive Collection (with retail values up to \$225), covered in full after an additional \$25 copay. One year eyeglass breakage warranty included at no additional cost.		Contacts – Once per calendar year in lieu of frames. Up to \$120 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance.* Standard Contacts – Evaluation, fitting fees, and follow-up care; \$25 copay applies. Specialty Contacts – Evaluation, fitting fees, and follow-up care, up to a \$60 allowance plus 15% off cost exceeding allowance*. \$25 copay applies. <p style="text-align: center;">OR</p> Davis Vision Collection contact lenses, evaluation, fitting fees, and follow-up care, covered in full after \$25 copay. (Up to 4 boxes of disposable lenses.) <p style="text-align: center;">OR</p> Medically necessary with prior approval, covered in full .	
Standard Eyeglass Lenses – Single, bifocals, trifocals, lenticular, and standard scratch coating. \$25 copay, once per calendar year. Polycarbonate lenses for children are covered in full up to age 19.			
Lens Options	Copay	Lens Options	Copay
Standard progressive addition lenses	\$50	Premium AR Coating	\$48
Premium progressives (i.e. Varilux, etc.)	\$90	Ultra AR coating	\$60
Intermediate-vision lenses	\$30	High-index lenses	\$55
Blended-segment lenses	\$20	Polarized lenses	\$75
Ultraviolet coating	\$12	Glass photochromic lenses	\$20
Standard anti-reflective (AR) coating	\$35	Plastic photosensitive lenses	\$65
* Additional Discounts – Not available at Wal-Mart or Sam's Club.			

Davis Vision Rates – Per Pay Period

Employee Only	\$ 2.24
Employee & Spouse or Domestic Partner	\$ 4.44
Employee & Children	\$ 4.36
Employee & Family or Domestic Partner & Children	\$ 6.64

Dental Assistance Plan

This plan allows you to choose your own dentist. Covered benefits are indicated by dental codes. A fixed fee schedule indicates the maximum amount paid per code. For detailed information, refer to the Employee Dental Assistance Plan Document online at austintexas.gov/benefits or call Erisa at 512-250-9397. To view claims activity, go to coadentalplan.com.

Plan Coverage

Preventive Care	No Deductible
\$50 Calendar Year Deductible, per covered person	
Basic Care	Deductible applies
Major Care	Deductible applies
Calendar Year Maximum <i>Includes Orthodontia expenses</i>	\$2,000 per covered person
Lifetime Orthodontia Maximum Orthodontia Treatment	\$2,000 per covered person Covered at 50% of Maximum Allowable Charge Deductible applies
Night guard, splints, implants and over dentures	Not Covered

Orthodontia Treatment

Expenses are paid only as the work progresses. Receipts are submitted for reimbursement after you receive them from your dentist at each visit. Orthodontia benefits paid by the plan are applied toward the calendar year maximum.

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

Dental Rates – Per Pay Period

	Full-time 30+ Hours per week	Part-time 20 – 29 Hours per week	Part-time Less than 20 Hours per week
Employee Only	\$ 0.00	\$ 5.85	\$ 20.69
Employee & Spouse or Domestic Partner	\$ 23.43	\$ 28.07	\$ 57.96
Employee & Children	\$ 23.43	\$ 28.07	\$ 57.96
Employee & Family or Domestic Partner & Children	\$ 23.43	\$ 28.07	\$ 57.96

Group Term Life Insurance

Basic Life Insurance

Provided at no cost for full-time employees. You receive one times your base annual salary with a minimum coverage of \$20,000. 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 next closest \$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.

The City allows you to choose to have eligible Supplemental Life Insurance premiums deducted from your pay on a before- or after-tax basis. To do so, you must indicate this choice on your Benefits Enrollment Form.

To calculate your rates, complete the Supplemental Life Insurance Worksheet at the end of the Life Insurance section.

Choosing a Beneficiary

In the event of your death, life insurance benefits are paid to your eligible named beneficiary or beneficiaries. The City provides a Beneficiary Designation Form for this purpose. This form covers your Basic Life, Supplemental, and your final paycheck. Unless prohibited by law, your life insurance benefits will be distributed as you indicated on your Beneficiary Designation Form. 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.

Your Beneficiary Designation Form

You can review and change your Beneficiary Designation Form any time during the year. It is important that you keep this form current so that the person or persons you want to receive your benefits are listed. To review your beneficiary information, you must visit the Employee Benefits Division of the Human Resources Department and bring a photo ID. You can complete a new form at your department's Human Resources office or at the Employee Benefits Division.

Other Beneficiary Designation Forms

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

- City of Austin Employees' Retirement System (COAERS) participants should call COAERS at [512-458-2551](tel:512-458-2551).
- Sworn employees with the Police Retirement System should complete a Police Beneficiary Designation Form.
- If you participate in the Deferred Compensation Plan, you can designate a beneficiary online at dcaustin.com.

City of Austin Beneficiary Designation Forms and Police Beneficiary Designation Forms are not available online. Forms are available from your department's HR representative or at the Employee Benefits Division.

Imputed Income (I50)

The IRS requires the City to withhold taxes on the value of employer-provided 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, but 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, go to the premium table at irs.gov.

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.

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%

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

An additional 10 percent of the full amount of 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.

The AD&D Benefit has some limitations and exclusions. Contact the Employee Benefits Division for the list of exclusions.

Waiver of Premium

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

The application process must be completed within one year of your last day actively at work. To apply for a Waiver of Premium, contact the Employee Benefits Division.

To qualify for Waiver of Premium, you must submit written proof of your total and permanent disability to the insurance carrier. If approved, you will not be charged a premium. The insurance carrier may periodically require you to submit proof of your continuing disability.

Accelerated Death Benefit

If you are terminally ill, the life insurance carrier offers an accelerated death benefit that allows you to receive part of your life insurance money prior to your death.

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

Accelerated benefits are payable only once during your lifetime. Some exclusions apply. Refer to the appropriate life insurance certificates for additional information. Accelerated benefits do not apply to Dependent Life Insurance.

Filing a Life Insurance Claim

When you or your covered dependent dies, a life insurance claim must be filed with the Employee Benefits Division and the appropriate documents submitted:

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

Your Right to Convert

The Basic and Supplemental Life Insurance that you have as an employee and the Dependent Life Insurance coverage on your eligible dependents 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, contact 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. 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

Remember to update your Beneficiary Designation Form when you experience a qualifying life event.



Jess Brown, PWD, teaching Joe Salazar, WPD, grading techniques using the heavy equipment simulator.

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 go to austintexas.gov/benefits.

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

$$\underline{\hspace{2cm}} \text{ Hour Work Week} \times 52 \text{ weeks} = \underline{\hspace{2cm}} \text{ Hours} \times \$ \frac{\underline{\hspace{2cm}}}{\text{Hourly Rate}} = \$ \underline{\hspace{2cm}} \text{ Base Annual Salary}$$

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.

$$\$ \frac{\underline{\hspace{2cm}}}{\text{Base Annual Salary}} \times 1, 2, 3, \text{ or } 4 = \$ \underline{\hspace{2cm}} \text{ Supplemental Life Amount}$$

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

$$\$ \frac{\underline{\hspace{2cm}}}{\text{Supplemental Life Amount}} \div 1,000 = \underline{\hspace{2cm}} \text{ Number of \$1,000 Units}$$

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.

$$\underline{\hspace{2cm}} \text{ Number of \$1,000 Units} \times \$ \frac{\underline{\hspace{2cm}}}{\text{Cost per \$1,000}} = \$ \underline{\hspace{2cm}} \text{ Pay Period Cost}$$

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 by illness, injury, or pregnancy from performing the essential duties of your occupation.

Benefit Amount

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

Coverage Period

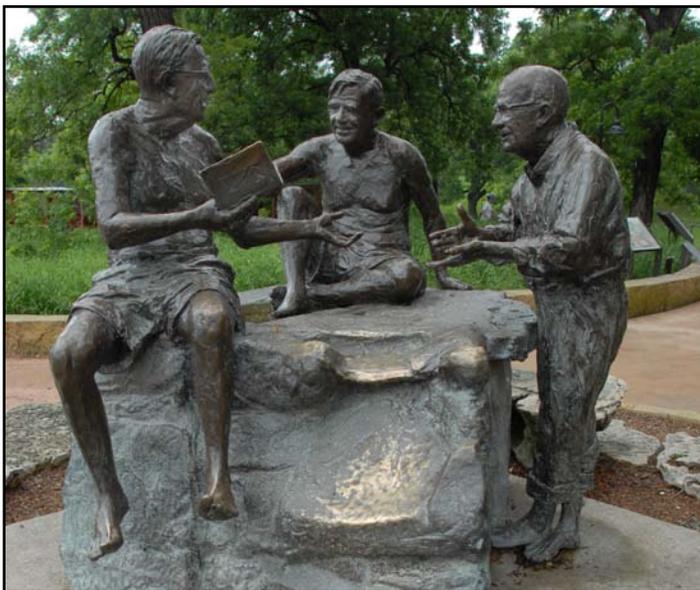
You must satisfy a 30-day waiting period. During the waiting period you may use paid leave, but you must be off work continuously for 30 days. Benefits are payable on the 31st day, up to 60 days.

Reduction in Benefits

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

Filing a Claim

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



Philosopher's Rock at Barton Springs Pool.

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:

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

For information on additional exclusions and limitations, refer to the Certificate of Coverage. If you have another STD policy, check with your insurance carrier or agent to determine whether its benefits are affected by the City's STD program.

Long Term Disability (LTD)

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

Definition of Disability

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

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

Benefit Amount

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

Coverage Period

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

Reduction in Benefits

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

Filing a Claim

You must file a claim with the Employee Benefits Division within 180 days of your disability date. The Employee Benefits staff will assist you with the application process. The insurance carrier determines whether the claim is approved or denied and notifies you of the determination 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 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 or older	12 months

Exclusions and Limitations

LTD coverage has the following exclusions and limitations:

- Is due to an intentionally self-inflicted injury.
- Is due to war or any act of war (declared or not declared).
- Results from your commission of or attempt to commit a felony or your engagement in an illegal occupation.
- Is not under the ongoing care of a physician.
- Is a pre-existing conditions.
- 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 Certificate of Coverage. 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 go to: <http://cityspace>. Click on **Employee Benefits** and scroll down to **Disability Programs**. You can also go to austintexas.gov/benefits.

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

$$\underline{\hspace{2cm}} \text{ Hour Work Week} \times 52 \text{ weeks} = \underline{\hspace{2cm}} \text{ Hours} \times \$ \frac{\underline{\hspace{2cm}}}{\text{Hourly Rate}} = \$ \frac{\underline{\hspace{2cm}}}{\text{Base Annual Salary}}$$

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

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

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.

$$\frac{\$ \underline{\hspace{2cm}}}{\text{Number of \$100 Units}} \times \$ \frac{\underline{\hspace{2cm}}}{\text{Cost per \$100}} = \$ \frac{\underline{\hspace{2cm}}}{\text{Annual Cost}}$$

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.

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

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

FLEXTRA

FLEXTRA helps you keep more of your pay by reducing the amount of federal taxes deducted. Participating in FLEXTRA allows you to pay for certain expenses on a before-tax basis. These include childcare expenses and most out-of-pocket medical, prescription, dental and vision care expenses.

FLEXTRA accounts are regulated by IRS code Section 125 and administered by Erisa for the City of Austin. You may choose to participate in one or both of these accounts:

- FLEXTRA Health Care Account
- FLEXTRA Dependent Care Account

To view account activity balances and submit a claim form, go to coaflextra.com.

IMPORTANT NOTE

CDHP w/HSA participants are not eligible to enroll in FLEXTRA Health Care. You can contribute pre-tax money to pay for eligible medical, prescription, dental and vision expenses through your HSA.

Use it or Lose It

Estimate the money you put aside in your FLEXTRA accounts carefully. Money for eligible expenses not claimed by the deadlines listed below will be forfeited.

Deadlines to Remember

- March 15, 2017 to incur eligible IRS expenses.
- May 31, 2017 to submit claims for reimbursement from your 2016 accounts.

FLEXTRA Health Care Account

You can use your FLEXTRA Health Care Account to pay for eligible medical, prescription, dental and vision care expenses.

To participate, you:

- Estimate your out-of-pocket expenses for the calendar year using the FLEXTRA Health Care Worksheet at the end of the FLEXTRA section. If you enroll mid-year, estimate your expenses for the eligible pay periods remaining for the calendar year.
- Choose the amount to be deducted from your paycheck (up to \$106 per pay period based on 24 pay periods per year, with a maximum of \$2,544).

Examples of **Eligible Expenses** include, but are not limited to:

- Copays, deductible and coinsurance amounts, and facility fees.
- Expenses for hearing aids.
- IRS approved over-the-counter drugs (must have a prescription from your physician).
- Medical and dental expenses in excess of the Maximum Allowable Charge or Plan limits.
- Vision care expenses (exams, glasses, contact lenses and vision correction surgery).

Examples of expenses that **cannot** be reimbursed through the FLEXTRA Health Care Account include, but are not limited to:

- Premiums for health coverage.
- Expenses reimbursed by any other plan or policy.
- Expenses for vitamins and cosmetics.
- Cosmetic surgery.
- Over-the-counter drugs without a prescription.
- Expenses incurred before your effective date or after your term date.

For a complete list of eligible expenses, call Erisa at [512-250-9397](tel:512-250-9397) or go to coaflextra.com.

Use the FLEXTRA Health Care Benefits Card for Added Convenience

When you enroll in the FLEXTRA Health Care Account, you will receive a FLEXTRA Health Care Benefits Card to pay for eligible expenses. Your account will be credited with the total amount you have elected for the year. When you use your card, approved expenses are automatically deducted from your FLEXTRA Health Care Account. You can always review your card balance at coaflextra.com.

The advantages of using the card are listed below:

- Instant access to your Health Care Account funds.
- No need to use out-of-pocket dollars.
- No claims to file.
- No waiting for reimbursement checks.



FLEXTRA Health Care Benefits Card

Here's How it Works:

- Use your card to pay for eligible expenses anywhere MasterCard is accepted.
- **Keep your receipts** to verify the expense is eligible.
- If you present your card for payment and have exceeded the amount you set aside for the year, use of the card will be denied.
- You cannot use your card for over-the-counter drugs.

You May File a Claim

You may choose not to use your benefits card and instead file claims for reimbursement; it's your choice. To do so, complete a FLEXTRA Health Care claim form and submit the form along with your paid receipts or Explanation of Benefits directly to Erisa. Claims for eligible over-the-counter drugs must be sent to Erisa along with your physician's prescription.

FLEXTRA Health Care Carryover

If you have money left in your account from the previous year, you may use your card to pay for out-of-pocket expenses incurred before March 15, 2017. You may also pay for these expenses at the point of service, and then submit a paper claim by May 31, 2017, along with your receipts to Erisa for reimbursement, indicating the year for which it applies.

A Real Life Example of the FLEXTRA Health Care Account

Neil needs dental surgery in February 2016. After the dental plan pays its portion, Neil will owe \$1,200.

During Open Enrollment, Neil decided to have \$50 per pay period put into his FLEXTRA Health Care Account on a pre-tax basis. There are 24 benefits deductions taken during the calendar year (24 pay periods x \$50 = \$1,200). Then \$1,200 is placed in Neil's FLEXTRA Health Care Account on January 1, 2016, even though the money hasn't yet been deducted from Neil's biweekly paychecks.

When Neil has surgery in February, he uses his card to pay his portion of the bill (\$1,200). Each pay period, Neil will see a \$50 deduction taken from his paycheck. Neil is reimbursing his FLEXTRA Health Care Account for the \$1,200.

By participating in the FLEXTRA Health Care Account, Neil paid for his surgery with money that was not taxed. In addition, Neil did not have to pay his portion of the bill (\$1,200) out of his pocket.

Employees are often under the impression that all "medical expenses" can be deducted from their individual tax return. Generally, that is not the case. The expenses that can be deducted on the tax return are those expenses that exceed 10 percent of your adjusted gross income.

FLEXTRA Health Care Account Worksheet

Use this worksheet to estimate your out-of-pocket expenses for the year (January 1, 2016 to December 31, 2016). Some common FLEXTRA Health Care expenses are listed below. For more information, go to 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: <i>Maximum deduction is \$106 per pay period (cannot exceed \$2,544).</i>			\$



Virgilio Raza, PARD, preparing Kreig Field for the City Olympics.

FLEXTRA Reimbursement Tips

1. Receipts: Whether you (or a family member) choose to use the FLEXTRA Health Care Benefits Card or file claims, always keep your receipts and save copies of the medical plan's Explanation of Benefits.
2. Orthodontia expenses: The amounts reimbursable for orthodontia expenses are determined as claims are incurred throughout the course of treatment. The amount reimbursable through FLEXTRA 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.
3. Remember that FLEXTRA is a "use it or lose it" benefit. Carefully estimate your expenses before deciding on a deduction amount.

FLEXTRA Dependent Care Account

If you pay for day care or after school care, consider enrolling in the City's FLEXTRA Dependent Care Account. Why not **save** income taxes on your childcare expenses? A Dependent Care Account usually will save you more in taxes than the Federal Tax Credit; however, it depends on your income. You can view and submit claims at coaflextra.com.

Your child must be under age 13, unless physically or mentally incapable of self-care, and spend at least eight hours a day in your home.

Dependent care must be used to enable you, or if you are married, you and your spouse, to be gainfully employed or to attend school full-time. Generally, your spouse must have earnings from employment that are at least equal to the amount you contribute to the FLEXTRA Dependent Care Account.

Example of how the FLEXTRA Dependent Care Account works:

Susan's gross pay is \$1,000 per pay period. In her Dependent Care Account, she sets aside \$4,800 per year (\$200 per paycheck, based on 24 pay periods annually) for childcare expenses.

This example shows how being enrolled in FLEXTRA Dependent Care makes it possible for Susan to take home more money by reducing her taxable income.

Per Pay Period	Paycheck With FLEXTRA Dependent Care	Paycheck Without FLEXTRA Dependent Care
Gross Pay	\$ 1,000.00	\$ 1,000.00
Dependent Care expenses deducted before taxes	\$ - 200.00	\$ 0.00
Taxable Pay	\$ 800.00	\$ 1,000.00
Social Security/Medicare at 7.65% of taxable pay	\$ - 61.20	\$ - 76.50
Income Tax at 15% tax bracket	\$ - 120.00	\$ - 150.00
After-Tax Pay	\$ 618.80	\$ 773.50
Paying for Dependent Care after taxes	\$ 0.00	\$ 200.00
Take Home Pay	\$ 618.80	\$ 573.50

If you participate in the FLEXTRA Dependent Care Account:

1. Estimate your out-of-pocket dependent care expenses for the calendar year using the Dependent Care Worksheet on the following page.
2. Choose the amount to be deducted from your pay, up to \$208 per pay period, based on 24 pay periods per year. If you enroll mid-year, estimate your expenses for the eligible pay periods remaining for the calendar year.
3. Incur eligible IRS expenses. You may submit claims for babysitters, companions, or day care centers as allowed by the IRS. Your claim must include the name, address, and Social Security Number or Tax ID number of the childcare provider.
4. Submit a FLEXTRA Dependent Care claim form and a copy of your paid receipts directly to Erisa. You may not claim expenses paid to a relative claimed on your or your spouse's federal tax return, or who is your child or stepchild and is under age 19, at the end of the tax year.
5. Receive reimbursement. Checks are mailed to you on a weekly basis for the amount of your eligible expenses, up to the current balance in your account. If your expenses are greater than the balance in your account, you will receive additional reimbursements as more before-tax dollars are placed in your account.

If you have any questions, call Erisa at [512-250-9397](tel:512-250-9397).

FLEXTRA Dependent Care Account Worksheet

Use this worksheet to estimate your expenses for the year (January 1, 2016 to December 31, 2016). Some common FLEXTRA Dependent Care expenses are listed below. For more information go to 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



Children playing in the Liz Carpenter fountain at Butler Park.

FLEXTRA and the City's Childcare Programs

If you participate in both the FLEXTRA Dependent Care Account 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 FLEXTRA 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](tel:512-974-3284).

FLEXTRA Additional Information

If you do not participate in Open Enrollment, your annual elections will continue for the following year.

Enrolling In or Changing Your FLEXTRA Accounts

You can enroll or make changes to your FLEXTRA accounts for the following three instances:

1. As a new employee.
2. During Open Enrollment.
3. Within 31 days of a qualifying life event.

Examples of qualifying life events are:

- Marriage or divorce.
- Birth or adoption of a child.
- Death of a spouse or child.
- Beginning or end of spouse's employment.
- Changes to your childcare.
- Reduction in hours worked, which affects eligibility for benefits.

Leaving City Employment

FLEXTRA Health Care Account

If you terminate employment with the City, you will have until May 31, 2017 to submit claims to Erisa for expenses that were incurred while you were employed with the City and contributed to your FLEXTRA Health Care Account.

If you have money remaining in your FLEXTRA Health Care Account, you may continue your participation through COBRA. For more information call Erisa, the City's COBRA Administrator, at [512-250-9397](tel:512-250-9397).

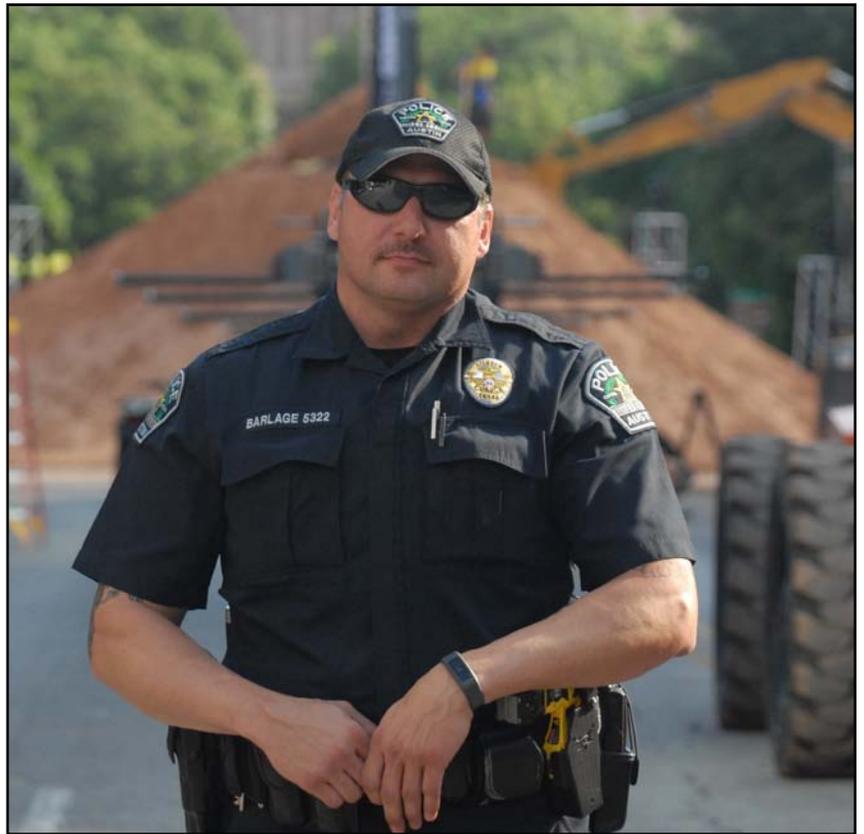
FLEXTRA Dependent Care Account

If you terminate employment with the City, you will have until March 15, 2017 to incur expenses and submit claims to Erisa by May 31, 2017 to receive reimbursement for funds accrued in your FLEXTRA Dependent Care Account.

Call Erisa at [512-250-9397](tel:512-250-9397) for more information on your FLEXTRA Accounts.

FLEXTRA Health Care and Dependent Care Review

1. FLEXTRA is governed by and must comply with the rules of the IRS.
2. FLEXTRA accounts do not result in tax savings for everyone. You should discuss with a tax advisor or obtain information from the IRS. Go to irs.gov.
3. You may continue contributions to your FLEXTRA Health Care Account through COBRA.
4. You may only make changes to your FLEXTRA accounts within 31 days of an IRS permitted change or during Open Enrollment.
5. You may set aside up to \$106 per pay period for FLEXTRA Health Care.
6. You may set aside up to \$208 per pay period for FLEXTRA Dependent Care.
7. **USE IT OR LOSE IT.** You have until March 15, 2017 to incur expenses and until May 31, 2017 to submit claims for reimbursement from your 2016 accounts.
8. Dependents must be eligible under IRS Code, Section 125.



John Barlage, APD Special Events officer, patrolling at the set up of the 2015 X Games downtown.

Group Legal Plan

ARAG offers affordable legal resources, services and representation to help employees plan for, protect against, and resolve legal issues. Visit araglegalcenter.com and enter access code **17886COA** to learn more and research legal topics. Call **800-247-4184** to speak with an ARAG Customer Care Specialist.



Receive the Following Plan Benefits

- **In-Office Legal Services:** Visit in-office with an ARAG Network Attorney who will provide document preparation and review, advice and legal representation, including court representation.
- **Legal Hotline:** Receive unlimited legal advice from Network Attorneys. They can help you review or prepare documents, including a Standard Will.
- **Identity Theft Services:** Certified Identity Theft Case Managers will guide you through the steps of prevention and recovery.
- **Financial Wellness Hotline:** Receive guidance and education on a wide range of financial topics.
- **Online Legal Services:** Go to araglegalcenter.com for helpful legal resources and create DIY Docs.
- **Discounted Services:** For legal matters which are not covered in full, and not specifically excluded, you can still receive at least 25 percent off of the normal attorney rates.

Review the Comprehensive Plan Coverages

You can rely on a comprehensive array of legal services, many of which are **100 percent paid-in-full** when you work with a Network Attorney. Here are examples offered through the plan:

<ul style="list-style-type: none"> • Purchase & Sale of Primary Residence • Defense of Civil Damage Claims • Consumer Protection Issues • Criminal Matters • Landlord/Tenant Matters • Bankruptcy (Chapter 7 & 13) 	<ul style="list-style-type: none"> • Postnuptial Agreement • Real Estate Matters • Small Claims Court • Tax Issues • Wills and Estate Planning • Name Change 	<ul style="list-style-type: none"> • Credit Records Correction • Adoption • Child Custody (up to 8 hours) • Divorce • Traffic Matters • Debt Collection
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Divorce – Contested divorce coverage is limited to 25 hours; uncontested divorce coverage is unlimited.

Locating Network Attorneys – As a member, you have access to a nationwide network of more than 6,400 experienced attorneys who can provide legal guidance and assistance. To search for an attorney near you, use the Attorney Finder feature on the website or call for assistance. If there are no Network Attorneys located within 30 miles of your home, ARAG will locate an attorney at no extra cost or loss of benefit to you.

Your Right to Convert – If you are no longer eligible for the plan (leave City employment), you have the option of purchasing a similar plan through ARAG. You have 90 days after your coverage ends to enroll in the plan.

ARAG Rates – Per Pay Period

Employee Only	\$ 5.45
Employee & Family	\$ 7.40

Employee Wellness

. HealthyConnections



Diana Heath, Aviation, getting a finger stick for a Health Assessment at a Health and Lifestyle Expo.



- Call 512-974-3284 and ask to speak with a Wellness Consultant.

If you have a question, you also can send an email to HealthyConnections@austintexas.gov.

For Fiscal Year 2016, the City of Austin will spend an estimated \$151.2 million on medical and pharmacy claims for employees. Almost half of those dollars are spent on preventable health conditions, caused by factors such as tobacco use, unhealthy diet and lack of exercise.

The cost of poor health has a significant impact on our organization, our employees and their families. Wellness programs can reduce the burden of illness and health risks, leading to a healthier workforce and measurable cost savings.

The City's award-winning employee wellness program offers a wide range of activities to encourage and support healthy lifestyles. Located in the Employee Benefits Division of the Human Resources Department, HealthyConnections:

- Engages employees in activities that improve health and fitness.
- Fosters a productive workforce and improves the quality of life for employees and their families.
- Works to achieve a reduction in medical claims and more affordable health care for everyone.

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

Engaged Employees

According to claims data, engaged employees have lower average medical expenses. However, they have a higher utilization of Primary Care and Preventive Care as well as a higher disease rate. Employees engaged in our wellness program have shorter hospital stays and lower inpatient costs. These savings are beneficial for the organization, and they also save money for the individual.

Find Out About Wellness

For detailed wellness information:

- Visit the HealthyConnections webpage from Cityspace. Click on the wellness icon.
- Watch for featured articles in Cityspace, *CitySource Today*, and the *HR Update*. Program information is also provided in the weekly PE email and the monthly electronic newsletter to Health Promotion Team members.

Department Health Promotion Teams

Each City department has a Health Promotion Team (HPT) made up of volunteers who understand the importance of wellness. For a current list, visit the HealthyConnections website. If you are interested in fitness, nutrition, health care or any of the HealthyConnections programs, contact your HPT member. If you are interested in joining an HPT, visit with your supervisor for approval. Then send an email to HealthyConnections.

Health Assessments and a NEW Incentive for 2016

The City strives to achieve a healthy workplace – for the benefit of its employees and for the sustainability of the organization. Like other Texas cities, the City of Austin is requiring employees to be more accountable for their health. An important tool is a Health Assessment, which provides a “snapshot” of an individual's health. Identifying health risks leads to early intervention, resulting in better outcomes and less costly treatment.

It's a Day Off! New in 2016: Employees can earn eight hours of administrative leave (ADL) for completing a health assessment. They must be in a City medical plan; they can earn the incentive once per calendar year.

How to Complete a Health Assessment and Earn ADL

Employees can:

1. Complete a finger stick screening at a City event to get their health numbers such as cholesterol and glucose, plus height and weight. To register for an appointment, call [877-366-7483](tel:877-366-7483).
OR
2. Use lab results obtained through their doctor to get their health numbers.

These health numbers are then used to complete the online questionnaire at myuhc.com.

When the questionnaire is completed, employees receive a confidential report with recommendations for improving health and fitness. This information is available any time at myuhc.com. Note that all personal health information remains confidential. The City receives group data, which is used to develop targeted programs that address employee health issues.

Healthy Rewards Wellness Incentive Program

Healthy Rewards is a financial incentive program designed to engage employees in health and wellness activities to lower overall health risks. Employees can participate in a variety of activities to earn rewards (up to \$100, taxable), which are tracked on the HR Portal. Employees must complete a Health Assessment to be eligible to earn Healthy Rewards.

Examples of eligible wellness activities include an annual physical exam and preventive screenings. Employees also can earn Healthy Rewards by participating in the Healthy Pregnancy Program, the Weight Management Program, Cardiovascular Disease Management Program, Health Coaching, City Olympics and designated health campaign events and seminars.

To earn Healthy Rewards, an employee:

- Must be enrolled in a City medical plan (temporary employees are not eligible).
- Must be employed as an active employee at the time of payout in November.
- Must complete the online questionnaire at myuhc.com between January 1 and September 30, 2016.



Jacque Adams, AFD Wellness, helping at Health and Lifestyle Expo.

Chronic Disease Programs

The City is committed to addressing the growing issue of chronic disease in the workforce. According to the Centers for Disease Control, chronic diseases such as diabetes, heart disease and obesity are responsible for seven of ten deaths each year—and treating individuals with chronic diseases accounts for 86 percent of our nation's health care costs.

HealthyConnections offers the following programs to help employees and dependents age 18 and older manage their conditions and improve quality of life. The programs are available to individuals covered by a City medical plan. For more detailed information, employees can call or email HealthyConnections.

Diabetes and Prediabetes Programs

HealthyConnections provides the Diabetes Program for employees, retirees and dependents covered by a City medical plan. It enables individuals who have been diagnosed with diabetes to get the information and support they need to successfully manage their condition. Those who meet program requirements can receive free Tier 1 diabetes medication and supplies. Individuals who are prediabetic are eligible to participate in the educational component of the program. To enroll, call the Seton Diabetes Education Center at *512-324-1891* (choose Option 2).



New Weight Management Program

Obesity is the top health risk for employees, based on data obtained through City-sponsored Health Assessments. HealthyConnections is offering a program that helps participants lose weight and reduce their health risks. It is designed for employees with a BMI of 40 or higher, or BMI of 35 or higher and one health risk factor, such as diabetes or high blood pressure. The program features weekly meetings at City worksites for eight weeks led by a Registered Dietitian. The curriculum covers basic nutrition principles with an emphasis on a plant based diet, food logging and portion control, smart shopping and the importance of exercise. Participants complete a pre- and post- program Health Assessment to evaluate progress. Those who complete the program are eligible to earn Healthy Rewards.

New Cardiovascular Disease Management Program

Heart disease is the leading cause of death in the United States. In 2014, 64 percent of employees who completed a Health Assessment had hypertension or pre-hypertension, a key risk factor for heart disease. The City is committed to controlling health care costs related to heart disease, as well as implementing a program that reduces the risk of heart disease in employees.

HealthyConnections is partnering with the American Heart Association (AHA) to offer Check. Change. Control (CCC), a blood pressure monitoring program where employees check their blood pressure twice a month for four months as part of a worksite group. The program utilizes a web-based tracking system on the AHA website, where personal information is kept confidential. AHA provides blood pressure cuffs and scales in addition to seminars for ongoing education.

Tobacco Premium

Tobacco use remains the number one preventable cause of death and disability in the United States. The City of Austin is committed to promoting the health and well-being of its employees.

A tobacco user is defined by the City as a person who is currently using tobacco products, including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, sheesha and electronic cigarettes.

Employees enrolled in a City medical plan and who use tobacco will pay \$12.50 per pay period. Employees who complete Tobacco Cessation 101 in 2016 will have the premium stopped in next pay period following completion of the class. There are no refunds.

New in 2016 – Tobacco Premiums for Spouses and Domestic Partners: The Tobacco Premium will apply to spouses and domestic partners of City employees who are covered by a City medical plan. Employees with covered spouses or domestic partners who use tobacco will pay \$12.50 per pay period beginning January 2016. The premium will be stopped for the employee in the next pay period following completion of Tobacco Cessation 101 by the spouse or domestic partner. There are no refunds. The class schedule is available on TRAIN, the HealthyConnections webpage and austintexas.gov/benefits.

Tobacco Cessation 101

HealthyConnections offers Tobacco Cessation 101 to help participants live tobacco free. Classes, which are designed for all tobacco users, are available at worksites across the City. To successfully complete Tobacco Cessation 101, the individual must complete BOTH Parts 1 and 2.

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

PE Program

HealthyConnections offers free exercise classes at a variety of worksites and other locations to help employees improve their fitness and health. The PE program focuses on beginners and encourages participants to go at their own pace. The program is accessible, inclusive, educational and results-oriented.

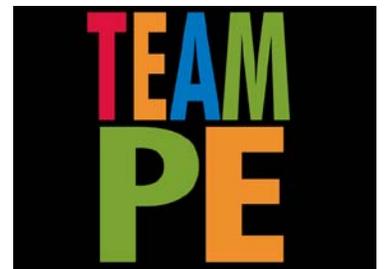
The program is offered year round and includes many types of exercise. Examples include yoga, strength training, bike (spin), Zumba, boot camps, golf and basketball in addition to several Walk and Run/Walk options.

PE Anytime allows employees to work out on their own using a smartphone and an app or a Fitbit. PE Anytime offers flexibility for individuals with challenging schedules.

Classes are offered on a quarterly basis, and registration is on the HR Portal. Employees (excluding temporary employees) who attend ten out of twelve workouts and complete a Health Assessment can earn four hours of ADL in any two of the four PE quarters.

Health & Lifestyle Expos

HealthyConnections sponsors Citywide Health and Lifestyle Expos at Palmer Events Center. Expos offer Health Assessment screenings for employees and an opportunity for employees, retirees and family members to visit with a wide variety of vendors about health, nutrition, fitness and other topics.



Flu Shots

This benefit is free to employees and is offered in the fall at City worksites. Dependents age 18 and older are also eligible but must be accompanied by the employee.

UnitedHealthcare Health Coach

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

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



Sarah Nielsen, UHC Health Coach.

Healthy Pregnancy

The Healthy Pregnancy Program offered by HealthyConnections and UnitedHealthcare is designed to help pregnant women get support and information to have a healthy pregnancy. All pregnant women covered in a City medical plan are eligible for the program and can enroll by calling [888-246-7389](tel:888-246-7389). Benefits include 24/7 access to OB nurses, a copy of the Mayo Clinic's *Guide to a Healthy Pregnancy*, a HealthyConnections onesie and \$50 in Healthy Rewards. Breast pumps are covered at 100 percent through UnitedHealthcare. Contact UnitedHealthcare for more information.

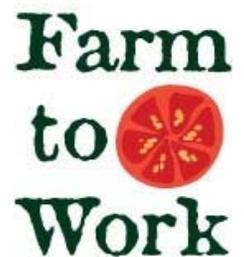
Also offered is a monthly breastfeeding support group on the third Thursday of every month from noon to 1:00 p.m. at One Texas Center. Led by HHSD WIC nurses, these meetings provide valuable information on the mother friendly workplace, nursing at work and good nutrition. Sign up on TRAIN.

City Olympics

HealthyConnections partners with the Parks and Recreation Department to host the City Olympics each year for employees and their families at Krieg Sports Complex. The event includes a sports tournament for employees, plus a mini-health expo, cook-off competition, golf, obstacle course and 5K run/walk.

Farm to Work

In partnership with the Sustainable Food Center of Austin, this program offers weekly delivery of preordered baskets of fresh locally-grown produce at four City worksites: One Texas Center, Waller Creek, Rutherford Campus and the HHSD Campus. To order, visit the HealthyConnections website.



Coleen Kirk picking up a basket of fruit and vegetables at Waller Creek.

Chair Massage

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

LIVESTRONG Survivorship Notebook

If you or someone in your family has been diagnosed with cancer, the Livestrong Foundation has provided the City of Austin a valuable resource the LIVESTRONG Survivorship Notebook. This notebook includes information and tools to help you organize your care, keep all of your medical information in one place and understand how to deal with the physical, emotional and practical issues all cancer patients face. To obtain the notebook, contact the Employee Benefits Division at One Texas Center.

Five Wishes Program

This easy-to-complete living will addresses your medical, personal, emotional and spiritual needs if you become seriously ill. The document is available for free by contacting your department's HPT member or the Employee Benefits Division.

Health Campaigns

HealthyConnections sponsors activities based on national awareness campaigns designed to educate employees about healthy lifestyles. City health awareness campaigns for 2016 are listed below.

Nutrition Month in January

Nutrition Month promotes healthy eating for overall good health and to help prevent heart disease and type 2 diabetes. The campaign features educational seminars and the *WriteFit Journal*, a two-week diary to track food and exercise, plus resources to help you be a smart shopper at the grocery store. Activities are eligible for Healthy Rewards.

Heart Health Month in February

The City partners with the American Heart Association to promote heart health with a "wear red day" event.

- Medical claims for a condition of the circulatory system are the third-highest cost by diagnosis category.
- In 2014, 15 percent – or \$18,239,530 – of the City's total medical spend for employees can be attributed to costs associated with the care and treatment of heart disease.

Million Mile Month in April

HealthyConnections promotes Million Mile Month in April to encourage City employees to join with others across the state to track physical activity of various kinds for one month on an online website. The goal is to reach one million miles as a group. Participants who reach the equivalent of 30 miles by April 30 are eligible to earn Healthy Rewards.

Donate Life Month in April

The City observes Donate Life Month to encourage employees to become an organ, tissue, marrow or blood donor. Individuals can indicate this choice on their driver's license and can add their name to the Texas donor registry. The program can save lives and contributes to a more compassionate society.



Men's Health Month in June

Men's Health offers a variety of activities designed to help employees maximize their benefits, seek regular preventive care and better understand health issues for men. Seminars are eligible for Healthy Rewards.

The campaign was prompted by facts such as these:

- Men have a higher incidence of high-cost claims (claims greater than \$50,000), and total medical claims costs are higher for men than for women.
- Men have a low utilization (especially when compared to females) for all services, specifically primary care visits and wellness-related services.

Women's Health Month in September

Cancer is the third-highest category of medical claims costs at the City of Austin. This campaign puts the spotlight on the early detection of breast cancer through screening mammography, which is covered at 100 percent by City benefits. In partnership with St. David's Breast Center, Mammo Mixers are offered during the month of September for females covered by a City medical plan. The mixers feature mammograms and refreshments in a comfortable and supportive environment.

A number of seminars are also scheduled during the campaign to provide information on a variety of health issues for women and to encourage utilization of City programs such as the Healthy Pregnancy Program, the Diabetes Program and more.

Diabetes Awareness Month in November

This campaign, scheduled in November, offers a learning opportunity for employees about diabetes and prediabetes. Diabetes-related claims make up about 22 percent of the City's total medical spend. Prediabetics can delay or prevent the onset of the disease with conscientious attention to lifestyle; those who have been diagnosed can learn to better manage their condition for fewer complications, reduced medical claims and improved quality of life.



Employees walking by the Stevie Ray Vaughan statue on Lady Bird Lake during the annual Heart Walk.

Additional Benefits

- Employee Assistance Program
- Employee Communications
- Tuition Reimbursement
- Service Incentive Pay
- Childcare Programs
- Commuter Program
- Leave
- Veterans Services Office
- Workers' Compensation
- Direct Deposit
- Velocity Credit Union
- Employee Retirement Systems
- Deferred Compensation
- Social Security



"Your Essential Magnificence" by James Talbot on South Congress was commissioned as part of the Arts in Public Places by the City of Austin. Imbedded inside and out of view are objects and mementos Talbot collected from iconic South Austin locations including the Broken Spoke, the Armadillo World Headquarters and the Cathedral of Junk .

Employee Assistance Program (EAP)

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



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

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

Real Lives, Real Help

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

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



Work/Life Services

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

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

Take the High Road Program

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

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

No one in the City will know you used the Take the High Road Program; it is completely confidential.

For more information, call Deer Oaks at [866-228-2542](tel:866-228-2542) or go to deeroaks.com.

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

Employee Communications

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

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

Tuition Reimbursement Program

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

To obtain information about eligibility or to find out how to apply, call the Human Resources Department at [512-974-3400](tel:512-974-3400), or go to <http://cityspace> and click on **HR Forms**.

Service Incentive Pay

Service Incentive Pay is a benefit for non-Civil Service employees who have completed at least five years of continuous service with the City.

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

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

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

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

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

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

Employee Discount Page – Beneplace

The City has teamed up with Beneplace, a local internet service offering discounts on hundreds of products and services. Some of the companies offering discounts through Beneplace are: Dell, Panasonic, Sears, Sony, Apple, AT&T, Costco, Walt Disney World, Travelers Insurance and others. There are discounts on cruises, hotels, cell phones, rental cars, life insurance and travel. Go to beneplace.com/coaustin.



Other Benefits

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

- Bilingual Pay, if eligible. Call the Compensation Division at [512-974-3292](tel:512-974-3292).
- Tax Preparation Assistance, if eligible. Go to foundcom.org.
- Free Entry to City parks, including Deep Eddy and Barton Springs pools. The free entry does not include Zilker Botanical Gardens.

Childcare Program

The programs described below are offered to full-time, regular employees. For more information call the Employee Benefits Division at [512-974-3284](tel:512-974-3284).

Income-Eligible Childcare Assistance

City employees with children under the age of 13 may be eligible for financial assistance of up to \$50 per week, per child for all-day, week-long care. Eligibility is based on family size and income. For example, a family of four with a gross income of less than \$71,973 a year qualifies for assistance. Other requirements: Single parents must have child support orders in place. In a two-parent home, both parents must work at least 30 hours a week. Applications for the program are accepted only during Open Enrollment, within 31 days of being hired, or for an eligible change of childcare status.

Family Size	Family Income
1	\$42,908
2	\$52,997
3	\$61,502
4	\$71,973
5	\$80,073
6	\$88,173

Youth Camp Scholarship

This program is available to *all* employees with children ages 5 through 12, regardless of household size or family income. The program provides scholarships worth up to \$50 a week 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 CitySpace, at PARD facilities, and from your departmental Human Resources representative.

Childcare Referral

City employees can receive free assistance researching and locating potential childcare providers by contacting the Childcare Coordinator in the Employee Benefits Division at [512-974-3284](tel:512-974-3284).

Commuter Program

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

Bus and Rail Services

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



Local Capital Metro bus equipped with racks for bicycling commuters.

RideShare Van Pools

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

MetroAccess – Paratransit Services

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

For more information on the Commuter Program, call the Employee Benefits Division at [512-974-3284](tel:512-974-3284).

Leave

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

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

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

Paid Leave

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

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

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

Personal Holidays

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



Lone paddler on Lady Bird Lake near the bottom of Barton Springs Pool.

Official Holidays

City holidays for 2016 are listed below. You may be required to work on an official holiday. If you are scheduled to work, you will be compensated for the holiday according to Personnel Policies.

Holiday	Date Observed
New Years Day	January 1
Martin Luther King Day	January 18
President's Day	February 15
Memorial Day	May 30
Independence Day	July 4
Labor Day	September 5
Veterans Day	November 11
Thanksgiving Day	November 24
Thanksgiving Friday	November 25
Christmas Eve	December 23
Christmas Day	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.

Personal (Vacation) Leave

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

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

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

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

- You may request personal leave at any time once you have completed your probationary period.
- If you become ill while you are on personal leave, you may request that your personal leave be temporarily stopped and your absence be charged to sick leave.
- The maximum amount of personal leave you may accrue is 400 hours.
- Payment of unused personal leave upon resignation or retirement is limited to 240 hours.
- You may use personal leave while on family or medical leave.

Family and Medical Leave (FMLA)

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

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

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

- The birth of a son or daughter and to care for the newborn child.
- The placement with the employee of a son or daughter 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 functions of their job.

FMLA (Continued)

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

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

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

Parental Leave

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

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

Leave Bank

The Leave Bank is available for employees who qualify for FMLA and who do not have enough accrued leave to get them through an illness, accident or unexpected FMLA event. Through a donation of accrued sick or vacation, 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. There is no limit to the number of hours you can donate to become a member during the enrollment period. A non-member who seeks leave from the Leave Bank, due to an unforeseen FMLA qualifying event, may enroll to become a member at any time. Temporary employees and employees who are subject to collective bargaining or meet and confer agreements are not eligible.

Employees on Leave of Absence

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

If you are on leave for five or more consecutive work days due to your own health condition, a return to work release form must be completed by your health care provider and given to your supervisor before you will be allowed to return to work. If you are participating in the Deferred Compensation loan program and you are on an unpaid leave of absence, automatic deductions are not possible. You must contact the Deferred Compensation office to prevent default on your loan.

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

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

Military Family Leave

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

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

Qualifying Exigency Leave

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

Veterans Services Office – Five Star Employer

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

The City’s program has three key areas:

- **Veterans Program Manager** – The City 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.
- **Ombudsman Services** – The program offers mediation services as a link between the employee, the employee’s family, and the department. The confidential services include listening to concerns and complaints, evaluating options, and offering solutions. The program strives to help all service members receive fair and equitable treatment from City, State, and Federal entities.
- **Partnerships with Other Groups** – The City’s Veterans Services Office partners with a variety of organizations in the community.



Andres Rodriguez AFD, photographed while serving in Iraq.

City benefits also include the following:

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

For more information, contact the Veterans Program Manager and Military Ombudsman at [512-974-3459](tel:512-974-3459).

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 percent or 75 percent of your average weekly wage ,depending on your hourly rate.

If you are injured on-the-job, the Departmental Workers' Compensation Representative (DWCR) in your department who is assigned to your case can answer questions about your Workers' Compensation benefits. If you are injured on-the-job, 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 [512-974-3400](tel:512-974-3400) or your DWCR.

Direct Deposit

If you are currently receiving a printed paycheck, you should consider switching to direct deposit. The City of Austin wires the money to your account, usually a day before you would be able to pick up and cash your check.

It's safe, quick, and easy. All you have to do is complete a City of Austin Direct Deposit Authorization Agreement on the Financial Services Department webpage. Go to: payroll.austintexas.gov.

Velocity Credit Union

As an employee of the City, you are eligible for membership with Velocity Credit Union. Once you join Velocity, anyone in your family is eligible to join. Some of the services available to credit union members include:

- Totally Free Checking.
- Free app with mobile deposit.
- Debit and ATM cards.
- Credit cards (low fixed rates, rewards option, no annual fee).
- Velocity Loans for just about anything.
- More than 300 free ATMs in Austin and the surrounding area.
- Youth Club accounts.
- Safe deposit boxes.
- Investment options (certificates, IRAs, money market, etc.).
- Free online banking, bill pay and eStatements.
- Payroll deductions for savings and loan payments.
- Financial planning.

For more information, go to velocitycu.com.



James Harvel, APD, showing Samson Wright (son of AE employee James Wright) a robot at the Take Your Sons and Daughters to Work Day event at Krieg Field.

Employee Retirement Systems

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

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

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

City of Austin

Employees' Retirement System (COAERS)

Call [512-458-2551](tel:512-458-2551), or go to coaers.org.

Tier 1

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

Tier 2 – *Employees hired on or after January 1, 2012*

Normal Retirement

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

Early Retirement

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

Austin Fire Fighters Relief and Retirement Fund (AFRS)

Call [512-454-9567](tel:512-454-9567), or go to afrs.org.

Normal Retirement

- Age 50 or 25 years of service

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](tel:512-416-7672), or go to ausprs.org.

Normal Retirement

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

Early Retirement

- None

Deferred Compensation Plan (457 Plan)

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

You may enroll in the Deferred Compensation Plan or make changes in your deferrals any time during the year. You may also choose from a diverse array of investment options. If you contribute pre-tax 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](tel:866-613-6189), or go to dcaustin.com.

Social Security

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

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

Questions about Social Security benefits may be directed to the Social Security Administration at [800-772-1213](tel:800-772-1213), or go to socialsecurity.gov.

Important Benefits Information

- Summary of Benefits and Coverage and Uniform Glossary of Terms
- ADA Compliance
- Governing Plan
- HIPAA
- Women's Health and Cancer Rights Act
- Patient Protection and Affordable Care Act
- COBRA
- Continuation of Coverage for Domestic Partners
- USERRA Continuation of Coverage
- Surviving Dependent Coverage
- Surviving Family/Work-Related Coverage
- Your Prescription Drug Coverage and Medicare
- Health Insurance Marketplace

Summary of Benefits and Coverage (SBC) and Uniform Glossary of Terms

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

Under the Patient Protection and Affordable Care Act (Health Reform), consumers will also have a resource to help them understand some of the most common but confusing jargon used in health insurance. Employees can access the Uniform Glossary of Terms online at austintexas.gov/department/benefits or call 512-974-3284 for a copy.

ADA Compliance

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

Governing Plan

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

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

This act imposes the following restrictions on group health plans:

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

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

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

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

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

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

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

City of Austin Policy on HIPAA

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

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

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

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

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

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

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 2018, medical plans which exceed a threshold level established by the federal government will have to pay a 40 percent excise tax. The City of Austin is committed to designing a medical plan that is below the threshold level. However, if the threshold is reached, the cost of the excise tax will be passed on to employees and retirees.

COBRA

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

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

Continuation of Coverage for Domestic Partners

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

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

USERRA Continuation of Coverage

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

Surviving Dependent Coverage

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

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

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

Surviving Family/Work-Related Coverage

If you are killed in the line of duty (your accident must be considered compensable under the City's Workers' Compensation program) while working for the City, your dependents who are enrolled in a City-sponsored medical, dental or vision 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, contact the Employee Benefits Division at [512-974-3284](tel:512-974-3284).

Your Prescription Drug Coverage and Medicare

Beneficiary Creditable Coverage Disclosure Notice

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

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

Other Important Considerations

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

More information about Medicare Part D prescription drug coverage

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

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

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

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

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

No. Regular full-time employees will not experience savings because the City pays the entire premium for the CDHP and the majority of the PPO and HMO premium. Part-time employees may realize savings by going to the Marketplace.

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

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

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

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

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

How Can I Get More Information?

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

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

PART B: Information About Health Coverage Offered by the City

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

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

Basic Health Care Coverage Information

As your employer, the City of Austin offers a health plan to all employees in regular budgeted positions. Temporary employees are not eligible for coverage under a City medical plan.

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.