What’s Inside

03 Important Enrollment Information
11 Connect4Health Wellness Program
15 Our Self-Insured Health Plan
17 Where Should I Go for Care
18 2020 Plan Year Contributions
19 Medical Plan
21 Prescription Drug Coverage
23 CRX International
   Mail Order Pharmacy
24 Dental Plan
26 Vision Plan
28 ID Cards
29 UnitedHealthcare
30 Doctor on Demand
31 Village Health Partners
32 Airrosti
33 Alight | Compass
34 Hospital Gap Plan
35 Benefits Mobile App
36 Contact Information
37 Employee Assistance Program
Important Enrollment Information

Affordable Care Individual Mandate
The Affordable Care Act required individuals to obtain “minimum essential coverage.” Beginning with the 2019 tax year, individuals are no longer penalized for failing to obtain acceptable health insurance coverage for themselves and their family members.

Benefits Provided at No Cost to You

Basic Life Insurance
✦ $20,000 life policy for all retirees if you have reached 10 years

Medical Case Management/Nurse Navigator
✦ Communitas, Inc.
✦ Certified RN Case Managers
✦ Major disease and illness

Employee Assistance Program (EAP)
✦ Six free counseling sessions per event
✦ Free online tools and legal documents
✦ Mental health, financial, & legal advice

Benefits You Contribute To

Medical Plan
✦ Tobacco cessation medications
✦ 24/7 nurse hotline
✦ Health screenings
✦ Preventive/Wellness visits

Health and Prescription Drugs
✦ UnitedHealthcare Exclusive Provider Organization (EPO) Plan
✦ OptumRx

Dental
✦ UnitedHealthcare Preferred Provider Organization (PPO) Plan

Vision
✦ UnitedHealthcare Spectera

Discount Copays
✦ Catalyst Health Network, including Village Health Partners- $5
✦ Village Health Pediatrics - $5
✦ CVS MinuteClinic - $5
✦ Doctor on Demand - $5
✦ Airrosti - $15

Hospital GAP
✦ American Fidelity
✦ Reimburses you for doctor visits, outpatient treatment, and inpatient visits.
Enrollment

Attention Tobacco and Non-Tobacco Users!

During Open Enrollment period, all retirees must attest in PeopleSoft if they are a tobacco or non-tobacco user. If the retiree identifies as a tobacco user, the retiree can participate in an onsite or telephonic cessation program offered by the City of Plano.

You will need to follow the steps outlined below to enter your elections within the PeopleSoft online system. You can access PeopleSoft via the Internet at: plano.gov/OpenEnrollment2020

Enter your elections by selecting E-Benefits to open the PeopleSoft system.

⚠️ Enter your login and password, which will be the same as last year unless you designated a unique login and password.

⚠️ Your login will be your 5-digit employee number. If your employee number is 1, then your login is 00001.

⚠️ Your password is the first three letters of your last name in CAPS and the last four digits of your social security number (i.e. FIG9999). If your last name is only two letters, add a zero at the end (i.e.WU0).

⚠️ Should you experience problems logging into the system, please contact the help desk at 972.941.5306.

Once logged in, select:

Benefits Details > Benefits Enrollment.

Click “SELECT” to begin. Each panel has instructions to walk you through enrollment.

For convenience, your current elections have been “Pre-Entered” as your 2020 elections for all plans.

Please select “EDIT” to review plan options, to ensure correct dependents are enrolled and no changes are needed. Once all elections are made, you must select both “SUBMIT” buttons at the bottom of the page. This sends your enrollment elections to Human Resources.

If you do not select this button, your enrollment will not be entered into the system.

CONFIRMATION STATEMENTS

You will be mailed your confirmation statement. Please review to ensure our records reflect your 2020 elections. Retain the confirmation statement for your records UNLESS corrections are needed. Corrections must be received in HR no later than 5 p.m. on Tuesday, December 17, 2019.

RETIREES ARE REQUIRED TO LOG ON TO PEOPLESOFT EACH YEAR TO CONFIRM BENEFITS AND COMPLETE THE TOBACCO AFFIDAVIT. YOU WILL NOT RECEIVE UPDATED ID CARDS UNLESS CHANGES TO YOUR COVERAGE HAVE BEEN MADE.
Eligibility

Proof of Dependent Eligibility

Retirees need to provide proof of eligibility documentation (i.e. birth certificate, marriage license, etc.) when adding new dependents to their benefits coverage (this also applies if dependents are removed from coverage and then re-enrolled at a future date). This requirement ensures legal compliance and aids in the City of Plano’s continuing efforts to control health care costs.

Dependent Eligibility

You may also cover these eligible dependents:

✔ Your legal spouse
✔ Your domestic partner
✔ Your eligible children up to age 26
  “Children” are defined as your natural children, stepchildren, legally-adopted children, children for whom you are the legal guardian and domestic partner’s children

✔ Physically or mentally disabled children of any age who are incapable of self-support

Note that both employee and domestic partners must submit copies of driver’s licenses listing a common address AND at least one document of proof from the list below:

1. Proof of the same residency for at least six (6) months naming / listing both partners. Examples: joint deed, mortgage agreement, or rental agreement.

2. Bills with at least six (6) months of history naming both partners. If bills only include one partner, additional bills listing the second partner must be submitted. Examples: utility bills, credit card statements, etc.

Retirees who turn 65 and become Medicare eligible will need to apply for Medicare Part A and Part B. You will no longer be able to stay on the City of Plano United Healthcare plan.

You will also need to contact Fannie Layer (x5019 fanniel@plano.gov) to apply for a Medicare Supplemental Plan and utilize your service credits.
Modification of Coverage Due to a Qualified Status Change

Once you make your benefit elections, these choices will remain in effect until the next plan year; unless you have a qualified status change.

If you have a qualified status change or another allowable event, you can make those changes during the plan year. However, you must make an enrollment change within 31 days of the event by completing a Benefit Change Form and returning it to Human Resources. **If you do not return your form within 31 days, you will have to wait until the next Open Enrollment to make new elections.**

Qualified status changes include, but are not limited to:

- Change in eligible dependents due to birth, adoption, placement for adoption or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in domestic partnership status
- Change in employment status. Starting or ending employment, that includes a gain or loss of coverage for you, your spouse, or your children.
- End of the maximum period for COBRA coverage

The Benefits Change Form can be found at [plano.gov/benefits](http://plano.gov/benefits).

Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse / domestic partner) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children’s Health Insurance Program (“CHIP”) coverage as a result of a loss of eligibility for such coverage, or
- You or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP

**You must enroll within 60 days of one of these qualifying events.** If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your plan. However, you may not be able to add yourself or your dependents to this coverage if the other coverage was terminated “for cause” (including failure to pay the required premiums on time). If you have a special enrollment event and want to sign up for health coverage, email [HRbenefits@plano.gov](mailto:HRbenefits@plano.gov).
Helpful Definitions

**Annual Open Enrollment** – The period during which existing retirees are given the opportunity to enroll in or change their current benefit elections.

**Calendar Year** – January 1 through December 31 of each year.

**Coinsurance** – The amount of eligible charges that the plan and employee share pays for a covered health service.

**Convenience / Urgent Care** – Facilities that provide treatment for minor, acute conditions such as sore throat, earache, and other conditions that are not medical emergencies.

**Copayment (Copay)** – The amount you pay to a network provider at the time service is rendered. Copayments for covered services are applied to your maximum out-of-pocket expenses.

**Deductible** – The amount you pay each calendar year before the plan begins to pay. This is applied toward the out-of-pocket maximum for covered health care expenses.

**Explanation of Benefits (EOB)** – A statement that shows the amount of the claim that is your responsibility and the amount paid by the insurance company to your provider. It also shows how much, if anything, your provider must write off due to your group medical plan participation.

**Medical Emergency** – A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient’s life or body part.

**Network Benefits** – The benefits applicable for the covered services of a network provider.

**Out-of-Pocket Maximum** – The maximum amount a covered person will pay in a calendar year for covered health care expenses (excluding reductions for provider contracts). Includes: medical deductible, medical coinsurance, medical copays, Rx deductible, and Rx copays.
ATTN: RETIRED PUBLIC SAFETY POLICE AND FIRE

You will need to complete a new TMRS Application for Insurance Premium Deductions (HLPS) form if you have made changes to your health plan or you answered “yes” to being a tobacco user last enrollment and you have not completed the four (4) tobacco cessation classes.

There will be a monthly surcharge added to your insurance premium in the amount of $50.00.

A new TMRS form MUST be completed. Please return form to Julia Cherry in Human Resources.

Please see attached form.
Application for Insurance Premium Deductions  
For Retired Public Safety Officers  
(to be completed by retiree and city official of last employing city)  

**RETIREE INFORMATION**  |  Please type or use only black ink and do not highlight. Any corrections must be initialed.  
--- | ---  
Retiree's Name (first, middle, last) | Social Security Number  
Mailing Address | Daytime Phone Number  
City | State | Zip  

Last Employing City | TMRS Identification Number (not required)  
--- | ---  

**PAYMENT INFORMATION**  
City of Plano  
Pay to the order of: | Account/Policy Number  
P.O. Box 860279 | 972-941-5213  
Remittance Address | Insurance Contact Phone Number  
**Plano** | TX | 75086  
City | State | Zip  

$  | **12-2019**  
**Monthly deduction elected (in dollars)** | **Date Effective (MM/YYYY)** | **Name of Insurance Company (if different from Payee above)** 
--- | --- | ---  

Please note that you may deduct any amount that does not exceed your net monthly annuity. However, the amount that may be excluded from your taxable income in one year cannot exceed $3,000. You may wish to consult with your tax advisor or the Internal Revenue Service to determine your eligibility for this benefit.  

**RETIREE CERTIFICATION**  
I certify that I was an eligible Public Safety Officer (see definition in instructions provided with this form) when I terminated employment from my last employing city. I elect to have the amount indicated above deducted from my monthly TMRS benefit to pay for my qualified insurance premium, to remit the deduction as directed above, and certify that I have not elected to pay for my qualified insurance premium from any other retirement plan. I certify that TMRS is not responsible for lapsed insurance coverage or any other coverage or benefit issues that arise because of payment of premiums through this deduction arrangement. I waive any claims of any kind against TMRS arising from this payment arrangement, including additional tax liability, and hereby indemnify and release TMRS from any liability arising from the administration of the payment of my qualified insurance premium. I authorize TMRS to discuss this insurance with my insurance carrier or former employer.  

Retiree's Signature | Date Signed (MM/DD/YYYY)  
--- | ---  

TMRS will issue one monthly payment for the qualified insurance premium on the last business day of each month until TMRS is notified otherwise. The changes in the monthly benefit payment will take effect the month after TMRS receives this form.  

**CITY CERTIFICATION**  |  (to be completed by last employing city)  
--- | ---  
I hereby certify that the above named retiree was an eligible Public Safety Officer (see definition in instructions provided with this form) at the time of separation and was employed by the city in one of the following capacities:  

- Police Officer, Firefighter, Emergency Medical Services Employee, Corrections Officer, Probation Officer, Parole Officer, Judicial Officer  
- Other: ____________________________________________________________  

Signature of City Official | Date Signed (MM/DD/YYYY)  
--- | ---  
Plano | City Name  

Printed Name and Title  

---  

Please read the instructions provided with this form.  
5.34 t l.0 #PY 149153 t "VTUJO, SYHBT 78714-9153 t 800.924.8677 t 512.476.7577 t "9512.476.5576 t XXX.TMRS.DPN 5.34 t)14 t 3PWJTFE 7-2009  

*TMRSHLPS*
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Connect4Health

Wellness Program

The City of Plano is committed to cultivating a culture that promotes wellness through healthy habits and lifestyle behaviors that enhance the quality of life for our employees and their families. Wellness is a lifestyle and emphasizes the balance of the mind, body and spirit. Connect4Health focuses on a holistic approach, integrating the eight dimensions of wellness. Our goal is to provide a comprehensive well-being program that fosters a safe and healthy work environment to support a productive workforce.

For more Connect4Health Program information, please contact City of Plano Wellness Coordinator:

Michelle Gifford, MS, CHES®
michelleg@plano.gov
972.941.7227

8 Dimensions of Wellness
**Connect4Health Wellness Offerings**

**Biometric Screenings**
- Free, onsite screenings for all retirees
- Measurements include total cholesterol, HDL, LDL, triglycerides, glucose, blood pressure, BMI, waist circumference and A1C for qualified participants
- Immediate results and opportunity to discuss with trained healthcare professional

**Annual Flu Shot Clinic**
- Free flu shots for all retirees and spouses, limited number available.
- Offered at various City of Plano facilities

**Recreation Center Memberships**
- If you completed an annual preventive exam, you’re eligible to receive a 50% discounted Wellness Membership to Plano Recreation Centers. Contact Michelle Gifford at michellegi@plano.gov or calling her at 972.941.7227 for more information.
- $15 membership at the Sam Johnson Center

**WW (Weight Watchers) at Work**
For more information, please contact Michelle Gifford at michellegi@plano.gov or call her at 972.941.7227

For more Connect4Health Program information, please contact City of Plano Wellness Coordinator:

**Michelle Gifford, MS, CHES®**

* michellegi@plano.gov
* 972.941.7227
Conect4Health Wellness Offerings Continued

Half Price Wellness Membership Discount for Employees/Retirees

The Plano Recreation Centers are available for all employees, full and regular part-time, as well as retirees, who complete an annual preventive exam (Annual Physical, Mammogram, Well-Woman or Colonoscopy) at their physician’s office. The Wellness Membership gives the employee/retiree a 50% discount on an Adult or Senior Annual Membership only, at the resident rate.

Instructions:
★ Go to your physician and complete an annual preventive exam.
★ Go to the Plano recreation center of your choice, show your voucher from HR, and sign an affidavit confirming you have either completed your annual preventive exam or will do so within six months.
★ The membership is good for one year. Contact Julia Cherry to obtain your voucher.

Free Wellness Membership

Employees/Retirees who currently have a discounted Wellness Membership and have worked out at least 48 times during the 12-month membership, can renew that membership for FREE upon expiration. **Spouses and legal dependents are NOT eligible for the free membership.

Instructions:
★ Complete an annual preventive exam.
★ Email robinho@plano.gov to request a report of your average number of visits to the recreation centers over the past 12 months.
★ Upon verification, Robin will flag your recreation account as being eligible for a free membership.
★ Go to the Plano recreation center of your choice, show your voucher, and sign an affidavit confirming you have either completed your annual preventive exam or will do so within six months.
Memberships Annual and monthly memberships offer unlimited access to all Plano recreation and aquatic facilities.

Recreation Centers Plano recreation centers feature open play badminton, volleyball, pickleball, basketball, and table tennis, strength and cardio equipment, game rooms, gymnasiums, walking / running tracks, racquetball courts, squash courts, billiards, indoor and outdoor pools, spray grounds, classrooms, and meeting spaces.

Sam Johnson Rec Center for Adults 50+ Annual fees are $15 for residents and $25 non-residents. Amenities include a cardio and weight room, café, billiards room, library, art room, wellness center, meeting rooms, ballroom, drop-in Bingo, Bridge and Dominoes. For a fee, classes are offered in fitness, continuing education, fine arts and performing arts. Monthly trips and twice-weekly dances are offered.

Swimming Pools Included with a membership is admission to 5 indoor pools, 3 outdoor pools, 1 spray ground, and 1 family water park. Daily fees are also an option. Rentals for birthday parties and special events are available year-round.

High Point Tennis Center The tennis center includes 21 lighted tennis courts with open play, classes for all age groups, summer camps, private lessons, junior development programs, teams, adult leagues, tournament play and a Pro Shop that sells tennis rackets, clothing and accessories.

Nature And Retreat Center The 7,000-square-foot Oak Point Park Nature & Retreat Center overlooks the majestic beauty of Oak Point Park & Nature Preserve. The center has 2,400-square feet of meeting/rental space as well as interactive nature exhibits, making it the most unique venue in Plano for special gatherings like outdoor education, weddings, parties, corporate retreats, business meetings and much more.

Classes Over 8,000 classes are offered every year for all ages including summer camps, swimming, fitness, sports, education, martial arts, fine arts, performing arts, crafts, professional development, education, health and wellness and more. Personal trainers are also available.

Room And Facility Rentals Rooms from as large as 6,500-square-feet to as small as 400-square-feet can be rented along with entire facilities after hours. Recreation centers provide excellent spaces for HOA meetings, scout meetings, business meetings, birthday parties and other special events.

Pecan Hollow Golf Course Pecan Hollow is an 18-hole championship golf course with mini-verde greens and 5 sets of tees, practice facilities, lighted driving range, 5-hole short course, chipping green, large putting green, fully stocked golf shop and a bar and grill.

Adapted Recreation The Adapted Recreation program offers recreational opportunities for individuals with special needs from 12 months to over 60 years of age. Continuing education classes, life skills classes, trips and summer camps are a few of the many opportunities available.

Aerobats Gymnastics Gymnastics classes are offered year-round for boys and girls starting at age 3, with a girls competitive team program offered for advanced gymnasts.

Outdoor Recreation Throughout the year, the outdoor recreation program offers many opportunities to get outside and enjoy the local green spaces through outdoor education programs, classes, trips, hikes, walks and outdoor fitness.

Adult Sports Adult Sports programming provides adult league play for flag football, kickball, softball, pickleball, and soccer.
Understanding Our

Self-Insured Health Plan

The City of Plano provides a comprehensive, competitive benefits package for retiree and dependents. According to the 2018 Metroplex Benefits Survey, Plano ranked favorably among other DFW municipalities in the value of our health plan. When comparing health plans, you have to consider the premium you pay, along with deductibles, coinsurance, and out of pocket expenses. In general, if you pay a lower premium you will pay higher out-of-pocket costs for health care. Plano’s monthly premiums are similar to other cities with comparable deductibles and coinsurance.

<table>
<thead>
<tr>
<th>City</th>
<th>Deductible</th>
<th>Out-of-Pocket Max</th>
<th>Co-Insurance</th>
<th>Primary Care</th>
<th>Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plano EPO</td>
<td>$1250 / 2,500</td>
<td>$6,600 / $13,200</td>
<td>20%</td>
<td>$25</td>
<td>$40</td>
</tr>
<tr>
<td>Allen PPO</td>
<td>$1,000 / $2,000</td>
<td>$4,000 / $8,000</td>
<td>20%</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Frisco EPO</td>
<td>$1,000 / $2,000</td>
<td>$3,000 / $6,000</td>
<td>20%</td>
<td>$20</td>
<td>$30</td>
</tr>
<tr>
<td>Garland PPO</td>
<td>$1,200 / $2,400</td>
<td>$7,350 / $14,700</td>
<td>20%</td>
<td>$35</td>
<td>$55</td>
</tr>
<tr>
<td>McKinney PPO</td>
<td>$1,200 / $2,400</td>
<td>$6,600 / $13,200</td>
<td>20%</td>
<td>$25</td>
<td>$40</td>
</tr>
<tr>
<td>Richardson PPO</td>
<td>$1,000 / $2,000</td>
<td>$6,600 / $13,200</td>
<td>20%</td>
<td>$30</td>
<td>$60</td>
</tr>
</tbody>
</table>
SAVING MONEY ON HEALTHCARE

The City has a self-insured health plan, which means the City is responsible for paying the medical and pharmacy claims. In 2018, Plano paid out claims and expenses of $31.6 million for 5,302 plan members. UnitedHealthcare is only responsible for administering our health plans.

Premiums are evaluated each year to ensure we can cover our expenses. Therefore, the better job we all do in ensuring our claims stay low, the more likely we are in keeping our premiums from increasing. The City has only had one premium increase in 9 years.

You can be an empowered healthcare consumer and take advantage of the money saving tools available:

- **Compass | Alight**: Use Compass as your personal healthcare advisor to provide price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars. Also, Compass can compare medication prices and explore lower-cost options for you. They can also review your medical bills to make sure you are not overcharged. Your Compass Health Pro is Jordan White, 855.777.0533 or jordan.white@compassphs.com.

- **UHC Health Care Cost Estimator**: Use the online cost estimator tool to get the approximate price for treatments and procedures based on your benefit plan, physician, and care facility. It also lets you view different prices among providers and view quality of care comparisons for network physicians. Members who use it pay up to 36% less for care.

- **Physicians**: Look for the Premium Care Physician designation symbol to help you quickly and easily find doctors who have been recognized for providing value. UnitedHealth Premium evaluates doctors based on national standards for quality care and local benchmarks for cost efficiency.

- **Discounted Copays**: Use Catalyst Health Network, Village Health Partners, CVS MinuteClinic, Airrosti and Doctor on Demand for discounted copays.

Be sure you are using in-network providers for your blood work, MRIs, and CAT scans. Many doctors will send you to out-of-network labs and imaging centers which cost more and you may have to pay the full cost out of pocket.
Where Should I Go For Care

Avoid Shocking ER Bills

It can be overwhelming deciding where to go for medical care. The best way to be prepared is to establish a relationship with a primary care physician, but unexpected accidents and illnesses can happen any time. There are many healthcare options available, so it is important for you to prepare in advance to avoid unnecessary expenses.

You can also utilize Village Health Partners Teladoc, CVS MinuteClinic, or Doctor on Demand for after-hours care. You can find the best option for your needs by logging on to myuhc.com or looking on the Health4me app (see page 29).

Did You Know?

*An emergency room visit can cost your deductible plus copay, totaling at least $1,450?* Urgent care centers can treat most non-threatening healthcare issues at a fraction of the cost. When searching for urgent care facilities in your area, be careful not to choose a free-standing emergency room, as these also are billed at Emergency Room rates. If you truly have an emergency, you may have to be transported from the free-standing ER to a hospital and will pay additional fees.

---

$200 Copay + Deductible

- Emergency Room
  - Complex Chest Pain
  - Trauma
  - Heavy Bleeding

$50 Copay

- Urgent Care Clinic
  - Sprains
  - Strains
  - Structures
  - Minor Broken Bones
  - Minor Burns

$25 Copay

- Primary Care
  - Primary Services
  - Chronic Conditions

$5 Copay

- Village Health Partners
- Village Health Pediatrics
- Catalyst Providers
- CVS Minute Clinic
- Doctor On Demand
  - Bladder/urinary tract infection
  - Bronchitis
  - Cold/flu
  - Fever
  - Migraines
  - Pink eye
  - Rash
  - Sinus infections
  - Earache
  - Sore throat
  - Stomach ache
2020 Plan Year Contributions

Monthly Contributions

Per the Affordable Care Act, retiree and spouse/domestic partner incentives must be separate. If either the retiree or spouse/domestic partner fails to meet the C4H requirements, an additional $50 per month will be charged.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Medical Plan - with Connect4Health Incentive</th>
<th>Medical Plan - without Connect4Health Incentive</th>
<th>Dental</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$538</td>
<td>$588</td>
<td>$45</td>
<td>$8.54</td>
</tr>
<tr>
<td>Retiree + Spouse/Domestic Partner</td>
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<td>$1,442</td>
<td>$88</td>
<td>$13.66</td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>$994</td>
<td>$1,044</td>
<td>$108</td>
<td>$13.97</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$2,006</td>
<td>$2,056</td>
<td>$164</td>
<td>$22.48</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Only</td>
<td>$854</td>
<td>$904</td>
<td>$45</td>
<td>$8.54</td>
</tr>
</tbody>
</table>

Effective January 1, 2020 to December 31, 2020
## Medical Plan

The City’s medical plan is administered by UnitedHealthcare and provides coverage for expenses, such as doctor’s office visits, preventive care, prescription drugs and hospitalization.

### Description
- **Annual Deductible**
  - $1,250 Individual
  - $2,500 Family
- **Out-of-Pocket Maximum**
  - $6,600 Individual
  - $13,200 Family
- **Coinsurance Level**
  - Plan Pays 80% / You Pay 20%
- **Lifetime Maximum**
  - Unlimited
- **Preventive Care**
  - Plan Pays 100%
- **Physician Services**
  - Primary Care - $25 copay
  - Specialist - $40 copay
  - Catalyst Health Network/Village Health Partners - $5 copay
  - CVS MinuteClinic - $5 copay
  - Doctor on Demand - $5 copay
- **Inpatient Hospital**
  - 80% after satisfying the deductible
- **Outpatient**
  - 80% after satisfying the deductible
- **Inpatient and Outpatient Professional Services**
  - 80% after satisfying the deductible
- **Emergency Room**
  - You must first satisfy the $1,250 deductible, then $200 copay per event (copay waived if admitted)
- **Urgent Care Services**
  - $50 copay
- **Chiropractic Care**
  - $25 copay
- **Physical, occupational, speech therapy**
  - $25 copay
- **Airrosti** (injuries / pain)
  - $15 copay
- **Home Health Care** (60 days per calendar year)
  - 80% after satisfying the deductible
- **Skilled Nursing** (60 days per calendar year)
  - 80% after satisfying the deductible
- **Hospice** (limited to 360 days per lifetime)
  - 80% after satisfying the deductible
- **Mental Health and Substance Abuse**
  - Inpatient
  - 80% after satisfying the deductible
  - $25 copay per individual visit
  - $20 copay per group visit

### EPO Plan

**In-Network Benefits Only**

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,250 Individual</td>
</tr>
<tr>
<td></td>
<td>$2,500 Family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,600 Individual</td>
</tr>
<tr>
<td>(includes medical deductible, medical coinsurance, medical</td>
<td>$13,200 Family</td>
</tr>
<tr>
<td>copays, RX deductible, and Rx copays</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance Level</strong></td>
<td>Plan Pays 80% / You Pay 20%</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Plan Pays 100%</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td>Primary Care - $25 copay</td>
</tr>
<tr>
<td></td>
<td>Specialist - $40 copay</td>
</tr>
<tr>
<td></td>
<td>Catalyst Health Network/Village Health Partners - $5 copay</td>
</tr>
<tr>
<td></td>
<td>CVS MinuteClinic - $5 copay</td>
</tr>
<tr>
<td></td>
<td>Doctor on Demand - $5 copay</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td><strong>Inpatient and Outpatient Professional Services</strong></td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>You must first satisfy the $1,250 deductible, then $200 copay per event</td>
</tr>
<tr>
<td><strong>Note:</strong> Services for emergencies are covered as in-network</td>
<td>(copay waived if admitted)</td>
</tr>
<tr>
<td><strong>Urgent Care Services</strong></td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>$25 copay</td>
</tr>
<tr>
<td>(24 visits per calendar year)</td>
<td></td>
</tr>
<tr>
<td><strong>Physical, occupational, speech therapy</strong></td>
<td>$25 copay</td>
</tr>
<tr>
<td>(20 visits per calendar year)</td>
<td></td>
</tr>
<tr>
<td><strong>Airrosti</strong> (injuries / pain)</td>
<td>$15 copay</td>
</tr>
<tr>
<td>(injuries / pain)</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Care</strong> (60 days per calendar year)</td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing</strong> (60 days per calendar year)</td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td><strong>Hospice</strong> (limited to 360 days per lifetime)</td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Abuse</strong></td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td>- Inpatient</td>
<td>$25 copay per individual visit</td>
</tr>
<tr>
<td>- Outpatient (30 visits per calendar year)</td>
<td>$20 copay per group visit</td>
</tr>
</tbody>
</table>
Working Together to Improve Outcomes

Communitas

OnSIGHT Health is an on-site Case Management program that is offered through the City’s health benefit plan. There is no additional cost to the retiree for this service. It is offered by one of our healthcare partners, Communitas.

When you or a family member experience a major injury or illness, many care and payment issues can arise. OnSIGHT Health is designed to send experienced, certified Nurse Case Managers to you or your family member in order to assess the current situation and assist in navigating the confusing healthcare environment that surrounds major illnesses and events.

**What can the RN Case Manager do for me?**

- Evaluate the patient’s current medical condition and any issues or conditions leading up to the patient’s current condition.
- Review the patient’s current location and treatment plan to determine if that location is the appropriate level of care for the patient. Evaluate if the patient needs to be transferred to another facility for continued evaluation and/or treatment.
- Meet with the treatment team/facility to determine current and future treatment plan needs and resource availability.
- Meet with the patient and/or caregivers to discuss findings and determine treatment and resource options.
- Work with treatment team and facility to assure patient’s plan of care is on-course with optimal recovery. Assist in facilitating transfer to another facility, if needed.
- Assess possible needs of the patient, post-hospitalization, and determine if resources to support outpatient treatment plan are available. Work with patient and caregivers to arrange for appropriate services and providers, making sure they are available upon discharge to outpatient setting.

**Why OnSight Health Nurses?**

Cases are handled by highly trained, compassionate RN Case Managers who understand the complexities of the four major parts of healthcare; Patients and Families, Hospitals or Other Medical Facilities, Physicians and Medical Providers & Insurance Plans.

**Interested in talking to a nurse?**

Contact your nurses below to discuss your situation.

**Communitas Nurses:**

Kayla Fenner  
318.751.5815  
kayla.fenner@communitas.com

Diane Berdan Dodson  
855.248.7030  
diane.dodson@communitas.com
Prescription Drug Coverage

If you enroll in the City’s medical plan, you will automatically receive prescription drug coverage through OptumRx, the City’s pharmacy benefit manager.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy.

90-Day Supply (Maintenance Medications)

You can fill your maintenance medications at any retail pharmacy and receive a 3-month supply for the cost of a 2-month supply. You can also use the mail order program, which offers a convenient and cost-effective way to fill prescriptions on a regular basis. Medicines are mailed directly to your home. To order prescriptions through the mail order program, you must fill out and return a mail order form with a 90-day order and your payment.

<table>
<thead>
<tr>
<th>Retail (Up to 30 Day Supply)</th>
<th>Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$100 per individual / family *The deductible must be satisfied every calendar year before the coinsurance and copays below apply</td>
</tr>
<tr>
<td>Tier 1</td>
<td>15% coinsurance Minimum of $6 and a maximum of $15</td>
</tr>
<tr>
<td>Tier 2</td>
<td>25% coinsurance Minimum of $30 and a maximum of $45</td>
</tr>
<tr>
<td>Tier 3</td>
<td>40% coinsurance Minimum of $45 and a maximum of $60</td>
</tr>
<tr>
<td>Specialty</td>
<td>$100 copay after satisfying the Rx deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Up To A 90-Day Supply</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$100 per individual / family *The deductible must be satisfied every calendar year before the coinsurance and copays below apply</td>
</tr>
<tr>
<td>Tier 1</td>
<td>15% coinsurance Minimum of $12 and a maximum of $30</td>
</tr>
<tr>
<td>Tier 2</td>
<td>25% coinsurance Minimum of $60 and a maximum of $90</td>
</tr>
<tr>
<td>Tier 3</td>
<td>40% coinsurance Minimum of $90 and a maximum of $120</td>
</tr>
</tbody>
</table>

Visit myuhc.com for a list of participating providers.

You Save 33% When You Order a 3 Month Supply!

Generic medications will be dispensed when available. If you choose to take a brand-name medication when a less expensive generic is available, you may be required to pay the Tier 2 or Tier 3 cost of the drug.
Specialty Medication Compliance Support

Specialty medications can help meet the challenge of living with and managing serious health conditions. But because treatments, side effects and regimens can be complex, the OptumRx® Specialty Pharmacy does more than fill your prescriptions. They also provide you — and your prescriber — with a support team throughout the course of your specialty medication therapy.

Patient Care Coordinators (PCCs) are your primary contacts at OptumRx Specialty Pharmacy. They help you schedule deliveries and manage your inventory of medication and supplies. Their registered pharmacists are available 24 / 7 as members of your treatment team, reviewing lab results, monitoring medication adherence and checking for side effects or drug interactions. PCCs can answer any of your treatment questions and can recommend treatment adjustments to your prescriber.

Call OptumRx at 855.505.8107 for additional information and to register.
CRX

International Mail Order

PlanoCRX is an international mail order option that is available to retirees and dependents on the Plan.

Getting Started:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification*.

*Similar to a number of states in the US, some CRX pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CRXDocs.com. If not included, a CRX representative will contact you when required by the pharmacy dispensing your medications.

Ask your doctor for a prescription for a 3 month supply with 3 refills. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be tried for 30 days before ordering through PlanoCRX.

<table>
<thead>
<tr>
<th>CRX</th>
<th>What you’re currently paying</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Cost</strong></td>
<td><strong>Current Local Copays</strong></td>
</tr>
<tr>
<td>No Copays!</td>
<td>$45 (Tier 2) x 12 = $540 per script</td>
</tr>
<tr>
<td>vs. $0</td>
<td>vs. $60 (Tier 3) x 12 = $720 per script</td>
</tr>
</tbody>
</table>

PlanoCRX

To learn more and see the full list of covered medications:

www.PlanoCRX.com / 866.488.7874
Dental Plan

The City’s dental plan is administered by UnitedHealthcare and provides you and your dependents with coverage for typical dental expenses such as cleanings, x-rays, fillings, and orthodontia for children.

The dental plan allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of the UnitedHealthcare network dentists, you’ll pay less for treatment.

If you choose an out-of-network dentist, your share of costs will generally be higher as they may be subject to reasonable and customary reimbursements. You may also need to file your own claims. Once you retire from the City of Plano, you may continue receiving dental benefits, though your contributions may increase. Please contact Human Resources for additional information.

No dental coverage is available through the City of Plano for Medicare age retirees.
### Plan Feature

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>In and Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$50 per person</td>
</tr>
<tr>
<td></td>
<td>$150 per family</td>
</tr>
<tr>
<td><strong>Annual Benefit Maximum</strong></td>
<td>$2,500 per person per year</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td></td>
</tr>
<tr>
<td>Periodic Oral exams (2 per calendar year)</td>
<td></td>
</tr>
<tr>
<td>Bitewing x-rays (2 series per calendar year)</td>
<td>100% - no deductible</td>
</tr>
<tr>
<td>Full mouth x-rays (1 every 36 months)</td>
<td></td>
</tr>
<tr>
<td>Cleaning (2 per calendar year)</td>
<td></td>
</tr>
<tr>
<td>Tooth sealants (children up to age 14)</td>
<td></td>
</tr>
<tr>
<td>Space maintainers (children up to age 14)</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency oral exams</td>
<td>80% after satisfying the deductible</td>
</tr>
<tr>
<td>Restorative fillings</td>
<td></td>
</tr>
<tr>
<td>Oral surgery</td>
<td></td>
</tr>
<tr>
<td>Endodontics and Periodontics</td>
<td></td>
</tr>
<tr>
<td>Repairing or recementing of crowns, bridges, etc. (1 every 36 months)</td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
</tr>
<tr>
<td>Inlays, onlays, fillings, dentures, implants</td>
<td>50% after satisfying the deductible</td>
</tr>
<tr>
<td>First installation of partial or full removable dentures</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>50% up to $2,500 maximum per person, per lifetime</td>
</tr>
<tr>
<td>Only covered for children up to age 19</td>
<td></td>
</tr>
</tbody>
</table>

*The in-network percentage of benefits is based on the discounted fee negotiated with the provider. The out-of-network percentage of benefits is paid at the 90th percentile of the usual and customary rates prevailing in the geographic area where the expenses are incurred.*
Vision Plan

The City’s vision plan is administered by UnitedHealthcare and promotes preventive care through regular eye exams and provides coverage for corrective materials such as glasses and contact lenses.

Vision Coverage

The UnitedHealthcare network includes a variety of providers. You may also choose from a wide selection of independent optometrists, ophthalmologists, and opticians.

*No vision coverage is available through the City of Plano for Medicare age retirees.*
<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Vision Exam</strong> (Once every 12 months)</td>
<td>$10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>$10 copay</td>
<td>See reimbursement amounts below</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Standard lenses are polycarbonate with scratch-resistant coating and are covered in full</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Frame retail allowance is $130</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td>After a Copayment of $10 for up to 6 boxes from the Covered Contact Lens Selection.</td>
<td>Elective - Up to $150</td>
</tr>
<tr>
<td><strong>Laser Corrections</strong></td>
<td>Discounts available</td>
<td>Medically Necessary - up to $210</td>
</tr>
<tr>
<td><strong>Common Vision Exam</strong></td>
<td>$10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Comprehensive Vision Exam</strong></td>
<td>(Once every 12 months)</td>
<td></td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Standard lenses are polycarbonate with scratch-resistant coating and are covered in full</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Frame retail allowance is $130</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td>After a Copayment of $10 for up to 6 boxes from the Covered Contact Lens Selection.</td>
<td></td>
</tr>
<tr>
<td><strong>Laser Corrections</strong></td>
<td>Discounts available</td>
<td></td>
</tr>
</tbody>
</table>
ID Cards

ID cards will be mailed directly to your home with the expectation that you will receive them during the last week of December. The medical and prescription plans are on the same card with a list of dependents. The dental card only lists the subscriber. You can also obtain ID cards online at myuhc.com or through the Health4me app.

The vision card will not be mailed to your home address. You may print it from myuhc.com. Click the icons using the following path:

Coverage & Benefits → Vision → Vision Benefit Highlights → Print ID Cards

Please update your mailing address in PeopleSoft and check the mail carefully during this time to make sure you receive the cards. They are usually mailed in a plain envelope that may be mistaken for junk mail.

Website & Smartphone Apps

UnitedHealthcare’s website, myuhc.com, is your one stop shop for all medical, pharmacy, dental, and vision questions. Get things done quickly and easily... online. You have access to the following information:

**Claims and Physician Searches**
- Check claim status, history, review eligibility / benefits
- Find a primary care physician
- Print a temporary health plan ID card or request a replacement
- Review Prescription information
- Use Pharmacy Online – price a drug and more

To register for Myuhc.com:
1. Go to myuhc.com
2. Click the “Register Now” button
3. Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth
4. Create a Username and Password
5. Enter your email address and / or optional phone numbers, and choose security questions
6. Review and agree to the website policies

You will not receive new ID cards unless you make changes this plan year.
UnitedHealthcare Health4Me® Mobile App

UnitedHealthcare’s Health4Me provides instant access to critical health information for you and your family—anytime / anywhere. Whether you want to find physicians near you, check the status of a claim or speak directly with a nurse, Health4Me is your go-to-resource for everything related to your health.

- Fast. Use the Easy Connect service to tell us how we can help you. Simple navigation allows you to quickly tell us you’d like us to give you a call. A representative will get back to you with answers about claims, benefits and more without having to wait on hold.

- Everywhere. Use the location search feature to find a physician or facility near you. Whether you need a specialist or general practice, one of the largest selections of network doctors is at your command.

- Easy. Add your most commonly used contacts to the “Favorites” tab. Searching for your child’s pediatrician or your nearest urgent care clinic is simply a touch away. You can even add notes.

- Personal. From emailing your member health plan ID card information to checking on medical spending accounts and refilling your prescriptions, Health4Me is the resource that works for you. And with optimum level security, you can rest assured that your information is absolutely confidential.

Healthcare Costs and Coaching Programs

- Hospital comparison program
- MyHealthcare Cost Estimator
- Live Nurse Chat - 800.237.4936
- Personal health record
- Health coaching programs
Doctor on Demand

When you don’t feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don’t have to. Doctor on Demand provides access to quality doctors from your mobile device app or computer.

A virtual visit lets you see and talk to a doctor from the comfort of your home or office without an appointment. Most visits take 10-15 minutes. And, doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Virtual visits are part of your health benefits which are administered by UnitedHealthcare. All virtual visits will appear in claim summaries the same as any other medical claim. You can be treated for a $5 copay (on the medical plan) or $40 (not on the medical plan). The program also offers virtual visits with pediatricians, and psychologists.

To Access Doctor on Demand

- Login to doctorondemand.com or download the app on your mobile device
- During your registration process, you will provide medical plan information.
- Payments are required at the time of service and can be paid via credit card or debit card.

Speak to a doctor 24/7 for just a $5 copay

When to Use a Virtual Visit

Talk to a doctor about non-emergency conditions, including:
- Allergies
- Bladder infection
- Bronchitis
- Cough / Cold
- Diarrhea
- Fever
- Pink eye
- Rash
- Seasonal flu
- Sinus problems
- Sore throat
- Stomach ache
Village Health Partners & Village Pediatrics

Unsurpassed Value in Health Care
Founded in 2007, Village Health Partners is a nationally recognized primary care medical practice serving more than 75,000 North Texas patients through multiple locations.

Village Health Partners focuses on the quality, access and convenience of care for its patients. The practice is dedicated to helping communities by offering access to unsurpassed value in health care delivery. Village Health Partners uses health information technology such as Electronic Medical Records (EMR), secure email access with doctors and a convenient online portal for patients to request same day appointments and prescription refills.

City of Plano retirees can access Village Health Partners and Village Pediatrics for just a $5 copay

Hours

- **Legacy Medical Village**
  - Monday – Thursday: 7 AM – 7 PM
  - Friday: 7 AM – 5 PM
  - Saturday: 8:30 AM – 1 PM
  - Sunday: 1 PM – 4 PM

- **Independence Medical Village**
  - Monday – Thursday: 7 AM – 6 PM
  - Friday: 7 AM – 5 PM

- **McKinney Medical Village**
  - Monday – Friday: 7 AM – 5 PM

- **Village Pediatrics**
  - Monday – Thursday: 8 AM – 6 PM
  - Friday: 8 AM – 5 PM
  - Saturday: 9 AM – 12 PM

Accolades for our Doctors
At both a local and national level, the Plano Village Health Partners doctors and staff have been recognized as:

- **Practice of the Year by Physicians Practice Journal**
- **D Magazine “Best Doctors”**
- **Texas Monthly “Super Doctors”**
- **One of the first family practices in Texas to receive the Diabetes Recognition Program from the National Center for Quality Assurance**
- **The physician’s office that best utilizes technology and EMR in the country with The Davies Award from the Healthcare Information and Management Systems Society (HIMSS)**

Village Health Partners serves North Texas specializing in women’s and men’s health, pediatrics, diabetes, cholesterol, hypertension, and disease prevention.

For more information
villagehealthpartners.com or call 972.426.2800
AIRROSTI

When Outcomes Matter
Resolve most spine, joint, and soft-tissue injuries — often within 3 visits

Quality Care, Rapid Recovery.
Airrosti’s outcome focused care leads to rapid recoveries & lasting results — while helping patients avoid MRIs, pharmaceuticals, surgeries, and other costly procedures. Airrosti providers are experts at eliminating chronic pain & resolving most spine, joint, & soft-tissue conditions.

Common Injuries and Conditions
Back pain, neck pain, headaches, triceps tendonitis, disc injury, SI joint sprain, hip pain, hamstring pull/strain, sciatic-like pain, calf pull/strain, achilles tendonitis, sever’s disease, heel pain/spurs, rotator cuff pain, bicep tendonitis, elbow pain, hip flexor strain, groin pull, carpal tunnel, quad pull, knee pain, patellar tendonitis, shin splints, ankle sprain, plantar fasciitis.

99.7%
average number of visits to complete injury resolution

3.2
of patients would recommend Airrosti to friends & family

For more information
Airrosti.com
or call 800.404.6050
Compass Health Professionals

Starting January 1, 2020, Compass will be called Alight

No matter how complex or simple, we all have health care needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times.

The City of Plano has implemented this program, at no cost to you, to serve as your personal health care advisor.

Contact your Health Pro today to help point you in the right direction

- Cost estimation for medical services and prescriptions.
- Unbiased doctor recommendations
- Hospital cost and quality information
- Bill review and reconciliation
- Complete guidance for your health care to help you understand your benefits
- Insider information on saving money

Introducing the Health Pro Cloud app – the next-generation digital healthcare experience that puts the intelligence and personality of our Health Pro® consultants in the palm of your hand. Think of Health Pro Cloud as your digital healthcare concierge. Starting January 1, 2020, Compass will be called Alight.

Your Health Pro:

Jordan White
855.777.0533
jordan.white@compassphs.com

For more information
compassphs.com

Instant expertise
Navigate the complex healthcare system and receive instant answers to questions 24 / 7 – everything you need to make smart healthcare decisions.

No instructions needed
Enjoy an intuitive interface based on insights from over a million healthcare interactions with members.

Knows your needs
Stay on top of your health as the app thinks ahead and answers questions you might not know to ask.

Tailored to you
Get personal guidance whether you’re just getting started or in the middle of a complicated health event.

An expert on tap
Easily connect with your Health Pro consultant when things get difficult or you feel overwhelmed.

Hospital Gap Plan

If enrolling in Hospital GAP for the first time or making a change, you are required to complete an enrollment form on the Benefits website: plano.gov/benefits. The completed form must be returned to Human Resources.

The City of Plano offers a supplemental limited benefit medical expense insurance policy – or GAP plan offered through American Fidelity up to age 65.

THREE PRIMARY BENEFITS*

皆さんおめでとうございます！

 Hospital GAP Plan Monthly Rates

<table>
<thead>
<tr>
<th>Plan Levels</th>
<th>$500</th>
<th>$1,000</th>
<th>$1,500</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under 55</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$14</td>
<td>$17</td>
<td>$20</td>
</tr>
<tr>
<td>Retiree &amp; Spouse /</td>
<td>$26</td>
<td>$31</td>
<td>$37</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree &amp; Children</td>
<td>$25</td>
<td>$28</td>
<td>$32</td>
</tr>
<tr>
<td>Family</td>
<td>$37</td>
<td>$42</td>
<td>$49</td>
</tr>
<tr>
<td><strong>Under 55 To 59</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$20</td>
<td>$24</td>
<td>$30</td>
</tr>
<tr>
<td>Retiree &amp; Spouse /</td>
<td>$37</td>
<td>$43</td>
<td>$54</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree &amp; Children</td>
<td>$31</td>
<td>$35</td>
<td>$42</td>
</tr>
<tr>
<td>Family</td>
<td>$48</td>
<td>$54</td>
<td>$66</td>
</tr>
<tr>
<td><strong>Age 60 And Over</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$31</td>
<td>$36</td>
<td>$46</td>
</tr>
<tr>
<td>Retiree &amp; Spouse /</td>
<td>$56</td>
<td>$65</td>
<td>$83</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree &amp; Children</td>
<td>$42</td>
<td>$47</td>
<td>$58</td>
</tr>
<tr>
<td>Family</td>
<td>$67</td>
<td>$76</td>
<td>$95</td>
</tr>
</tbody>
</table>

Find these forms at plano.gov/benefits

* Contact your American Fidelity representative for additional information on this plan including exclusions, limitations, definitions and effective date of coverage.

American Fidelity

1.800.437.1011
Employee Assistance Program

Contact Us... Anytime, Anywhere
No-cost, confidential solutions to life’s challenges.
You will have access to 6 face to face visits per event.

Confidential Emotional Support
Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions
Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair
- Contractors
- Planning events, locating pet care

Legal Guidance
Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources
Our financial experts can assist with a wide range of issues.
Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support
GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- “Ask the Expert” personal responses to your questions

Free Online Will Preparation
EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

Contact Your GuidanceResources® Program
Call: 855.365.4754
TDD: 800.697.0353
Online: guidanceresources.com
App: GuidanceResources® Now
Web ID: ONEAMERICA6
Mobile Benefits

What information can I access on the app?

- Access & print generic ID cards with City of Plano’s group information
- Download and print benefit related documents and forms
- Quickly find service contact information and on-line resources
- Review benefit plan design information

Will the mobile app work on my device?

This App has been tested on a variety of devices including, iPhones, iPads, Android / Windows phones and tablets. However, due to the number of devices throughout the industry, we cannot guarantee that all functions and features can be used on every device.

Add an icon to your smartphone for quick access!

Go to:

CityofPlano.mybenefitsapp.com

**iPhone**

- Tap the Share icon in Safari’s lower menu bar
- Tap the Add to home screen icon

**Android**

- Tap this Icon in the top right menu bar
- Select: Add to Home screen

**Windows Phone**

- Tap this Icon in the lower right corner
- Select: Pin to Start
## Important Contacts

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone / Website / Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Airrosti</strong></td>
<td>1.800.404.6050 [airrosti.com]</td>
</tr>
<tr>
<td><strong>City of Plano Benefits Site</strong></td>
<td>1.972.941.7115 [plano.gov/benefits]</td>
</tr>
<tr>
<td>**Alight</td>
<td>Compass**</td>
</tr>
<tr>
<td><strong>Communitas - Kayla Fenner</strong></td>
<td>1.318.751.5815 [<a href="mailto:kayla.fenner@communitas.com">kayla.fenner@communitas.com</a>]</td>
</tr>
<tr>
<td><strong>Communitas - Diane Dodson</strong></td>
<td>1.855.248.7030 [<a href="mailto:diane.dodson@communitas.com">diane.dodson@communitas.com</a>]</td>
</tr>
<tr>
<td><strong>Dental - UnitedHealthcare</strong></td>
<td>1.877.816.3596 [myuhc.com] group # 410525</td>
</tr>
<tr>
<td><strong>Hospital Gap - American Fidelity</strong></td>
<td>1.800.437.1011 [americanfidelity.com]</td>
</tr>
<tr>
<td><strong>Mail Order Prescription Drug Program - OptumRx</strong></td>
<td>1.866.873.3903 [myuhc.com]</td>
</tr>
<tr>
<td><strong>Medical Plan - UnitedHealthcare</strong></td>
<td>1.866.873.3903 [myuhc.com] group # 704335</td>
</tr>
<tr>
<td><strong>Village Health Partners</strong></td>
<td>1.972.426.2800 [villagehealthpartners.com]</td>
</tr>
<tr>
<td><strong>Vision - UnitedHealthcare, Spectera</strong></td>
<td>1.800.638.3120 [myuhcvision.com]</td>
</tr>
<tr>
<td><strong>Employee Assistance Program - ComPsych</strong></td>
<td>855.365.4754 [guidanceresources.com]</td>
</tr>
<tr>
<td><strong>Julia Cherry, HR Analyst, Sr.</strong></td>
<td>1.972.941.5757 [<a href="mailto:jcherry@plano.gov">jcherry@plano.gov</a>]</td>
</tr>
<tr>
<td><strong>Heather Conrad, HR Analyst, Sr.</strong></td>
<td>1.972.941.7259 [<a href="mailto:heatherc@plano.gov">heatherc@plano.gov</a>]</td>
</tr>
<tr>
<td><strong>Fannie Layer, HR Analyst, Sr.</strong></td>
<td>1.972.941.5019 [<a href="mailto:fanniel@plano.gov">fanniel@plano.gov</a>]</td>
</tr>
<tr>
<td><strong>Michelle Gifford, Wellness Coordinator, Sr.</strong></td>
<td>1.972.941.7227 [<a href="mailto:michellej@plano.gov">michellej@plano.gov</a>]</td>
</tr>
</tbody>
</table>
HEALTH COVERAGE NOTICES

For Your Files
This brochure contains legal notices for participants in group health plans sponsored by the City of Plano. The notices included in this brochure are:

- Health Insurance Marketplace Coverage Options and Your Health Coverage that describes the Health Insurance Marketplace and eligibility and tax credit information.
- Notice of Privacy Practices that explains how the City group health plans protect your personal medical information.
- Medicare Part D Prescription Drug Notice that provides information about how your current prescription drug coverage under the health care plans is affected—and your options for coverage—when you become eligible for Medicare.
- COBRA Rights Notice that explains when you and your family may be able to temporarily continue coverage under UnitedHealthcare if coverage would otherwise end for you.
- HIPAA Exemption Election that explains the mental health parity exemptions for the City of Plano.
- Notice of Reasonable Alternatives to Wellness Program Participation that explains options for those who have a medical condition that makes wellness program participation difficult.
- 60-Day Special Enrollment Period that describes a special 60-day timeframe to elect or discontinue coverage.
- Newborn and Mothers Health Protection Notice that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- Women’s Health and Cancer Rights Act that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- Notice of Grandfathered Plan that explains the City of Plano is a grandfathered medical plan.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

General Information
Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

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 tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often 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 your employer, please check your summary plan description or contact HRBenefits@plano.gov or 972.941.7115.

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.

**NOTICE OF PRIVACY PRACTICES**

**City of Plano Notice of Individual Privacy Rights***

(Under Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Standards for Privacy of Individually Identifiable Health Information)

The City of Plano protects the confidentiality of your personal health information as required by law. If you have questions about this notice, please contact our Privacy Officer Andrea Cockrell at HRBenefits@plano.gov or 972.941.7115.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Our Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice but reserve the right to change the terms of the notice and to make the new notice provisions effective for all protected health information we maintain. If we change the terms of the notice, we will provide you with a copy of the revised notice by letter and posting. The effective date of this notice is September 23, 2013. This notice will remain in effect until replaced or amended.

Detailed large claim health information received from health care vendors will only be viewed by individuals in the following positions: Benefits Administrator, Human Resources Director, Benefits Agents and Advisors, Risk Manager, and the Assistant City Attorney assigned to Human Resources. These employees have a legitimate business need to view this information in order to consider alternate health insurance funding options for the city.

**Your Protected Information**

In order to conduct operations, our designated agents or we, collect, create and/or use different types of information. This may include information about you such as your name, address, age, health status, medical or psychological conditions, and information about dependents. Some of this information may qualify as protected health information. Our use or disclosure of protected health information may be restricted or limited by law. Protected health information means individually identifiable health information that is transmitted by electronic media, maintained in electronic or computer format, or transmitted or maintained in any other form or medium. Protected health information does not include certain educational or employment records.

**Permitted Uses and Disclosures of Your Protected Information**

For Payment – Our designated agents or we may use and disclose information about you in managing your health care. This may include such functions as premium payment activities, reimbursing health care providers for services, determining eligibility or coverage of an individual, performing coordination of benefits, adjudicating claims, health care data processing including claims management, collection activities, obtaining payments under a reinsurance contract, medical necessity reviews, and/or utilization review activities.

For Health Care Operations – Our designated agents or we may use and disclose information about you for health care operations. This may include information about you needed to review the quality of care and services you receive, to provide case management or care coordination services, provide treatment alternatives or other health- related benefits and services, and/or to perform audits, ratings, and forecasts (as limited by HIPAA standards).

For Treatment – Our designated agents or we may use and disclose information about you for treatment purposes. This may include information about you needed for the provision, coordination, or management of health care and related services.

As Permitted or Required by Law – Information about you may be used or disclosed to regulatory agencies, for administrative or judicial proceedings, for health oversight activities, to law enforcement officials when required to comply with a court order or subpoena, and/or as authorized by and to the extent necessary to comply with workers’ compensation laws.

Public Health Activities – Information about you may be used or disclosed to a public health authority for the purposes of preventing or controlling disease, injury or disability, reporting child abuse or neglect, and/or to assist the Food and Drug Administration in tracking products and defects/problems as well as enabling product recalls and conducting post marketing activities. Information about you may also be used or disclosed if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Abuse, Neglect or Domestic Violence – To the extent required or authorized by law, or with your consent, protected information about you may be disclosed to an appropriate government authority if we reasonably believe you are the victim of abuse, neglect, or domestic violence.

In the Event of Death – In the event of your death, our designated agents or we may disclose your protected information to coroners, medical examiners and/or funeral directors as necessary to carry out their duties.

Organ Transplant – Our agents or we may use or disclose your protected information to organ procurement organizations or related entities for the purpose of facilitating organ, eye or tissue donation and transplantation.
Research Purposes – Our agents or we may use or disclose your protected information for research provided we first obtain an authorization or waiver from you and representations from the researcher limiting the uses and protecting the privacy of your information.

Correctional Institutions – Our agents or we may use or disclose your protected information to a correctional/custodial institution or appropriate law enforcement official if you are an inmate and the disclosure is necessary for your health care and the health and safety of you, other inmates, officers or institution employees.

Business Associates – Where it is necessary to help carry out our health care function, we may disclose your information to a business associate and/or allow the business associate to create or receive protected health information on our behalf. In most situations, we must first obtain satisfactory written assurances that the business associate will appropriately safeguard the information. No such assurances are required, however, where disclosure is made to your health care provider for treatment purposes.

Minimum Disclosure Required – When using, disclosing or requesting your information, we are normally required to make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. This limitation does not apply in situations involving disclosures to you or made pursuant to your authorization, to a health care provider for treatment, to the Secretary of Health and Human Services for HIPAA compliance and enforcement purposes, or as otherwise required by law.

To Employer – Our designated agents or we may disclose your information to your employer to conduct an evaluation relating to medical surveillance of the workplace, to evaluate whether you have a work-related illness, to record such illness or injury as required by law. Prior to disclosing this information to your employer, we must give you written notice at the time the health care is provided or, if the health care is provided at the work site, prominently post the notice at that location.

Informational Contact – We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Plan Sponsor – We may disclose protected information to the Plan Sponsor only in the form of de-identified summary information and to record enrollments and dis-enrollments.

Prohibited Use of Protected Health Information

Our designated agents or we are prohibited from using any portion of your protected health information considered genetic information for underwriting purposes.

Disclosures requiring Written Authorization

Psychotherapy Notes – Although we do not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately field notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

Marketing – Our designated agents or we, generally, will require an authorization form for uses and disclosure of your protected health information for marketing purposes or the sale of your protected health information. Other uses and disclosures – Except as otherwise indicated in this Notice, uses and disclosures of your protected health information will be made only with your written permission, unless otherwise permitted or required by law.

Revocation – You may revoke, in writing, any such authorization unless we have taken action in reliance on your authorization or it was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

Availability of Notice on Our Website

This notice is prominently posted on our website and is available electronically through our website.

Your Rights

Under the regulations effective April 14, 2003, you will have the right to:

• Send us a written request to see or get a copy of the protected health information that we have about you.

• Request an amendment to your personal information that you believe is incomplete or inaccurate. The request must be in writing and provide a reason to support the proposed amendment.

• Request in writing additional restrictions on uses or disclosures of your protected health information to carry out treatment, payment, or health care operations. However, we are not required to agree to these requests.

• Receive an accounting of our disclosures of your protected health information in writing, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting.

• Receive a paper copy of this notice upon request.

• You cannot be forced to waive your rights established by the privacy regulations.

• Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address (Applies to Health Care Provider)

• Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address, if communication to your home could endanger you. (Applies to Health Plan)

Complaints

If you believe your HIPAA privacy rights have been violated, you have
the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or visiting hhs.gov/ocr/privacy/hipaa/complaints. Complaints may also be sent to City of Plano, Andrea Cockrell, 1520 K Avenue, Plano, Texas 75074 or email to HRBenefits@plano.gov, HIPAA Privacy Officer. The complaint must be in writing, either on paper or electronically, name the person that is the subject of the complaint and describe the acts or omissions believed to be in violation of your rights. A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing a complaint.

Further Information
If you need further information, please contact our HIPAA Contact Office, Employee Health Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775. You may also contact the City of Plano, Andrea Cockrell, 1520 K Avenue, Plano, TX 75074, 972.941.7115.

MEDICARE PART D PRESCRIPTION DRUG NOTICE

Important Notice from the City of Plano about Your Prescription Drug Coverage and Medicare
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Plano 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, 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 your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. City has determined that the prescription drug coverage offered by City plan 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.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current City coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the City and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage
Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare 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.

For more information about Medicare Prescription drug coverage:
• Visit medicare.gov.
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of “Medicare & You” handbook for...
their telephone number) for personalized help

- Call 1-800-MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 2019

City of Plano

Human Resources Department

1520 K Avenue, Suite 130

Plano, TX 75074

972.941.7115

COBRA RIGHTS NOTICE

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct. If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
  - Your spouse dies;
  - Your spouse’s hours of employment are reduced;
  - Your spouse’s employment ends for any reason other than his or her gross misconduct;
  - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
  - You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
  - The parent-employee dies;
  - The parent-employee’s hours of employment are reduced;
  - The parent-employee’s employment ends for any reason other than his or her gross misconduct;
  - The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
  - The parents become divorced or legally separated; or
  - The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [enter name of employer sponsoring the Plan], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries.
beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Coverage Available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

• The end of employment or reduction of hours of employment;
• Death of the employee;
• Commencement of a proceeding in bankruptcy with respect to the employer; or
• The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 31 days after the qualifying event occurs. You must provide this notice to: Human Resources.

How is COBRA Continuation Coverage Provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at healthcare.gov.

If You Have Questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit HealthCare.gov.

Keep Your Plan Informed of Address Changes
To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information
October 2019
City of Plano
Human Resources Department
1520 K Avenue, Suite 130
Plano, TX 75074
972.941.7115

HIPAA EXEMPTION ELECTION DOCUMENT
participate in the biometric screening, only employees who do so will not be required to complete the MHA, complete a preventive exam or receive an incentive of a medical premium discount. Although you are not required to complete the MHA, complete a preventive exam or participate in the biometric screening, only employees who do so will receive the medical premium discount. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Viverae, our Wellness Platform provider and US Wellness, our Biometric Screening provider, in order to provide you with services under the wellness program.

Additional incentives may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Michelle Gifford at michellegi@plano.gov or 972.941.7227.

The information from your MHA, preventive exams and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Disease Management Programs, Preventive Screenings or online activity participation through our wellness portal provider, Viverae. You are also encouraged to share your results or concerns with your own doctor.

**Protections From Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the City of Plano’s wellness program, Connect4Health, and the City of Plano may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will not be shared publicly, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Aggregate means that any protected health information contained in reports does not identify the individual whose data is being reported. In other words, the PHI in aggregate form is not tied to a specific person. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are)
Viverae, our Wellness Platform provider and US Wellness, our Biometric Screening provider, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 972.941.7115.

60-Day Special Enrollment Period
In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent’s Medicaid or Children’s Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility;

or

- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Newborn and Mothers Health Protection Notice
For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with child-birth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother’s or newborn’s attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women’s Health and Cancer Rights Act of 1998
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact HRBenefits@plano.gov or 972.941.7115.

Notice of Grandfathered Plan
This City of Plano Risk Pool Health Plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Andrea Cockrell at 972.941.7115 or HRBenefits@plano.gov. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1.866.444.3272, or dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at healthreform.gov.
This guide highlights the main features of many of the benefit plans sponsored by the City of Plano. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents or City policies will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. The City reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.