



Roswell

g e o r g i a

2018 Benefits Guide

Coverage Options Inside, Including:

- Medical Plan Summaries
- Dental • Vision
- Group Life and Disability
- Supplemental Benefits



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Benefit Eligibility

Health and welfare benefits are offered to all regular, full-time employees. You become eligible for the various benefits offered by the City of Roswell upon completion of your benefit enrollment waiting period based on the criteria below.

Employees have thirty (30) days from their full time date of hire to process their benefit elections. Enrollments cannot be accepted beyond this time.

Please make your enrollment decisions carefully as most plans will not allow you to make changes during the year unless you have a qualified, family status change.

Full-time Employees:

Medical, Dental, Vision, Basic Life and AD&D, Voluntary Life, STD and LTD

Effective first of the month following 30 days of full-time employment

Required Documentation for Dependents

If you choose to enroll your spouse or dependents in the City of Roswell’s Benefit Program, you will be required to submit appropriate documentation to verify dependent eligibility. You must submit the necessary documents confidentially by sending them to Human Resources by your enrollment deadline. If you are unable to provide the requested documents to verify dependent eligibility, than those dependents will not have benefit coverage.

The individuals listed below qualify as a dependent under the City of Roswell’s Benefit Program:



Dependent Category	Required Documentation
Spouse	Copy of Marriage License
Children or Stepchildren under age 26	Copy of Birth Certificate
Adopted Children	Copy of Adoption Paperwork or Amended Birth Certificate
Foster Child or Child for whom you are Legal Guardian	Copy of Court Paperwork
Disabled Adult Child	Copy of Birth Certificate and Statement of Total and Permanent Disability by dependent’s physician

Benefit Enrollment

If You Don't Enroll

All benefit eligible employees must complete enrollment even if declining coverage. Employees who do not elect benefits during their initial eligibility period must wait until the annual open enrollment period to elect benefits for the upcoming, respective plan year.

Changing Your Coverage During the Year

IRS regulations state that you cannot change your pre-tax benefit options during the year unless you have a qualified, family status change. The following events may allow you to enroll or change your pre-tax benefit options:

- Marriage or divorce
- Birth or adoption of a child by you
- Employment status change for you or your covered dependents
- Death of a covered spouse or child
- Loss of dependent status due to child reaching age 26

Annual Open Enrollment

Each year during Open Enrollment, you will have the opportunity to make your benefit elections for the upcoming year. You may make changes to your Health Plan benefits such as electing/declining coverage. During Open Enrollment, you may also add eligible dependents or remove dependents from plans. Voluntary life insurance may be elected or increased which may require Evidence of Insurability.

When Do My Benefits End?

Benefits end on the last day of the month following termination of employment or change in status (ex. moving from full time to part time). You will be notified of your rights to COBRA at that time.

Paying for Your Benefits

Some benefits are provided by the City of Roswell at no cost to you. Costs are shared by you and the City of Roswell for benefits such as Medical and Dental. While you pay for the full cost of Voluntary Life, you still receive a substantial savings through discounted group rates. This wide array of choices means you can build the benefits program that best suits your needs.

Benefit	Who Contributes?
Medical and Prescription	You and City of Roswell
Dental	You and City of Roswell
Vision	You
Basic Life and AD&D	City of Roswell
Voluntary Term Life	You
Short Term Disability	City of Roswell
Long Term Disability	City of Roswell
Supplemental Benefits (Critical Illness and Accident)	You

Payroll Contributions

When Payroll Contributions Start

For any benefits you elect during Open Enrollment, your first payroll contribution will begin with the first pay day in October.

Pre-Tax versus After-Tax Premiums

You have the ability to pay the cost for many of your benefits on a pre-tax basis. Pre-tax basis means that any deductions for these benefits are made before taxes are taken out of your pay so you pay less in income taxes because you're taxed on a lower income amount.

You should be aware that Social Security taxes are not withheld from your pre-tax dollars (for premiums and health spending accounts) so they don't count toward your wages for Social Security purposes – and this may reduce your future Social Security benefits. Generally, the small benefit reduction is outweighed by the immediate tax benefit of using pre-tax dollars.

This hypothetical example is for illustration purposes only and is based on a 15 percent federal tax rate and current Social Security tax rates.

How Pre-Tax Premiums Affect Your Paycheck

After-Tax		
When you use taxable dollars to pay for benefits, taxes are deducted first, and then your contributions are taken.	Annual Salary	\$28,000
	Adjusted Gross Income	\$28,000 (no change)
	Estimated Taxes	-\$6,350
	Benefit Costs	-\$1,300
	Take-Home Pay	\$20,350

Pre-Tax		
When you use pre-tax dollars to pay for benefits, your benefit contributions are deducted from your pay first, and then taxes are taken.	Annual Salary	\$28,000
	Benefit Costs	-\$1,300
	Adjusted Gross Income	\$26,700
	Estimated Taxes	-\$6,050
	Take-Home Pay	\$20,650
	Savings	\$300

Benefit	Deductions
Medical, Dental, Vision	Pre-tax only
Supplemental Benefits	After-tax only



Medical Plan

Medical Plan

The City of Roswell provides comprehensive Medical and Prescription coverage, featuring three High Deductible Health Plan (HDHP) options. Each plan contains varying deductible and premium levels to help you determine what best suits you and your family's needs. A comparison of the medical plans can be found on pages 8-10.

HDHP's are designed to provide you with greater flexibility, allowing you to take control of your health and the dollars you spend on healthcare. With lower overall premiums in comparison to other types of plans, HDHP's not only present a great cost savings opportunity, but also provide you with the option to enroll in a tax-advantaged, Health Savings Account (HSA) to help offset eligible medical expenses.

Non-Embedded Deductible vs. Embedded Deductible

Before you make your medical plan selection, it's important to consider the differences amongst the plans, paying particular attention to the deductible. Not only do the deductible amounts differ in each plan, but also how the deductible can be met.

The \$1,500/\$3,000 HSA Plan and the \$2,000/\$4,000 HSA Plan each contain a **"Non-Embedded"** deductible, meaning the family deductible can be met by either one family member or multiple family members. The family deductible must be met in its entirety prior to coinsurance applying to any members. The only time an individual deductible would apply is if Employee Only coverage was selected.

- **Non-Embedded Example:** \$1,500 Individual Deductible / \$3,000 Family Deductible

- Family coverage selected for family members A, B and C.
 - ✦ Family Member A pays \$800 toward \$3,000 Family Deductible – Coinsurance does not apply.
 - ✦ Family Member B pays \$1,600 toward \$3,000 Family Deductible – Coinsurance does not apply.
 - ✦ Family Member C pays \$600 toward \$3,000 Family Deductible – Coinsurance will now apply for the entire family as family members A, B and C have jointly accumulated to reach the \$3,000 family deductible.

- **Non-Embedded Example:** \$2,000 Individual Deductible / \$4,000 Family Deductible

- Family coverage selected for family members A, B and C.
 - ✦ Family Member A pays \$2,300 toward \$4,000 Family Deductible – Coinsurance does not apply.
 - ✦ Family Member B pays \$700 toward \$4,000 Family Deductible – Coinsurance does not apply.
 - ✦ Family Member C pays \$1,000 toward \$4,000 Family Deductible – Coinsurance will now apply for the entire family as family members A, B and C have jointly accumulated to reach the \$4,000 family deductible.

The \$2,600/\$5,200 HSA Plan contains an **"Embedded"** deductible, meaning one family member cannot meet the full family deductible and is only responsible for the individual deductible amount inside the family deductible. Once a member meets the individual deductible, coinsurance will apply for that member only. Once the family deductible is met, coinsurance will apply for all members. The family deductible can be partially met by multiple family members, but the total amount must equal the family deductible value in order for coinsurance to apply for all family members.

- **Embedded Example:** \$2,700 Individual Deductible / \$5,200 Family Deductible

- Family coverage selected for family members A, B and C.
 - ✦ Family Member A pays and meets \$2,700 Individual Deductible – Coinsurance now applies for Family Member A Only.
 - ✦ Family Member B pays \$1,500 toward Individual and Family Deductible – Coinsurance does not apply.
 - ✦ Family Member C pays \$1,000 toward Individual and Family Deductible – Coinsurance will now apply for the entire family as members A, B and C have jointly accumulated to reach the \$5,200 family deductible.

Medical Plan Continued

Medical Plan – HealthEZ

The City of Roswell will continue to partner with HealthEZ to administer the City’s medical plans for the 2018-2019 plan year, utilizing the Cigna PPO network. With more than 30 years of experience as a national health plan administrator, HealthEZ serves to help plan participants navigate the world of healthcare.

HealthEZ services include, but are not limited to:

- Processing of Member Medical and Prescription Enrollment
- Issuing of Member Identification Cards
- Medical Claims Processing
- 24/7 Nurse Line
- Online Bill Payment Service



Once you receive your member identification card, we encourage you to setup a member account at www.CityofRoswellGABenefits.com – a one-stop benefits website for benefit information, forms, statements, account balances, access to your claims history and much more.

Medical Plan – HealthEZ’s Network Provider (Cigna)

Cigna PPO is contracted by HealthEZ as the in-network provider. Each time you need health care, you choose whether you would like to use in-network or out-of-network providers. By using a physician in the Cigna PPO network, you will receive greater benefits.

For a listing of providers, please visit: www.CityofRoswellGABenefits.com and click on “Find a Doctor” or call the HealthEZ Customer Service line at 1-855-520-4324. You may also contact the Client Advocate Center at 1-866-736-6640 or service@onedigital.com.

Please keep in mind that there are pre-certification requirements for certain medical procedures. Failure to comply with these pre-certification rules may result in eligible expenses being reduced or denied. Please consult your Summary Plan Description for complete details regarding pre-certification.

Medical Plan – Pharmacy Benefits Manager (PBM)



The PBM for 2018-2019 is MagellanRx, one of the nation’s largest prescription providers. Through Magellan, you can choose to receive your medications from an extensive pharmacy network with access to more than 67,000 pharmacies. This includes several national retail and grocery store pharmacies as well as many local neighborhood pharmacies.

Plan participants have a dedicated member services team available 24/7, in addition to a number of useful online tools and resources. By visiting www.MagellanRX.com and accessing the Member Portal, you have the ability to view, refill, renew and transfer prescriptions, locate an in-network pharmacy, obtain claim forms and view your claims history, along with many other services available to you.

Medical Plan Summary - \$1,500/\$3,000 HSA

MEDICAL PLAN: \$1,500/\$3,000 HSA		
Benefit	In-Network	Out-of-Network
HSA		
City of Roswell's HSA Contribution	\$500 EE Only / \$1,000 EE + Dependent(s)	
Plan Year Deductible		
Single	\$1,500	\$4,000
Family	\$3,000	\$8,000
Out-of-Pocket Maximum		
Single	\$2,500	\$8,000
Family	\$5,000	\$16,000
Office Visit		
Primary Care Physician	Deductible, then 90%	Deductible, then 70%
Specialist	Deductible, then 90%	Deductible, then 70%
Inpatient Services		
Facility Room & Board	Deductible, then 90%	Deductible, then 70%
Physician Visits & Consultations	Deductible, then 90%	Deductible, then 70%
Outpatient Services		
Outpatient Surgery & Diagnostic Lab, X-ray, Pathology Dialysis, IV Therapy, Chemo & Radiation	Deductible, then 90%	Deductible, then 70%
Emergency Room	Deductible, then 90%	Deductible, then 70%
Preventive Care		
Annual Physical, Well Man/Woman Visit, Well Child Care	100% - Deductible Waived	Deductible, then 70%

PRESCRIPTION DRUG BENEFITS

Generic, Preferred, Non-preferred	Deductible, then \$10 / \$35 / \$60
Therapeutic Rx	Deductible Waived - Copay Applies

BI-WEEKLY BENEFIT COST

	Employee Bi-Weekly Cost	City Pays Bi-Weekly	Monthly Premium
Employee Only	\$63.25	\$226.06	\$626.85
Employee + Spouse	\$116.41	\$488.25	\$1,310.09
Employee + Child(ren)	\$105.80	\$432.32	\$1,165.93
Family	\$156.54	\$699.82	\$1,855.44

*Above rates do not include surcharges for tobacco use or spousal surcharges (incurred when a spouse waives coverage available through their employer)

Surcharges

(Add applicable charges to the above payroll deductions)

Employee Tobacco User	\$50 Bi-Weekly
Spouse Tobacco User	\$50 Bi-Weekly
Dependent Tobacco User	\$50 Bi-Weekly
Spousal Surcharge	\$50 Bi-Weekly

Note: Plan Summaries are solely for the purpose of benefits illustration and in no way govern the payment of benefits. Please refer to the Summary Plan Description for detailed information.

Medical Plan Summary - \$2,000/\$4,000 HSA

MEDICAL PLAN: \$2,000/\$4,000 HSA		
Benefit	In-Network	Out-of-Network
HSA		
City of Roswell's HSA Contribution	\$750 EE Only / \$1,500 EE + Dependent(s)	
Plan Year Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum		
Single	\$3,000	\$8,000
Family	\$6,000	\$16,000
Office Visit		
Primary Care Physician	Deductible, then 90%	Deductible, then 70%
Specialist	Deductible, then 90%	Deductible, then 70%
Inpatient Services		
Facility Room & Board	Deductible, then 90%	Deductible, then 70%
Physician Visits & Consultations	Deductible, then 90%	Deductible, then 70%
Outpatient Services		
Outpatient Surgery & Diagnostic Lab, X-ray, Pathology Dialysis, IV Therapy, Chemo & Radiation	Deductible, then 90%	Deductible, then 70%
Emergency Room	Deductible, then 90%	Deductible, then 70%
Preventive Care		
Annual Physical, Well Man/Woman Visit, Well Child Care	100% - Deductible Waived	Deductible, then 70%

PRESCRIPTION DRUG BENEFITS

Generic, Preferred, Non-preferred	Deductible, then \$10 / \$35 / \$60
Therapeutic Rx	Deductible Waived - Copay Applies

BI-WEEKLY BENEFIT COST

	Employee Bi-Weekly Cost	City Pays Bi-Weekly	Monthly Premium
Employee Only	\$44.14	\$224.99	\$583.11
Employee + Spouse	\$76.05	\$486.42	\$1,218.69
Employee + Child(ren)	\$69.88	\$430.70	\$1,084.59
Family	\$99.38	\$697.23	\$1,726.00

*Above rates do not include surcharges for tobacco use or spousal surcharges (incurred when a spouse waives coverage available through their employer)

Surcharges

(Add applicable charges to the above payroll deductions)

Employee Tobacco User	\$50 Bi-Weekly
Spouse Tobacco User	\$50 Bi-Weekly
Dependent Tobacco User	\$50 Bi-Weekly
Spousal Surcharge	\$50 Bi-Weekly

Note: Plan summaries are solely for the purpose of benefits illustration and in no way govern the payment of benefits. Please refer to the Summary Plan Description for detailed information.

Medical Plan Summary - Embedded \$2,700/\$5,200 HSA

MEDICAL PLAN: Embedded \$2,700 / \$5,200 HSA			
Benefit	In-Network	Out-of-Network	
HSA			
City of Roswell's HSA Contribution	\$750 EE Only / \$1,500 EE + Dependent(s)		
Plan Year Deductible			
Single	\$2,700	\$4,000	
Family	\$5,200	\$8,000	
Out-of-Pocket Maximum			
Single	\$3,600	\$8,000	
Family	\$7,200	\$16,000	
Office Visit			
Primary Care Physician	Deductible, then 90%	Deductible, then 70%	
Specialist	Deductible, then 90%	Deductible, then 70%	
Inpatient Services			
Facility Room & Board	Deductible, then 90%	Deductible, then 70%	
Physician Visits & Consultations	Deductible, then 90%	Deductible, then 70%	
Outpatient Services			
Outpatient Surgery & Diagnostic Lab, X-ray, Pathology Dialysis, IV Therapy, Chemo & Radiation	Deductible, then 90%	Deductible, then 70%	
Emergency Room	Deductible, then 90%	Deductible, then 70%	
Preventive Care			
Annual Physical, Well Man/Woman Visit, Well Child Care	100% - Deductible Waived	Deductible, then 70%	
PRESCRIPTION DRUG BENEFITS			
Generic, Preferred, Non-preferred	Deductible, then \$10 / \$35 / \$60		
Therapeutic Rx	Deductible Waived - Copay Applies		
BI-WEEKLY BENEFIT COST			
	Employee Bi-Weekly Cost	City Pays Bi-Weekly	Monthly Premium
Employee Only	N/A	N/A	N/A
Employee + Spouse	\$63.72	\$484.69	\$1,188.22
Employee + Child(ren)	\$58.91	\$429.15	\$1,057.47
Family	\$81.92	\$694.78	\$1,682.85
*Above rates do not include surcharges for tobacco use or spousal surcharges (incurred when a spouse waives coverage available through their employer)			
Surcharges			
(Add applicable charges to the above payroll deductions)			
Employee Tobacco User	\$50 Bi-Weekly		
Spouse Tobacco User	\$50 Bi-Weekly		
Dependent Tobacco User	\$50 Bi-Weekly		
Spousal Surcharge	\$50 Bi-Weekly		

Note: Plan summaries are solely for the purpose of benefits illustration and in no way govern the payment of benefits. Please refer to the Summary Plan Description for detailed information.

HSA, HRA and FSA Information

Health Savings Account (HSA) – managed by HealthEquity or Optum Bank

If you are enrolled in one of the HDHP options through the City, you are eligible for an HSA – an account made with tax-preferred contributions by both you and your employer to help offset qualified medical expenses. If you are covered under any other medical plan, you may not enroll in an HSA (the bank account) – please refer to HRA info below.

The funds in your HSA rollover from year-to-year, meaning any unused funds may be saved for future healthcare expenses without penalty.

The City will contribute the following for the 2018-2019 plan year:

- \$1,500/\$3,000 HSA Plan
 - \$500 EE Only; \$1,000 EE + Dependent(s)
- \$2,000/\$4,000 HSA Plan and \$2,600/\$5,200 HSA Plan
 - \$750 EE Only; \$1,500 EE + Dependent(s)



The IRS contribution limits (employer + employee) for 2019 are as follows:

- \$3,500 EE Only; \$7,000 Family
- \$1,000 additional catch-up contribution can be made by account holders age 55 or older

Please Note: City contributions are prorated in full-month increments when less than a plan year.

Health Reimbursement Account (HRA) – managed by HealthEquity

If you do not qualify for an HSA, you are eligible to participate in an HRA. Reasons you may not be deemed eligible for an HSA (the bank account) could be because you are enrolled in a medical plan outside of the City or because you are claimed as a dependent on someone else's tax return.

An HRA reimburses you tax-free for out-of-pocket medical expenses using funds contributed by the City on the same schedule as the HSA. Participants may not make contributions to this account. Because an HRA is employer-funded, the City retains ownership of the funds set aside for an HRA.

Dependent Care Flexible Spending Account – managed by HealthEquity

If you have dependent child(ren), then you may opt to have a Dependent Care Account to help pay for daycare expenses and/or afterschool care. You decide the amount of money you would like to set aside in the account for the plan year, and this amount is then deducted from your paycheck in pre-tax dollars over the course of the plan year.

Please Note: Debit cards are **NOT** provided.

- The IRS contribution limit for 2018 (2019 not yet released) is \$2,500 if filing taxes individually and \$5,000 if filing jointly with your spouse.

Limited Flexible Spending Account – managed by HealthEquity

A Limited FSA allows you to prepare for upcoming dental or vision expenses. Once you determine your deduction amount, money is set aside from your paycheck prior to taxes being taken out. You can then use those pre-tax funds for eligible dental or vision expenses throughout the plan year.

Please Note: Debit cards **ARE** provided.

- The maximum contribution limit for 2018 (2019 not yet released) is \$2,650.

Dental Plan Summary



Dental Plan

With the City of Roswell's Dental plan, you have the accessibility to a wide array of dental services with total benefits up to \$1,500 per covered person, per plan year. Preventive services such as annual cleanings and x-rays are covered at 100%, while other services, classified as either basic or major are covered with co-insurance after the deductible has been met.

DENTAL PLAN: The Standard / Ameritas Network

Benefit	Core Plan (PPO In-Network)	Buy-Up Plan (Out-of-Network)
Annual Maximum (excludes Preventive Services)		
Individual and Family	\$1,500/person/plan year	
Plan Year Deductible		
Individual	\$50	\$50
Family	\$100	\$100
Covered Services		
Preventive		
Cleanings, Bite Wing & Panoramic X-rays, Flouride Treatments & Sealants (15 and under)	100% - Deductible Waived	100% - Deductible Waived
Basic		
Fillings, Simple Extractions, Root Canals, Periodical X-rays, Anesthesia & Periodontics	Deductible, then 90%	Deductible, then 90%
Major		
Onlays, Crowns, Bridges, Dentures & Implants	Deductible, then 50%	Deductible, then 50%
Orthodontia		
No Waiting Period	Deductible, then 50%	Deductible, then 50%
Lifetime Max	\$1,250	\$1,250
Out-of-Network		
Claims	Negotiated Fee Schedule	90% UCR

Max Builder – This Dental plan includes a feature that allows plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying under the threshold amount of \$750 for benefits received within that time period. A plan participant staying under the threshold can carry over \$250 to the following year's maximum with the ability to earn an additional \$150 if an in-network provider is seen. The maximum carry over amount in which can be accumulated and applied to the following year is \$1,000.

BI-WEEKLY BENEFIT COST

Employee Only	\$0.00	\$4.62
Employee + Spouse	\$11.54	\$18.46
Employee + Child(ren)	\$11.54	\$18.46
Employee + Family	\$23.08	\$32.31

Note: Plan summaries are solely for the purpose of benefits illustration and in no way govern the payment of benefits. Please refer to the Summary Plan Description for detailed information.

Vision Plan Summary

Vision Plan

City of Roswell offers a Voluntary Vision benefit through The Standard, using the EyeMed Access Network. The plan provides access to a nationwide network of optometrists and ophthalmologists as well as retail chain providers.

VISION PLAN: The Standard / EyeMed

Benefit	In-Network	Out-of-Network
Frequency (months)		
Exam/Lenses/Frames	12/12/24	
Covered Services & Materials		
Exam	Covered in Full	Up to \$35 Allowance
Contact Exam	Up to \$55 Copay	No Benefit
Frames	Up to \$130 Allowance	Up to \$65 Allowance
Lenses		
Single	\$25 Copay	Up to \$25 Allowance
Bifocal	\$25 Copay	Up to \$40 Allowance
Trifocal	\$25 Copay	Up to \$55 Allowance
Lenticular	20% Discount	No Benefit
Contact Lenses		
Elective	Up to \$130 Allowance	
Medically Necessary	Covered in Full	

*Contacts are in lieu of frames/lenses. Frequency is based on date of service

SEMI-MONTHLY BENEFIT COST

Employee Only	\$3.38
Employee + Spouse	\$7.28
Employee + Child(ren)	\$5.88
Employee + Family	\$9.76

Note: Plan summaries are solely for the purpose of benefits illustration and in no way govern the payment of benefits. Please refer to the Summary Plan Description for detailed information.



Life Insurance

Basic Term Life /AD&D

Life insurance needs vary greatly from one individual to the next so take some time to consider what expenses and income needs your loved ones would have if you died. Use the basic life insurance amount you automatically receive from the City of Roswell as a starting point to build a life insurance benefit that will meet the financial needs of your family in the event of your death. The City of Roswell provides employee Life and Accidental Death and Dismemberment (AD&D) as part of your basic benefits at no cost to you. Enrollment is automatic upon satisfaction of your benefit eligibility period. This ensures that eligible employees have a basic level of protection.

This provision covers your loved ones with a death benefit of 3x your annual salary, rounded to the next higher \$1,000, up to a max of \$450,000. Spouses are covered with a death benefit of \$5,000 and \$2,500 for child(ren).

Voluntary Term Life Insurance

You may also choose to purchase Voluntary Term Life Insurance in addition to the employer-paid Basic Term Life. You pay the total cost of this benefit through convenient payroll deductions. You may purchase coverage for yourself and your dependents as listed below:

Employee: Increments of \$50,000 to maximum of the lesser of \$500,000 or 5 times your annual salary

Spouse: Increments of \$25,000 to maximum of \$250,000 - cannot exceed 100% of the employee's life amount

Child: \$6,000 or 10,000 - eligible from ages 14 days to 26 years

Employees with existing coverage can select one increment of \$50,000, up to \$200,000, not to exceed 5 times your annual salary without medical questions. Existing spouse coverage can select one increment of \$25,000, up to \$50,000, not to exceed \$50,000, without medical questions. Please refer to the Summary Plan Description for additional details.

Many financial experts recommend you have at least five to eight times your annual household income in life insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs.

VOL. LIFE SEMI-MONTHLY BENEFIT COST		
Ages	Non-Tobacco	Tobacco
0-24	\$0.025	\$0.035
25-29	\$0.030	\$0.035
30-34	\$0.040	\$0.046
35-39	\$0.045	\$0.052
40-44	\$0.074	\$0.085
45-49	\$0.138	\$0.158
50-54	\$0.215	\$0.248
55-59	\$0.353	\$0.405
60-64	\$0.504	\$1.580
65-69	\$0.870	\$1.000
70-74	\$1.300	\$1.495
75+	\$2.399	\$2.760
Child Dependent Life		
\$6,000 Option		\$0.33
\$10,000 Option		\$0.54

Per \$1,000



Voluntary Term Life rates are based on employee's age/ coverage amount and rates for spouse are based on the spouse's age/amount of coverage.

Disability Insurance



A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. With the right disability insurance, your income is protected. The City of Roswell provides disability insurance benefits through Unum for eligible employees to supplement their income if they require time away from work due to a non-occupational injury, illness or maternity leave. The City of Roswell's Short-Term and Long-Term Disability plan is provided at no cost to you.

Short-Term Disability

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. The City of Roswell provides this benefit at no cost to you, and enrollment is automatic once you become eligible.

SHORT-TERM DISABILITY			
Classification	Weekly Benefit Percentage	Benefit Waiting Period	Duration Period
Full-time Employment (40 hours weekly)	Days 30-180: 66 2/3% of pre-disability earnings to \$1,500	29 days for accident 29 days for sickness	180 Days

Long-Term Disability

The City of Roswell also provides Long-Term Disability Insurance to protect your finances when your disability continues beyond the period covered by the Short-Term Disability Plan. This benefit is also provided at no cost to you, and enrollment is automatic once you become eligible.

LONG-TERM DISABILITY				
Classification	Monthly Benefit Percentage	Monthly Benefit Maximum	Benefit Waiting Period	Duration Period
Full-time Employment (40 hrs. weekly)	66 2/3% of pre-disability earnings	Up to \$7,500	180 Days	SSNRA

Supplemental Benefits

Critical Illness

Critical Illness Insurance through The Standard can help protect your finances from the expenses of a serious health problem such as a stroke, heart attack or cancer.

You choose a lump sum benefit amount of \$10,000 or \$30,000 that is paid directly to you upon diagnosis of a covered condition, and you can use the benefit any way you see fit. Coverage in the amount of \$5,000 or \$15,000 is available for spouses; all eligible children, from newborn to age 26, are covered at 25% of the employee benefit amount at no additional cost. You must be actively at work and have comprehensive medical coverage to enroll.

Guaranteed Issue (GI): During Open Enrollment, health questions are not required for amounts up to the GI limit of \$30,000 for employees and \$15,000 for spouses.

Covered Conditions

Cancer	Carcinoma in Situ (25%)
Heart Attack	Coronary Artery Bypass Surgery (25%)
Stroke	End Stage Renal (Kidney) Failure
Major Organ Transplant	Blindness
Paralysis	Coma
Benign Brain Tumor	Hepatitis B, C, or D

Additional Covered Conditions for Dependent Children

Cerebral Palsy	Cleft Lip or Palate
Cystic Fibrosis	Down Syndrome
Spina Bifida	

Additional Features:

- Coverage is portable – if you retire or leave the City of Roswell, you can take this benefit with you.
- Premiums are based on age as of the most recent plan anniversary date (10/1).
- Health Screening Benefit - \$50 per insured per calendar year if a covered health screening test is performed, including lipid panel, mammography, and colonoscopy (a full list is provided with your insurance certificate).

SEMI-MONTHLY BENEFIT COST | NON-TOBACCO

	<30	30-39	40-49	50-59	60-70	71-79
\$5,000	\$1.28	\$1.73	\$3.25	\$6.18	\$11.33	\$23.03
\$10,000	\$2.55	\$3.45	\$6.50	\$12.35	\$22.65	\$46.05
\$15,000	\$3.83	\$5.18	\$9.75	\$18.53	\$33.98	\$69.08
\$30,000	\$7.65	\$10.35	\$19.50	\$37.05	\$67.95	\$138.15

SEMI-MONTHLY BENEFIT COST | TOBACCO

	<30	30-39	40-49	50-59	60-70	71-79
\$5,000	\$1.33	\$2.05	\$4.60	\$10.68	\$22.03	\$42.38
\$10,000	\$2.65	\$4.10	\$9.20	\$21.35	\$44.05	\$84.75
\$15,000	\$3.98	\$6.15	\$13.80	\$32.03	\$66.08	\$127.13
\$30,000	\$7.95	\$12.30	\$27.60	\$64.05	\$132.15	\$254.25

Supplemental Benefits

Accident

The Standard's Accident insurance can pay lump-sum benefits on or off the job based on the injury or accident and the treatment you need. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

Benefits are paid directly to you so the money can be used as you see fit. There are no limits to the number of claims you can file. Coverage is available for you and your spouse up to age 70 along with eligible children to the age of 26. You must be actively at work to enroll in the Accident insurance plan through The Standard.

Additional Features:

- Coverage is portable – If you retire or leave the City of Roswell, you can take this benefit with you.
- Health Screening Benefit - \$50 once per calendar year, per insured, if a covered health screening test is performed, including lipid panel, mammography, and colonoscopy (a full list is provided with your insurance certificate).



Examples of Covered Injuries Include:

Broken bones, torn ligaments, cuts that require stitches, concussion, ruptured discs and eye injuries.

Examples of Covered Expenses Include:

Emergency room treatment, doctor office visit, hospitalization, occupational therapy, chiropractic visit, ambulance and follow-up visits.

SEMI-MONTHLY BENEFIT COST	
Employee Only	\$9.34
Employee + Spouse	\$13.98
Employee + Child(ren)	\$16.27
Employee + Family	\$25.08

Travel Assistance Program

Travel Assistance Program

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

Travel Assistance is provided to you and your covered dependents by The City of Roswell in connection with your group insurance through Unum at no additional cost to you.

Security That Travels With You

Whenever you travel 100 miles or more from home – to another country or just another city – be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Just one phone call connects you and your family to medical and other important services 24 hours a day, including:

- Hospital admission assistance
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Passport replacement assistance
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Care and transport of unattended minor children

Contact Info

Unum’s Travel Assistance Services are provided by Assist America, Inc., a leading provider of global emergency services through employee benefit plans. For more information, please visit www.unum.com/lifebalance or contact Assist America, using the options below:

- Within U.S.: 1-800-872-1414
- Outside U.S.: +609-986-1234
- Email: medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Important Terms

Just as we realize that selecting a benefit program that works best for you is an important and personal decision, we also know that the terminology associated with medical insurance can be confusing at times. Please familiarize yourself with some of the terms used to describe features of the City of Roswell's benefit programs.

Summary Plan Description (SPD) – A document that contains a description of the City of Roswell Benefit Plans and includes such information as eligibility for participation, schedule of benefits, benefit descriptions, plan exclusions and claim provisions.

Eligible Employee – Employees who are classified as a Regular, Full-time employee are eligible to participate in any of the plans the City of Roswell offers.

Eligible Dependents – Employees of the City of Roswell may enroll a spouse in the same health plan elected by the Employee. Employees may add dependent children who have not yet reached age 26, and Employees may cover dependent children through age 26. Documents showing proof of dependent eligibility are required for enrollment.

Network – A group of physicians, hospitals, pharmacies and medical providers that have joined together to offer quality care at a discounted rate. Utilizing network providers saves you money because you are able to benefit from the network discount and still receive the high quality care you expect. You have the choice to visit network or non-network providers; however, out-of-network benefits are not paid at the same rate as the in-network benefits.

Copay – A fixed dollar amount payable as services are rendered by network medical providers. Copayments do not count toward the deductible but will count toward the out-of-pocket maximum.

Deductible – A dollar amount that must be paid by a plan participant before services covered at a percentage will be paid. For example, if the individual network deductible amount is \$2,000 and a plan participant is scheduled for a surgical procedure that will cost \$3,000, that participant will be responsible for paying the full \$2,000 deductible portion first. After the deductible has been paid, the service will be covered by co-insurance (below).

Co-Insurance – A percentage of payment that will be applied to covered services after the plan network deductible has been paid. Continuing from the example used to explain the deductible (above), after the \$2,000 network deductible has been paid, a balance of \$1,000 remains for the \$3,000 surgical procedure. If the co-insurance for surgery is 90%, then 90% of the remaining \$1,000 will be paid by insurance (\$900), and the other 10% will be paid by the plan participant (\$100).

Out-of-Pocket – A dollar amount that must be paid before services covered will be paid at 100%. Continuing from the example above, the individual in-network out-of-pocket maximum amount for this plan is \$3,000. The deductible, coinsurance and copays you pay for the listed services will apply to the maximum. A plan participant must satisfy the full out-of-pocket amount before a plan will pay at 100%.

Premium – The dollar amount plan participants pay each pay period to be a member of The City's benefit programs.

Coordination of Benefits

General Information

Coordination of Benefits (COB) applies to a person who is covered by more than one health plan. The COB provision and regulations require that all health plans and other payers (e.g., Medicaid and Medicare) coordinate benefits to eliminate duplication of payment and assist patients to receive the maximum benefit to which they are entitled.

By adhering to the COB provisions, the health plans and other payers can determine which plan will pay for a claim first. The health plan or payer obligated to pay a claim first is called the “primary” payer, and the other plan or payer is termed “secondary.” Together, the primary and secondary payers coordinate payments for services up to a percentage of the covered charges at a rate consistent with the benefits.

Determining Primary and Secondary Payers

It is important for providers to determine primary and secondary payers so that claims can be sent to the primary payer first. Some plans will be able to tell providers whether they are primary or secondary at the time the provider contacts the plan to verify eligibility.

Typically, the following rules are used by plans and payers to determine the primary and secondary payer:

- a) The payer covering the patient as a subscriber (employee) will be the primary payer.
- b) If the patient is a dependent child, the payer whose subscriber has the earlier birthday in the calendar year will be the primary payer. This is known as the Birthday Rule.

Example of Coordination of Benefits

The following example will illustrate COB. Assume two working spouses have health insurance coverage at their respective places of employment. When one spouse becomes ill, his/her policy at work will become the primary plan, and the health insurance plan of the other spouse becomes the secondary plan.

If a Covered Person is eligible for benefits under this Plan and other Plan(s), the benefits payable under this Plan will be reduced to the extent of benefits that would have been payable under the other Plan(s) had the claims been made thereof. This reduction is regardless of coordination payment order. Simplistically, this Plan will not pay more than the reimbursement that the medical provider accepts from another plan.

COB rules are set by the National Association of Insurance Commissioners (NAIC) with the exception of coordination with Medicare and Medicaid which are set by federal and state law.

Please refer to the City of Roswell Welfare Benefits Plan for additional information about Coordination of Benefits for your plan.

My employment with the City of Roswell has ended – now what?

Health Insurance Coverage Options

The City of Roswell recognizes that the full cost of comprehensive Health Insurance is expensive; however, it is important for everyone to have coverage. Depending upon an individual's immediate healthcare needs, comprehensive coverage could be more costly than is warranted at this time. The City of Roswell wants to make certain that you have additional information and options available to make an informed decision about your healthcare options. In addition, you have 30 days from termination to port or convert your group life insurance.

Option 1

If you are currently enrolled in the City of Roswell's Medical, Dental and/or Vision plan, you may elect COBRA Continuation of Coverage to maintain your current coverage for up to 18 months. COBRA premiums represent the full cost of coverage (combined cost of what you paid as an active Employee and the amount paid by the City of Roswell on your behalf) plus a two percent administration fee. This option is comprehensive and tends to be the most costly.

If you are eligible for COBRA, you will receive election paperwork from Accrue Solutions COBRA department. Please note that you have 60 days to elect COBRA from the date the paperwork is generated. No new medical underwriting is required for COBRA, and you will have the same coverage you had as an active Employee.

Option 2

If you are married or under age 26 and enrolled in the City of Roswell's Medical, Dental and/or Vision plan, you may be eligible for coverage under a direct family member's employer-sponsored health plan.

If you are eligible for coverage under a spouse (if married) or a parent (if under age 26), the family member adding you to his or her coverage must notify their employer within 30 days of your loss of coverage. Proof of loss of coverage under the City of Roswell will be required by the new plan administration. We recommend that your family member provide a written request for your enrollment along with the proof of loss of coverage.

Option 3

You may also evaluate individual plans purchased directly from an insurance carrier. For many individuals, a plan with a lower premium that provides catastrophic coverage may be the best option; however, comprehensive plans are also available.

Please note that medical underwriting is required with the purchase of individual health insurance, and after final underwriting, the carrier reserves the right to adjust the illustrated premiums or deny coverage.

Option 4

If you would like to evaluate your options on your own, we recommend that you begin by utilizing www.healthcare.gov which is designed to assist you with determining each of your options.

Please Note: It is important that you evaluate your options as soon as possible as you have a limited period of time for some of the options to be available to you.

Contact Information

Benefit	Vendor Name	Phone	Website
Medical	HealthEZ	1-855-520-4324	www.CityofRoswellGABenefits.com
Medical Pre-Certification	Cigna	1-877-836-0076	www.myCigna.com
Pharmacy Benefits	MagellanRx	1-800-711-4550	www.magellanrx.com
HSA/HRA/FSA	HealthEquity	1-866-346-5800	www.healthequity.com
Dental	The Standard	1-800-547-9515	www.standard.com
Vision	The Standard	1-866-289-0614	www.eyemedvisioncare.com
Life Insurance	Unum	1-866-679-3054	www.unum.com
Short-Term Disability	Unum	1-866-679-3054	www.unum.com
Long-Term Disability	Unum	1-866-679-3054	www.unum.com
Voluntary Products: Accident and Critical Illness	The Standard	1-866-851-2429	www.standard.com
Voluntary Products: \$50 Health Screen Benefit	The Standard	1-800-851-2429	www.standard.com
Travel Assistance	Unum	1-800-872-1414	www.unum.com/lifebalance
EAP	FEI	1-800-824-4372	www.feieap.com (username: roswell)
COBRA	Accrue Solutions	1-888-882-1498	www.accrue.webcobra.com
Benefit Questions or Claims Help	Client Advocate Center	1-866-736-6640	Email: service@onedigital.com



For More Information and Copies of Summary Plan Descriptions (SPDs)

Please Contact
City of Roswell
Human Resources

38 Hill Street | Roswell, GA 30075 | Office: 770-594-6440