

2019 BENEFITS GUIDE



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Take care of Your Tomorrow!

Personal needs greatly influence the choices we make every day. Young or old, single or married, our needs differ. That's why the City of Cleburne wants to provide you with the freedom to select quality benefit options that work best for you.

It is important that you take an opportunity to review all of your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you and whether it is appropriate for your personal needs. By taking the time to examine all of your options, you will ensure that your benefits meet those needs throughout the plan year.

The City of Cleburne values our employees and recognizes the importance of offering benefits that enhance people's lives. With that in mind, we have good news for 2019! No changes to benefits or carriers.



Quick Response (QR) CODES!

You will see these weird looking squares within your benefit guide called QR Codes.



Each of these codes store and transmit data, and you can use them by scanning them with your mobile device if you download a QR Reader from your app store such as the Apple App Store or Android Market.

Please Keep This Guide

It is a valuable resource for you throughout the year.

Payroll Information

PAY DATE	PAY PERIOD	PAY DATE	PAY PERIOD
OCTOBER 2	9/8-9/21	APRIL 1	3/8-3/21
OCTOBER 16	9/22-10/5	APRIL 15	3/22-4/4
OCTOBER 30*	10/6-10/19	APRIL 29*	4/5-4/18
NOVEMBER 13	10/20-11/2	MAY 13	4/19-5/2
NOVEMBER 27	11/3-11/16	MAY 27	5/3-5/16
DECEMBER 11	11/17-11/30	JUNE 10	5/17-5/30
DECEMBER 24	12/1-12/14	JUNE 24	5/31-6/13
JANUARY 8	12/15-12/28	JULY 8	6/14-6/27
JANUARY 22	12/29-1/11	JULY 22	6/28-7/11
FEBRUARY 5	1/12-1/25	AUGUST 5	7/12-7/25
FEBRUARY 19	1/26-2/08	AUGUST 19	7/26-8/8
MARCH 4	2/9-2/22	SEPTEMBER 2	8/9-8/22
MARCH 18	2/23-3/7	SEPTEMBER 16	8/23-9/5

*Note - *These dates will have no deductions, HSA contributions, longevity pay, certification pay, assignment pay or allowances.*

Payroll Deductions- Premiums for Medical, Dental, Vision, Flexible Spending Accounts, and contributions to Health Savings Accounts are deducted on a pre-tax basis from the first and second paycheck of each month. All other deductions such as life, accident, and critical illness are deducted on a post-tax basis from either the first or the first and second paycheck, depending on the benefit. There are a total of 24 deductions throughout the year for insurance related benefits. Please review your paycheck carefully for correctness and to ensure you understand all of your deductions. Payroll can be contacted at 817-645-0912 or finance@cleburne.net.

Coverage Dates- Coverage for the new plan year begins on October 1, 2019. All new hire coverage is effective the first day of the month following 60 days of employment. If your 60th day falls on the 1st of the month, your coverage will begin on that month.



Benefits Resource List



For more information on the wide range of City of Cleburne benefits, programs and tools, contact the following resources:

If You Have Questions About	Contact	By Phone	On the Internet
HUMAN RESOURCES		817-645-0915	hr@cleburne.net
MEDICAL COVERAGE Directories of network providers, claims status or pre-notification	Aetna	888-416-2277	www.aetna.com
PRESCRIPTION DRUG COVERAGE	Aetna	888-416-2277	www.aetna.com
TELEHEALTH	Teladoc	855-835-2362	www.teladoc.com/aetna
DENTAL COVERAGE	MetLife	800-275-4638	www.metlife.com/dental
VISION COVERAGE	Superior Vision	866-265-0517	www.superiorvision.com
PERSONAL HEALTHCARE ADVOCATE & ADVISOR	Compass Professional Health Services	800-513-1667	answers@compassphs.com
LIFE INSURANCE	Symetra	800-426-7784	www.symetra.com
DISABILITY INSURANCE	Symetra	800-426-7784	www.symetra.com
EMPLOYEE ASSISTANCE PROGRAM	Deer Oaks	866-327-2400	www.deeroakseap.com
HEALTH CARE & DEPENDENT CARE SPENDING ACCOUNTS (FSA & DCA) Employer ID: LEGCLEBURNE Employee ID: SSN without dashes	Newport Group	888-678-8292	www.newportgroup.com
HEALTH SAVINGS ACCOUNT	Payflex	888-678-8242	www.payflex.com
SUPPLEMENTAL INSURANCE	Allstate	877-810-8973	ty.tindall@allstate.com T
TEXAS MUNICIPAL RETIREMENT SYSTEM	TMRS	800-624-8677	www.tmr.org
TOBACCO FREE PROGRAM	Aetna	866-213-0153	www.aetna.com
FIREFIGHTER RETIREMENT	FRR	817-645-0964	fire@cleburne.net
LAB QUEST	Quest Diagnostics	888-277-8772	www.questdiagnostics.com

Registering and Enrolling on Benefit Connector

Step 1

Log on to: <https://cityofcleburne.benefitconnector.com/>
or with your mobile device use the following QR Code.



Login

Username

Password

Login

[Register or Forgot Login/Password](#)

Step 2

If you have never accessed the site, you must register.

- From the log in screen, click '**register**' to begin registration process.

Step 3

- Enter the **Registration Information** - Last Name, Date of Birth, Last 4-Digits of SS#.
- Click 'Next' to continue.



Register

Last Name

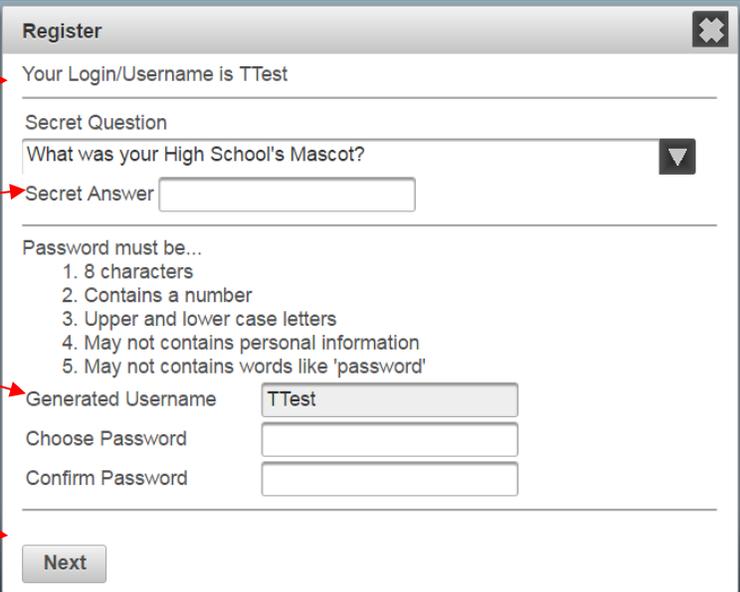
Date of Birth

Last 4 Digits of SSN

Next

Step 4

- Make note of your **Login/Username**
- Select and answer a **Secret Question**
- Create and verify a **Password**. Password strength is displayed as password is developed.
- Click 'Next' to continue.



Register

Your Login/Username is TTest

Secret Question

What was your High School's Mascot?

Secret Answer

Password must be...

- 8 characters
- Contains a number
- Upper and lower case letters
- May not contains personal information
- May not contains words like 'password'

Generated Username TTest

Choose Password

Confirm Password

Next

Be sure to remember your Login/Username and Password for future access to Benefit Connector. If you forget your Password, it can be reset by following the instructions for '**Forgot Login/Password**' in the log in box.

USERNAME: _____ PASSWORD: _____



Enrollment Instructions

Enrolling & Making Changes

All employees must complete the online Benefit Enrollment process which includes a non-tobacco user affidavit. Open Enrollment is your opportunity to add, cancel, or make changes to your benefits for the 2019-2020 fiscal year, effective October 1, 2019. Here's how:

When you complete the online process, you will need to update your personal email, cell phone and emergency contact information. You will also need social security numbers and required documentation for any dependents you are adding to the plan for the first time.

For enrollment assistance, contact your HR representative @ 817-645-0915 or HR@cleburne.net



Things to Consider...

Open Enrollment is about more than your Health Plan coverage.

Take a moment to consider:

- Do I have enough life insurance coverage to protect my family if something happened to me or my spouse?
- Could I continue to pay my bills if I became disabled?
- How much money would I save if I reduced my taxable earnings and contributed to the Flexible Spending Account?

Read on to learn more about benefit options available to you.

How Do I Order An ID Card?	
Medical (Aetna)	Visit www.aetna.com (You will need to login and register) Download the Aetna Mobile App and you can have the card on your phone
Dental (MetLife)	Visit www.metlife.com/mybenefits Download the MetLife Mobile App
Vision (Superior)	Visit www.superiorvision.com . You only need the one ID card and member ID number for you and your dependents. And, while it isn't necessary to show your card to an in-network provider to receive services, it is helpful for the provider to see it.

Eligibility

Dependent Eligibility

Who can you cover on your benefit plans?

You may cover your spouse on our medical, dental, vision, and life insurance plans. If your spouse is a benefit eligible employee at The City of Cleburne, you may not cover him/her under spouse life insurance. Your domestic partner is not eligible for coverage. Children's eligibility varies by plan.

Medical Insurance: A child may be covered under our medical plan through the end of the month during which he/she reaches age 26. Student or marriage status does not affect eligibility for medical coverage.

Dental, Vision, and Life Insurance: A dependent child may be covered through the end of the month during which he/she reaches age 26,

Flexible Spending Accounts: Claims incurred by you, your spouse, and qualifying child are reimbursable under an FSA. Per federal tax law, claims incurred by an employee's domestic partner or that partner's children are not eligible for reimbursement through the employee's health care or dependent care flexible spending accounts.

You must cover yourself on any plans that you wish to enroll a dependent(s) in. See the Summary Plan Descriptions for more information about dependents and their eligibility.

Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental, life, or vision coverage. Verification of a dependent (child only) can range from a copy of a birth certificate, copy of a marriage license, or a copy of your most recent tax return proving the dependent relationship. Informal marriage (common law) requires an official declaration of informal marriage signed by the county clerk.



REMINDER

You are unable to make changes to your benefit selections during the Plan Year unless you have a **Qualifying Life Event**, such as marriage, birth of a child or adoption of a child. You only have 30 days from QE date to add/ drop from coverage.



What Constitutes a Qualifying Life Event?

A Section 125 Cafeteria Plan must provide that participant elections are irrevocable and cannot be changed during the period of coverage, generally the plan year. In general, if an employee requests an election change under these events, the request must be consistent with the event, and the request must be made within the time period governed by the Plan Document and SPD, typically 30 days.

Qualifying Life Event	Benefits Allowed to Change									Documentation
	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	
Change in marital status: · Marriage · Divorce or Annulment · Legal Separation · Domestic Partner Dissolution · Death of Spouse	✓	✓	✓		✓		✓	✓	✓	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate Declaration of informal marriage
Change in the number of dependents: · Birth · Adoption · Guardianship of a Child · Death of a Dependent	✓	✓	✓			✓	✓	✓	✓	Birth Certificate, Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Becomes Eligible	✓	✓	✓	✓	✓	✓	✓	✓	✓	Provide Name, Social Security Number, and Date of Birth for dependents
Dependent Loses Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage
Dependent Gains Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	✓	✓	✓				✓	✓	✓	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							✓			Letter from your Day Care Provider
Court Ordered Dependent, add or drop from coverage	✓	✓	✓			✓	✓	✓	✓	Contact your Benefits Team Directly



Medical Benefits

Effective October 1, 2019

Here is a snapshot of the coverage offered through the 2019-2020 medical plan(s).

BENEFITS – Aetna		HSA/HDHP Plan	Catastrophic Plan	Core Plan
Deductible	Network	\$3,000 Individual / \$6,000 Family	\$5,000 Individual / \$10,000 Family	\$1,500 Individual / \$3,000 Family
	Non-Network	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family	\$3,000 Individual / \$6,000 Family
Out-of-Pocket Maximum		Includes Deductible	Includes Deductible	Includes Deductible
	Network	\$6,000 Individual / \$12,000 Family	\$6,600 Individual / \$13,200 Family	\$6,000 Individual / \$12,000 Family
	Non-Network	\$17,000 Individual / \$34,000 Family	\$30,000 Individual / \$60,000 Family	\$12,000 Individual / \$24,000 Family
Co-insurance	Network	10%	20%	20%
	Non-Network	40%	40%	40%
Lifetime Maximum		Unlimited	unlimited	unlimited
		You Pay	You Pay	You Pay
Office Visit	Network	Deductible Then 10%	\$30 PCP/ \$60 specialist	\$30 PCP/ \$60 specialist
	Non-Network	Deductible Then 40%	Deductible Then 40%	Deductible Then 40%
Wellness Visit	Network	Plan pays 100%	Plan pays 100%	Plan pays 100%
	Non-Network	Deductible Then 40%	Deductible Then 40%	Deductible Then 40%
In-Patient & Out-Patient Hospital	Network	Deductible Then 10%	Deductible Then 20%	Deductible Then 20%
	Non-Network	Deductible Then 40%	Deductible Then 40%	Deductible Then 40%
Urgent Care	Network	Deductible Then 10%	\$50 Copay	\$50 Copay
	Non-Network	Deductible Then 40%	Deductible Then 40%	Deductible Then 40%
Emergency Room	Network	Deductible Then 10%	\$100 copay then 100%	\$100 Copay then 100%
	Non-Network	Deductible Then 40%		
Prescriptions	Generic/Brand/ Non-Formulary	Deductible First then, \$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60
	Mail Order (90 Days)	Deductible First then, \$25/\$100/\$150	\$25/\$100/\$150	\$25/\$100/\$150
Network Website	www.aetna.com	Aetna Open Access Managed Choice	Aetna Open Access Managed Choice	Aetna Open Access Managed Choice

NOTE: This is a brief summary and not intended to be a contract.

Medical Costs - Monthly	HSA/HDHP Plan	Catastrophic Plan	Core Plan
Employee Only	\$0.00	\$35.76	\$144.82
Employee & Spouse	\$313.86	\$394.32	\$639.84
Employee & Children	\$188.30	\$250.88	\$441.84
Employee & Family	\$441.80	\$540.48	\$841.64



made available through
aetna[®]



Getting started with Teladoc[®]



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at Teladoc.com/Aetna, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into Teladoc.com/Aetna and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for \$40 or less

Less than an urgent care or ER visit, Teladoc's never more than a doctor visit.

 Teladoc.com/Aetna

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 1-855-Teladoc (835-2362)

 Teladoc.com/mobile

Download
the app:



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10E-101A
0914

Compass Professional Health Services

All employees and retirees of the City and their household members are able to take advantage of Compass's Professional Health Services. Coverage is effective the first day of the month following your hire date. Compass is provided by the City for active employees, retirees are responsible for the full premium.

Navigating healthcare these days seems impossible—unless you have Compass on your side. From finding doctors to getting cost estimates to solving billing problems, Compass is here to help. We have partnered with Compass to serve as your personal healthcare advisor. So rely on your Compass Health Pro® consultant to make you an empowered healthcare consumer who takes control of healthcare costs. Compass's service is simple to use and available to you and your family.

How compass takes care of you:

UNDERSTAND INSURANCE BENEFITS

- Receive guidance in understanding your benefits throughout the year, including choosing a medical plan.

FIND A GREAT DOCTOR

- Find highly rated doctors, dentists and eye care professionals in your area who meet your personal preferences and healthcare needs.

SAVE MONEY ON MEDICAL CARE

- Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars even in-network.

PAYLESS FOR PRESCRIPTIONS

- Let Compass compare medication prices and explore lower-cost options for you.

GET HELP WITH MEDICAL BILLS

- Have your medical bills reviewed to make sure you are not overcharged.

Your Compass Health Pro is Andrew Wills.

- 1-800-513-1667 ext. 674
- Andrew.Wills@compassphs.com
- www.compassphs.com
- Download the Compass Health Pro App



Health Savings Account (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is an individually-owned, personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax-free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance premiums can therefore be put into the Health Savings Account.

2019-2020 IRS CONTRIBUTION MAXIMUMS		
COVERAGE LEVEL	2019	2020
Employee Only	\$3,500	\$3,550
Employee + Spouse Employee + Child(ren) Family	\$7,000	\$7,100
Catch-Up Contribution (Individuals 55 or Older)	\$1,000	\$1,000

YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contribution during the plan year without a qualifying event (allowed one time per month).
- Like a bank account, you must maintain a balance in order to pay for eligible healthcare expenses.
- Keep all receipts for tax documentation.
- An HSA allows you to save and “roll over” money from year to year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.



YOU ARE ELIGIBLE TO OPEN AND FUND AN HSA IF YOU MEET ALL OF THE CRITERIA BELOW:

- You are enrolled in a HDHP/HSA plan.
- You are not covered by another health plan (unless it is an HSA-qualified plan), healthcare FSA (including a spouse’s healthcare FSA), or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.

For more information on HSA Accounts visit <https://www.irs.gov/pub/irs-pdf/p969.pdf> or scan the QR Code with your phone.

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You must have an HDHP if you want to open an HSA or keep contributing to an existing HSA. The HDHP is usually a less expensive health insurance plan that generally doesn’t pay for the first several thousand dollars of health care expenses (i.e., your “deductible”) but will generally cover you after that. Of course, your HSA is available to help you pay for the expenses your plan does not cover.

- When can you invest? Minimum \$1,000
- When can I start earning interest? \$1,000

Health Savings Account (HSA) *continued*

HSA ADVANTAGES AND HOW DOES THE HSA PLAN WORK?

1. The contributions are made to the HSA by the City of Cleburne. **The City of Cleburne's 2019-2020 contribution is \$41.67 for single coverage and \$83.33 for employee plus any dependent coverage. The funds are deposited 24 times throughout the plan year, paid the first two pay periods of each month.** You can also elect at Open Enrollment to make your own additional contribution to the HSA which would be taken out of your paycheck on a pre-tax basis. That money is available to pay for the qualifying medical expenses throughout the year. HSA funds will be deposited by the Friday following payday.

2. When you need medical care and visit the doctor, emergency room or hospital, you will be responsible for the full cost of the visit (minus any network discounts). You can use the HSA account funds to pay for that visit at the time of the service, you can reimburse yourself at the end of the year or you can choose to pay for the visit out of pocket and let the HSA funds grow.

3. Unused HSA contributions carry over from year to year and remain in the HSA for the following year's medical expenses.

CHANGES TO YOUR HSA WHEN YOU REACH 65

At age 65, you can take penalty-free distributions from the HSA for any reason. However, in order to be both tax-free and penalty-free the distribution must be for a qualified medical expense. Withdrawals made for other purposes will be subject to ordinary income taxes.

HEALTH INSURANCE PREMIUMS

At age 65, you can use your HSA to pay for Medicare parts A, B, D and Medicare HMO premiums tax-free and penalty-free. You cannot use your HSA to pay for Medigap insurance premiums.

If your Medicare premium is automatically deducted from your Social Security check, you simply reimburse yourself directly from your HSA for the Medicare premiums paid from your Social Security payment.

CONTINUED ELIGIBILITY FOR AN HSA

Most Americans become eligible for Medicare at age 65. Americans that begin receiving Social Security benefits prior to age 65 are automatically enrolled in Medicare at age 65. Participation in any type of Medicare (Part A, Part B, Part C -Medicare Advantage Plans, Part D, and Medicare Supplement Insurance -Medigap), makes you ineligible to contribute to an HSA. However, you can continue to use your HSA for qualified medical expenses and for other expenses for as long as you have funds in your HSA. HSA funds can be used to pay for Medicare parts A, B, D, and Medicare HMO premiums without penalty or tax (this does not include Medicare supplement policies).

LOSS OF ELIGIBILITY IN MONTH YOU TURN 65. You lose eligibility as of the first day of the month you turn 65 and enroll in Medicare.

STOPPING MEDICARE TO RECLAIM HSA ELIGIBILITY

If you signed up for Medicare Part A and now want to decline it, you can do so by contacting the Social Security Administration. Assuming you have not begun receiving Social Security checks this will reestablish your eligibility for an HSA. If you have applied for or have begun receiving Social Security, you cannot opt out of Medicare Part A without paying the government back all the money you received from Social Security payments plus paying the government back for any money Medicare spent on your medical claims. This action will also stop future Social Security payments (until you reapply and start this cycle over again).

SPOUSE UNDER AGE 65

If your spouse is under age 65 that may provide an avenue for continued HSA contributions. An employer; however, cannot make HSA contributions into the HSA of an employee's spouse.





Flexible Spending Account

Effective October 1, 2019

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e. co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income. The full amount of funds, in the amount you choose, will be loaded onto a card for your use on the start of the plan year. The full amount divided by 24 will be deducted from each of the 24 paychecks the following year as a pre-tax benefit.

Health Care Reimbursement FSA – for non HSA participants (fee)

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA is \$2,700**. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles and coinsurance
- Acupuncture

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under the of age 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$5,000** for 2019, (or \$2,500 if married and filing separately).

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

FSA Smart Tips

Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.

Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So if you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.

Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost.

Limited Flexible Spending Account

Effective October 1, 2019

**For HSA participant use only*

If you participate in the City of Cleburne High Deductible Health Plan and participate in a health savings account, you can only enroll in the limited purpose health care FSA, not the standard health care FSA.

The limited purpose health care FSA allows you to reimburse yourself for eligible dental and vision expenses.

Dental and vision expenses are also eligible under your health savings account, but you cannot claim the same expenses on both accounts.

You cannot submit medical, prescription drug, or over-the-counter medication expenses to your limited purpose health care FSA for reimbursement — those expenses are eligible only for reimbursement from your health savings account.

If you have both an HSA and a limited purpose health care FSA...	Can you use your HSA?	Can you use your limited purpose health care FSA?
Medical expenses you incur, such as your deductible and coinsurance costs	Yes	No
Prescription drug expenses you incur	Yes	No
Over-the-counter (OTC) medication expenses	Yes, with doctor's prescription	No. Some over-the-counter medications for dental care and vision may be eligible for reimbursement.
Dental expenses, such as visits to the dentist and orthodontia (unreimbursed expenses only)	Yes	Yes
Vision expenses, such as eyeglasses and contact lenses. If enrolled in the Vision Benefits, these would be expenses remaining out of your pocket after the Vision benefit is paid.	Yes	Yes

IRS limitations on flexible spending accounts

- Expenses reimbursed from an FSA cannot be claimed as a medical expense on your tax return.
- Only expenses actually incurred during the calendar year are eligible for reimbursement. Expenses incurred before or after the eligibility period are not eligible, regardless of when you paid for the expenses. FSAs may not reimburse for future or projected expenses.
- If you do not use all the pre-tax dollars in your flexible spending account, **you forfeit** the amount left over. That's an Internal Revenue Service requirement.



Medical Eligible Expenses for HSA or FSA

<p>Acupuncture</p> <p>Alcoholism</p> <p>Ambulance</p> <p>Artificial Limb</p> <p>Artificial Teeth</p> <p>Bandages</p> <p>Breast Reconstruction Surgery</p> <p>Birth Control Pills</p> <p>Braille Books and Magazines</p> <p>Capital Expenses - ramps, rails, etc.</p> <p>Car - special design</p> <p>Chiropractor</p> <p>Christian Science Practitioner</p> <p>Contact Lenses</p> <p>Crutches</p> <p>Dental Treatment (not teeth whitening)</p> <p>Diagnostic Devices</p> <p>Disabled Dependent Care Expenses</p> <p>Drug Addiction - inpatient treatment</p> <p>Drugs (excluding over-the-counter)</p> <p>Eyeglasses</p> <p>Eye Surgery</p> <p>Fertility Enhancement</p> <p>Founder's Fee - care at retirement home</p> <p>Guide Dog or Other Animal</p> <p>Health Institute</p> <p>Health Maint. Org. (HMO)</p> <p>Hearing Aids</p> <p>Home Improvements - ramps, lifts, etc.</p> <p>Hospital Services</p> <p>Insurance Premiums - see IRS list</p> <p>Laboratory Fees</p> <p>Lead-Based Paint Removal</p> <p>Learning Disability</p>	<p>Lifetime Care—Advance Payments</p> <p>Lodging - for medical care</p> <p>Long-Term Care</p> <p>Meals - for medical care</p> <p>Medical Conferences</p> <p>Medical Information Plan</p> <p>Medical Services</p> <p>Medicines (excluding over-the-counter without an Rx)</p> <p>Nursing Home</p> <p>Nursing Services & Home Care</p> <p>Operations</p> <p>Optometrist</p> <p>Organ Donors</p> <p>Osteopath</p> <p>Oxygen</p> <p>Pregnancy Test kit</p> <p>Prosthesis</p> <p>Psychiatric Care</p> <p>Psychoanalysis</p> <p>Psychologist</p> <p>Special Education</p> <p>Sterilization</p> <p>Stop-Smoking Programs</p> <p>Surgery</p> <p>Telephone for hearing-impaired</p> <p>Television for hearing impaired</p> <p>Therapy</p> <p>Transplants</p> <p>Transportation - for medical care</p> <p>Trips - for medical care</p> <p>Vasectomy</p> <p>Vision Correction Surgery</p> <p>Weight-Loss Program</p> <p>Wheelchair</p>
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Using your mobile device scan the QR Code to get more information about HSA and FSA eligible expenses.



Urgent Care vs. Emergency Rooms

Healthcare consumers must educate themselves to recognize the differences between an urgent care facility, emergency rooms and freestanding emergency rooms. Understanding their differences could save you as a consumer thousands of dollars.

Whenever you feel bad or have a child who is under the weather all you want is for yourself or them to feel better. You should take into consideration the severity of the situation, the ER wait time and the hefty bill you will receive. Actually, visiting an urgent care may be a better choice as wait times may be shorter and more affordable.

A majority of Urgent Care Clinics accept insurance and are open all week long, including nights, weekends and holidays. Additionally, instead of having to wait in a waiting room to be seen, some Urgent Care Clinics allow you to call in advance and wait in the comfort of your home until a room becomes available.



Urgent care centers are equipped to handle non-life threatening situations, and many have attending doctors and nurses who have access to x-rays and labs onsite. Most urgent care centers are open late and on weekends and holidays.

Choosing an urgent care center over the ER can save you time and money:

- Average time of an ER visit: 4 hours
- Average cost of an ER visit: \$1,757
- Average cost of an urgent care center visit: \$162

Visit an urgent care center for these common conditions:

- Flu and cold / High fevers
- Coughs and sore throat
- Cuts and severe scrapes
- Broken bones
- Vomiting, diarrhea, stomach pain
- High fevers

Emergency Rooms

Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and other life threatening situations.

Most hospitals have an emergency room that's open 24 hours a day, 7 days a week. If you have a true emergency, go to your nearest emergency room or call 911.

Visit an emergency room if you experience:

- Allergic reactions
- Broken bones
- Chest pain
- Constant vomiting
- Continuous bleeding
- Severe shortness of breath
- Deep wounds
- Weakness or pain in a leg or arm
- Head injuries / Unconsciousness



Wellness Program

The City provides a discount for employees, spouses, and dependents over 18 years old who have had an annual physical, and are covered under the City's insurance plan. An annual physical is a comprehensive preventative exam with your primary care provider for the sole purpose of preventative care. Annual exams may also be called routine check-ups, yearly exam, or preventive visit. It is the employee's responsibility to check with the insurance provider to see what is covered under their wellness benefit and to ensure they are eligible prior to scheduling the annual physical. Your plan may NOT pay for all testing and / or labs ordered during your wellness exam. You may request that the doctor only order test that are included in the routine annual physical. To ensure your wellness benefit is applied to wellness at 100%, make sure the claim coding is correct upon checkout on the date of your visit. Should you encounter billing issues please contact our Compass Health Pro Andrew Wills. The City will not reimburse any cost accrued during an annual physical.

All employees, retirees, covered spouses and dependents 18 and older must turn in a wellness verification form with-in 6 months of active coverage in a City health plan. This will need to be renewed annually to avoid the surcharge. Insurance companies will only allow one exam per year, therefore at least a 30-day grace period from the last exam expiration date will be given. Failure to turn in the form will result in a surcharge of \$37.50 a month per enrollee.

It is the employee's responsibility to know their due date and return the wellness verification form to Human Resources by their due date. All wellness forms will be due on the first of the month following 13 months since the last appointment for example: your last appointment was Jan. 16th your next wellness form will be due March 1st.

Should your exam require diagnostic or follow up services, these charges may not be covered under your preventive benefits with Aetna. Be sure to check with your provider as to what cost you will be responsible for.

Quest Diagnostics is in-network lab. www.questdiagnostics.com or 888-277-8772

Non-Tobacco Discount

The City of Cleburne offers a non-tobacco discount for employees, spouses and dependents over 18 years old that are enrolled in the City health plan and who do not actively or have not actively used any tobacco product in the past 90 days. These products include, but are not limited to: cigarettes, electronic cigarettes, cigars, chew, dip and snuff.

Covered employees, retirees, spouses and dependents 18 and older who are currently participating or have participated and completed a tobacco cessation program within the previous 12 months preceding October 1, 2019, will be eligible to receive this discount.

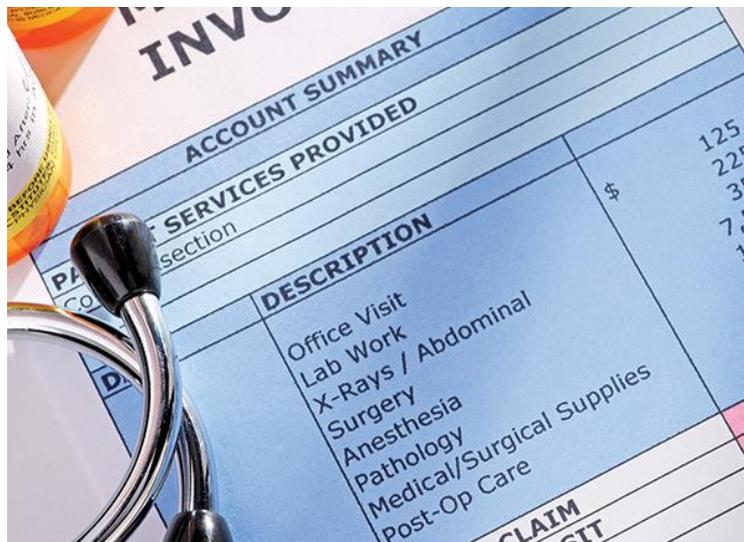
Enrollees 18 years old and up, who are tobacco users will be charged \$37.50 per month for tobacco. You will certify your tobacco status during open enrollment on the Benefit Connector site. Your selection on Benefit Connector affirms all selections are true and correct to the best of your knowledge. Any misrepresentation of information on the Benefit Connector site may result in disciplinary action, up to and including termination.

Suggested Tobacco Cessation Resources:

- Aetna – 1-866-213-0153 www.aetna.com
- Deer Oaks EAP – 866-327-2400 www.deeroakseap.com

Surprise Medical Bills

“Surprise medical bill” is a term commonly used to describe charges arising when an insured individual inadvertently receives care from an out-of-network provider. This situation could arise in an emergency when the patient has no ability to select the emergency room, treating physicians, or ambulance providers. Surprise medical bills might also arise when a patient receives planned care from an in-network provider (often, a hospital or ambulatory care facility), but other treating providers brought in to participate in the patient’s care are not in the same network. These can include anesthesiologists, radiologists, pathologists, surgical assistants, and others. In some cases, entire departments within an in-network facility may be operated by subcontractors who don’t participate in the same network. In these non-emergency situations, too, the in-network provider or facility generally arranges for the other treating providers, not the patient.



I GOT A SURPRISE BILL. WHAT CAN I DO ABOUT IT?

- Call Compass and let them assist you 1-800-513-1667
- Call the doctor or provider that sent the bill and discuss your concerns. In most cases, Texas law requires providers to provide an itemized bill on request, so review the charges carefully. Some providers might accept a lower payment.
- For planned procedures, find out in advance whether your providers are contracted with your health plan. This is especially important in the case of facility-based providers, such as radiologists, anesthesiologists, pathologists, and neonatologists. Even if a hospital is in your health plan's network, some doctors who provide services there might not be.
- Call your health plan to make sure the services you will get are covered under your policy. If the services are not covered, you will have to pay the charges.
- Texas law gives patients the right to request estimates of charges. Doctors and other providers and health plans have 10 days to give you the estimates, so you won't be able to get them in cases of emergencies. Some providers and health plans also have cost information on their websites.
- If there aren't any contracted providers available, your health plan might be able to work out a discounted payment. You also might be able to ask your doctor or provider if they'll accept payment options in advance. In some cases, the health plan may be required to make sure you aren't balance billed.



Dental Benefits



Effective October 1, 2019

Here is a snapshot of the coverage offered through the 2019-2020 dental plan.

BENEFITS	MetLife
Type I – Preventive Services Oral examinations (2 Per Year) X-rays Cleanings (2 Per Year)	No Waiting Period No Deductible / 0%
Type II – Basic Services Fillings Extractions Root Canal	No Waiting Period Deductible / 80%
Type III – Major Services Crowns Removable / fixed bridge-work Partial or complete dentures	No Waiting Period Deductible / 50%
Annual Deductible	
Individual	\$50
Family	\$150
Annual Maximums	
Dental Annual Maximum	\$1,500
Network Website www.metlife.com/dental	PDP Plus Network

NOTE: This is a brief summary and not intended to be a contract.

Dental Costs – Monthly	Employee
Employee Only	\$0.00
Employee & Spouse	\$34.86
Employee & Children	\$34.94
Employee & Family	\$79.21

www.metlife.com/dental

800-275-4638

Learn more about your MetLife benefits



The MetLife Mobile App is available on the iTunes® App Store and Google Play. Download the app, and use it to find a participating dentist, view your claims¹ and to see your ID card.²

MetLife benefits information right from your desktop

The MyBenefits web site is a quick and easy way for you to get the information you need about your MetLife benefits — all in one place. Log in at metlife.com/mybenefits to see how we've taken personalization and integration to a new level.

Personalized homepage to all your MetLife benefits

Get more information on your MetLife benefits, where you can link to detailed coverage information and can perform tasks, such as:

Dental Plans — Easily find a participating dentist or view your benefits, copay or coinsurance amount, and claims¹ online. Plus, you will have access to our extensive Oral Health Library to research important dental topics.

Dental ID cards are available online for you to download and print at your convenience.¹ Cards contain your name, employer's name and group number. Also included are MetLife's claims submission address,¹ website address, customer service telephone number and a service number for International Dental Travel Assistance.³

Additional MyBenefits features include:

- Planning tools that you can use to help you make informed decisions regarding your retirement, benefits coverage as well as other useful information for a variety of everyday topics.
- Forms and documents that you may need are located in the "Tools & Resources" area at the bottom of the MyBenefits home page for you to download.
- In the "News & Updates" section you'll find information from MetLife and your employer such as enrollment dates and new product offerings.
- Online claims tracking and email notifications called eAlerts, which will provide information regarding status changes to your claims for certain benefits.¹

metlife.com/mybenefits

Navigating life together



Vision Benefits



Effective October 1, 2019

This is a snapshot of the coverage offered through the 2019-2020 Vision plan.

BENEFITS		Superior Vision
Eye Exam	Network	\$10 Copay
	Non-Network	Up to \$35 Reimbursement
Frames/ Lens		
Single Vision	Network	\$25 Copay
	Non-Network	Up to \$25 Reimbursement
Bifocal Lenses	Network	\$25 Copay
	Non-Network	Up to \$40 Reimbursement
Trifocal Lenses	Network	\$25 Copay
	Non-Network	Up to \$45 Reimbursement
Frames	Network	\$25 Copay then Allowance up to \$130 \$70 Reimbursement
	Non-Network	
Contacts *In Lieu of Glasses		
Network	Medically Necessary	Covered in Full \$105 Allowance
	Elective	
Non-Network	Medically Necessary	\$150 Allowance \$80 Reimbursement
	Elective	
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		24 Months

NOTE: This is a brief summary and not intended to be a contract.

Vision Premium - Monthly	Employee	City Cost	Total
Employee Only	\$0.00	\$4.06	\$4.06
Employee & Spouse	\$0.96	\$5.96	\$6.92
Employee & Children	\$1.08	\$6.19	\$7.27
Employee & Family	\$2.30	\$8.57	\$10.87

www.superiorvision.com

866-265-0517

Basic Life & AD&D Benefits



Effective October 1, 2019

The City of Cleburne provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned resulting in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at any time by logging onto Benefit Connector.

BASIC LIFE/AD&D BENEFITS	Symetra
Basic Life & AD&D Schedule	1X Basic Annual Earnings
Guarantee Issue Amount	The lesser of 1x Annual Salary to \$100,000
Maximum Amount	\$100,000
Spouse	\$10,000 Benefit (premium \$1.50)
Dependent Child	\$5,000 benefit (premium \$1.50)
Employee Age Reduction Schedule	At Age 65, benefits will reduce by 35% of the original amount; At Age 70, benefits will reduce an additional 15% of the original amount; At Age 75, benefits will reduce an additional 20% of the original amount; At Age 80, benefits will reduce an additional 10% of the original amount; Benefits will terminate when person attains Age 99
Waiver of Premium	Included
Accelerated Death Benefit	75% of Life Benefit up to \$250,000
Conversion	Included

NOTE: This is a brief summary and not intended to be a contract.

*Employees can add Basic dependent life for spouse & children for \$1.50 a month.

- \$10,000 for spouse coverage
- \$5,000 for child coverage

www.symetra.com/employeebenefits

800-426-7784



How Much Life Insurance Do You Need?

If you're going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you'll require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you'll want to recognize these changing needs and be prepared to act.

When you're a young adult, and you're single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you don't own a home, the death of one spouse will generally not be financially catastrophic for the other.



But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it's a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you've reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably would want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it's also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we've seen, insurance can be important at every stage of your life. You'll help yourself – and your loved ones – by getting the coverage you need when you need it.

Voluntary Life & AD&D Benefits

Effective October 1, 2019

VOLUNTARY LIFE BENEFITS	SYMETRA
Employee Life Amount	Increments of \$10,000
Employee AD&D Amount	Included
Employee Guarantee Issue Amount	Up to \$50,000 under Age 60
Employee Maximum Amount	\$500,000
Employee Age Reduction Schedule	At Age 65, benefits will reduce by 35% of the original amount; At Age 70, benefits will reduce an additional 20% of the original amount; At Age 75, benefits will reduce an additional 15% of the original amount; At Age 80, benefits will reduce an additional 10% of the original amount; Benefits will terminate when person retires
Spouse Life Amount	50% of employee amount in increments of \$5,000 to a maximum of \$250,000
Spouse Guarantee Issue Amount	\$25,000 under age 60
Spouse Maximum Amount	May not exceed 50% of Employee Voluntary Life Benefit
Child Life Amount	\$2,500 to \$10,000 in increments of \$2,500
Child Maximum Amount	\$10,000
AGE RATED PREMIUMS (Rates based on Employee/Spouse)	Employee & Spouse (Rate Per \$1,000)
AD&D Rate: (per \$1,000)	\$0.024 Employee / \$0.017 Spouse
Life Rate: Up to 24	\$0.11
25-29	\$0.12
30-34	\$0.13
35-39	\$0.18
40-44	\$0.24
45-49	\$0.46
50-54	\$0.77
55-59	\$1.25
60-64	\$1.56
65-69	\$2.70
70-74	\$4.39
75-79	\$6.76
80-84	\$6.76
85-89	\$6.76
Child Life Rate (includes AD&D) (Per \$1,000)	\$0.25

NOTE: This is a brief summary and not intended to be a contract. Guarantee issue Amounts listed are only available to new hires and their spouses. All other eligible employees and spouses will be required to submit Evidence of Insurability for any new coverage amount or increase in coverage amount.





Disability Insurance

Effective October 1, 2019

The City of Cleburne provides full-time employees with long-term disability income benefits. The cost for this coverage is paid in full by your employer. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

LONG TERM DISABILITY BENEFITS	SYMETRA
Monthly Percentage	60%
Monthly Maximum	\$5,000
Elimination Period	90 Days
Definition of Earnings	Base Annual Earnings
Pre-existing Limitation	3 / 12
Mental Nervous Limitations	24 Months per Disability
Drug & Alcohol Limitations	24 Months per Disability
Self Reported Limitations	24 Months per Disability

NOTE: This is a brief summary and not intended to be a contract.

www.symetra.com/employeebenefits

800-426-7784

Employee Assistance Program (EAP)

Effective October 1, 2019

The Employee Assistance Program (EAP) can help you resolve problems that affect your personal life or job performance. The Employee Assistance Program (EAP) is offered to all employees and immediate family members through Deer Oaks. The EAP is paid for by The City of Cleburne. It is a completely confidential counseling program that covers issues such as:

- Legal / Financial
- Depression / Stress
- Drug / Alcohol Abuse
- Emotional Problems
- Financial Pressures
- Grief Issues
- Family / Relationship Problems
- Other Personal Concerns
- Advanced Legal Assist
- Advantage Financial Assist
- ID Recovery
- Monthly Electronic Newsletters
- Disaster Assistance Program
- Work/Life Services
- Critical Incident Stress Management
- Take the High Road
- Tele-Language Services



EAP staff members are available 24 hours a day, 7 days a week, every day of the year by calling 866-327-2400. Staff members are highly trained professionals with experience in family, personal, work related and substance abuse issues.



ICONNECTYOU Mobile App

Instant Support

ICONNECTYOU: YOUR EAP ON THE GO



FEATURES:

- Access your EAP at the click of a button
- Calls, instant messaging (IM), short message service (SMS), video, and articles
- Answered 24 hours a day, 365 days a year
- Members can connect with experts instantly or make arrangements for a later appointment
- Accessible by iOS and Android devices
- Browse our self-help resources with a few swipes on the phone



iConnectYou is an app that instantly connects you with professionals for instant support and help finding resources for you and your family.

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode below. For additional information, you may access your EAP's website following the details listed below.

ICONNECTYOU PASSCODE: 128589
TOLL FREE: 1-866-327-2400
WEBSITE: www.deeroakseap.com
USERNAME/PASSWORD: CLEBURNE



Voluntary Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

BENEFIT ENHANCEMENT RIDER		PLAN
Hospital Admission		\$500
Ruptured Spinal Disc Surgery ¹		\$500
Lacerations ¹ (Pays once/year)		\$50
Accident Follow-Up Treatment		\$50
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$50
Burns ¹ (Pays once/accident; other than sun burns)	< 15% of body surface > 15% or more	\$100 \$500
Skin Graft (Pays once/accident; % of Burns Benefit)		50%
Brain Injury Diagnosis ¹ (Pays once)		\$150
Paralysis ¹ (Pays once)	Paraplegia Quadriplegia	\$7,500 \$15,000
Coma with Respiratory Assistance (n/a GA) (Pays once)		\$10,000
Open Abdominal or Thoracic Surgery ¹		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery ¹	Surgery Exploratory	\$500 \$150
Eye Surgery (Pays once/accident)		\$100
Rehabilitation Unit		\$100
General Anesthesia		\$100
Family Member Lodging		\$100
Blood and Plasma ¹ (Pays once/accident)		\$300
Appliance (Pays once/accident)		\$125
Medical Supplies (Pays once/accident)		\$5
Medicine (Pays once/accident)		\$5
Prosthesis (Pays once/accident)	1 device 2 or more devices	\$500 \$1,000
Physical Therapy (Pays daily; max. 6 days/accident)		\$30
Non-Local Transportation		\$400
Post-Accident Transportation (Pays once/year)		\$200

BASE ACCIDENT BENEFITS		PLAN
Accidental Death and Dismemberment (Pays up to the amount shown on reverse)	Employee	\$40,000
	Spouse	\$20,000
	Children	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000
	Spouse	\$100,000
	Children	\$50,000
Dislocation or Fracture (Pays up to amount shown on reverse)	Employee	\$4,000
	Spouse	\$2,000
	Children	\$1,000
Initial Hospital Confinement (Pays once)		\$1,000
Hospital Confinement (Pays daily)		\$200
Intensive Care (Pays daily)		\$400
Medical Expenses (Pays up to amount shown)		\$500
Ambulance	Ground	\$200
	Air	\$600
Outpatient Physician's Treatment (Pays per visit)		\$50

Accident Costs	Per Pay Period
Employee Only	\$9.00
Employee & Spouse	\$16.93
Employee & Child(ren)	\$18.42
Employee & Family	\$22.45

MyBenefits

MyBenefits is Allstate's customers online resource for claims submission and account information. Optimized for mobile devices, employees can quickly and securely file their claims and supporting documentation at home or on the go! MyBenefits provides registered account holders with anytime access to Frequently Asked Questions, a personalized message center, helpful resources and more. To register, access MyBenefits at <https://www.allstatebenefits.com/mybenefits/user/login/>



Voluntary Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is more than \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., advanced Alzheimer's, benign brain tumor, blindness, cancer, coma, heart attack, kidney failure, Lou Gehrig's disease, multiple sclerosis, organ failure and transplant, paralysis and Parkinson's). You can use the benefit however you would like, including to pay for experimental treatments, prescriptions, travel, increased living expenses and more. Did you know that the average total out-of-pocket cost related to treating a critical illness is more than \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., advanced Alzheimer's, benign brain tumor, blindness, cancer, coma, heart attack, kidney failure, Lou Gehrig's disease, multiple sclerosis, organ failure and transplant, paralysis and Parkinson's). You can use the benefit however you would like, including to pay for experimental treatments, prescriptions, travel, increased living expenses.

BENEFIT AMOUNTS	
†Covered Dependents Receive 50% Of Your Benefit Amount	
INITIAL CRITICAL ILLNESS BENEFITS¹	PLAN
Heart Attack (100%)	\$10,000
Stroke (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Major Organ Transplant (100%)	\$10,000
End Stage Renal Failure (100%)	\$10,000
Waiver of Premium (employee only)	Yes

and more.

CANCER CRITICAL ILLNESS BENEFITS¹	PLAN
Invasive Cancer (100%)	\$10,000
Carcinoma in Situ (25%)	\$2,500
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II²	PLAN
Advanced Alzheimer's Disease (25%)	\$2,500
Advanced Parkinson's Disease (25%)	\$2,500
Benign Brain Tumor (100%)	\$10,000
Coma (100%)	\$10,000
Complete Blindness (100%)	\$10,000
Complete Loss of Hearing (100%)	\$10,000
Paralysis (100%)	\$10,000
ADDITIONAL BENEFIT	PLAN
Wellness Benefit (per year)	\$50

PLAN - SEMI-MONTHLY ISSUE AGE PREMIUMS		
AGE	E+CH	F
Non-Tobacco		
18-29	\$3.84	\$6.77
30-39	\$6.07	\$10.12
40-49	\$10.30	\$16.46
50-59	\$16.91	\$26.35
60-64	\$22.47	\$34.70
65+	\$34.93	\$53.39
Tobacco		
18-29	\$4.58	\$7.88
30-39	\$7.98	\$12.96
40-49	\$15.04	\$23.56
50-59	\$25.75	\$39.63
60-64	\$34.54	\$52.81
65+	\$53.52	\$81.26

EE + CH = Employee + Child(ren); F = Family

*If spouse is a tobacco user then the employee is charged the tobacco rate.



MyTMRS

Your secure source for account information

All TMRS members should sign up for a MyTMRS® account to access their personal information. Visit www.tmr.com and select the MyTMRS button to register. You will need a valid email address. Please use a **non-work** email address (one that only you have access to) since your information on MyTMRS is confidential.

What Can You Do on MyTMRS?

As a user of MyTMRS, you can:

- View your account **balance and service credits** with all TMRS cities
- **Run retirement estimates** for any time after the date of your first retirement eligibility and compare the available retirement options

Retirement Options <small>What are all these options?</small>	Partial Lump Sum Payment Options <small>What is a partial lump sum payment?</small>			
	None	12 months	24 months	36 months
Retiree Life Only	3,607.44	3,361.55	3,115.66	2,908.20
100% Survivor	3,105.73	2,889.38	2,678.03	2,499.71
75% Survivor	3,215.83	2,995.63	2,777.44	2,592.50

- Print an **account balance letter**
- View and update **beneficiary designations**
- View, download, and print **Annual Statements**
- **Change contact information** – address, phone number, and email
- Choose your **communication preferences** for receipt of TMRS newsletters

My Contact and Personal Information			
Portalville - Contributing - TMRS ID: 112792			
Name	[REDACTED]	Home address	701 N Third St Portalville, TX 76543 Edit
Social Security Number	***-**-0021	Work phone number	512-555-1212 Edit
Date of birth	December 09, 1964	Mobile phone number	Add
Gender	Male	Home phone number	Add

After you retire, your MyTMRS access stays intact. As a retiree, you will be able to do all of the above, plus:

- View **payment summary and withholding details**
- Print **annuity verification letters and tax documents (1099-Rs)**
- Change your **IRS withholding instructions** online

Coming Soon — Direct Deposit Changes!

Register today to ensure that you stay in touch and have 24-hour-a-day access to your account information!

October 2017

MyTMRS is part of



Employee Rewards

Employee Benefit	Explanation
Booker T. Washington Recreational Facility	Free Employee only membership.
Cemetery	Employee only, available through payroll deduction, may purchase lot(s) on an extended payment plan; benefit is subject to current City provisions.
Cleburne Public Library	Employee and immediate family living in the employee's household may receive a free library card with no non-resident fee.
Cleburne Transfer Station	Employees, as well as retirees, are eligible for one free disposal of up to 800 lbs. per month, regardless of their city of residence. Those that reside in the City limits are still eligible for their free citizen disposal. A household representative may be sent in place of the employee. Tires are not included and will be charged accordingly.
Cleburne Transfer Station	Employees and retirees can bring cardboard, glass, plastics (#1 and #2), metals, cooking oil and up to 5 gallons of motor oil per day for disposal.
Cleburne Transfer Station	Employees, as well as retirees are eligible for available free mulch.
Flu Shots	The City will provide an opportunity annually to the employee and their spouse to receive a free flu shot. Two weeks after the flu shot clinic, if there are extra flu shots, the City will make them available to the employee's children living in their household until quantities are exhausted. Age restrictions based upon medical guidelines will be followed.
Golf Links Golf Course	Employee and Retiree are eligible for 1/2 off posted green fees only.
Golf Links Golf Course Food	On Duty Golf Course employees are eligible for 1/2 off food items for employee only.
Splash Station Recreational Pool	Free Family Membership - Must live in the household of the employee
Splash Station Recreational Pool - Food	On duty Splash Station employees are eligible for 1/2 off food items for employee only.
.10 Copies	Employee may utilize the copiers at the rate of .10 cents per copy and must be payable to the City Secretary department.
15% A&T discount	Employee only eligible for vendor provided phone discount.
Free Customer Service Stations - Coffee, Tea, Bottle Water	Employee may enjoy these items during their hours of operation, where available.
Free ice	Employee only may get free ice, where available.
Microsoft Office Discount	Employees only are eligible for vendor provided Microsoft Office Software discount.
United Way	Employees are given the option to donate a flat dollar amount or a days worth of wages. Full time 8 hours, part time 4 hours, 2920 employees 12 hours. In exchange, for donating a days worth of wages, the employee will be granted the same number of hours in return to be used as time off and must be used between 10/1 of the current year to 9/30 of the same.

*Rewards are subject to change

All employee benefit documents can be found at <http://sharepoint.cleburne.net>

Wellness Verification Form

The City provides a discount for employees, spouses, and dependents 18 and older who have had an annual physical, and are covered under the City's insurance plan. It is the employee's responsibility to check with the insurance provider to see what is covered under their wellness benefit and to ensure they are eligible prior to scheduling the annual physical. Your plan may NOT pay for all testing and or labs ordered during your wellness exam. The City will not reimburse any cost accrued during an annual physical or any additional follow up treatment that is required.

All employees, covered spouses and dependents 18 and older must turn in a wellness verification form with-in 6 months of active coverage in a City health plan and recertify annually. Insurance companies will only allow one wellness exam per year, therefore a 30-day grace period from the last exam date will be given. Failure to turn in the form will result in the loss of the \$37.50 a month per enrollee discount.

It is the employee's responsibility to know their due date and return the wellness verification form to Human Resources.

To ensure your wellness benefit is applied to wellness at 100%, make sure the claim coding is for routine annual physical upon checkout on the date of your visit. Should you encounter billing issues please contact our Compass Health Pro. Phone: 800-513-1667 Email: answers@compassphs.com

Employee Name (please print)

Employee Number

- Active Employee
- Active Employee – Spouse
- Active Employee – Dependent 18+
- Retiree
- Retiree – Spouse
- Retiree – Dependent 18+

TO BE COMPLETED BY PHYSICIAN:

- No protected Health Information (PHI) and no results of any kind shall be included on this, or sent to the City.
- While wellness exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required by the City.

I certify the below named patient has completed a wellness exam at my office on the following date:

Wellness Exam Date

Patient Name

Physicians Name

Physician's Signature



