

2020 - 2021

employee

BENEFITS

guide



Table of Contents

Table of Contents.....	2
Take Care of Your Tomorrow!.....	3
Benefits Resource List	4
Registering and Enrolling on Benefit Connector	5
Enrollment Instructions	6
Summary of Benefits	7
Medical Benefits	8
Medical Costs – Effective 10/1/2020	9
Preferred Pharmacy & Generic Drugs	10
Flexible Spending Account	11
Know Where to go to save money!	12
BCBS Well onTarget.....	13
BCBS Well onTarget (cont'd)	14
MDLive	15
Blue Care Connection Nurse Line.....	16
Dental Benefits	17
Dental Rates & How to find a Network Dentist.....	18
Vision Benefits	19
Basic Life & AD&D Benefits	20
Voluntary Life & AD&D Benefits	21
Disability Insurance	22
Employee Assistance Program (EAP).....	23
Supplemental Products	24
Retirement Plans	25
What Constitutes a Qualifying Life Event?	26
Tobacco and Wellness Program Policy.....	27
Tobacco and Wellness Program Policy (cont.)	28
Tobacco/Non-Tobacco User Affidavit	29
Annual Physical Acknowledgement Form.....	30



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 City of Live Oak 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.

City of Live Oak values our employees and recognizes the importance of offering benefits that enhance people's lives. With that in mind, we have good news for 2020! Changes have been made to ensure your continued access to high quality and competitive employee benefits options. **All benefit changes are effective October 1, 2020.**

The City of Live Oak maintains a list of all of the health plan documents, summaries, and notices required under the DOL, PPACA, ERISA, COBRA and HIPAA. These health plan notices can be found at <https://cityofliveoak.benefitconnector.com/>. Additionally, you can request printed copies through the City of Live Oak Human Resources Department.

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.



Your City of Live Oak HR Team



Benefits Resource List

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

If You Have Questions About	Contact	By Phone	On the Internet
MEDICAL COVERAGE Directories of network providers, claims status or pre-notification	Blue Cross Blue Shield of Texas	800-521-2227	www.bcbstx.com
PRESCRIPTION DRUG COVERAGE	Prime Therapeutics	855-457-0007	www.primetherapeutics.com
DENTAL COVERAGE	Blue Cross Blue Shield of Texas	800-521-2227	www.bcbstx.com
VISION COVERAGE	Avesis	800-522-0258	www.avesis.com
LIFE INSURANCE	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
DISABILITY INSURANCE	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
EMPLOYEE ASSISTANCE PROGRAM	Alliance Work Partners	800-522-0258	www.awpnow.com
HEALTH CARE & DEPENDENT CARE SPENDING ACCOUNTS	Flores	800-532-3237	www.flores247.com
SUPPLEMENTAL PRODUCTS	Colonial Life	800-325-4368	www.coloniallife.com
RETIREMENT	TMRS ICMA-RC	800-924-8677 800-669-7400	www.tmrs.com www.icma-rc.org
BENEFITS INFORMATION	Benefit Connector	Details on page 5	https://cityofliveoak.benefitconnector.com/



Registering and Enrolling on Benefit Connector

Step 1

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



LiveOak
THE CITY OF LIVE OAK, TEXAS

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'

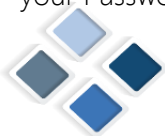
Generated Username TTest

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 it by following the instructions for '**Forgot Login/Password**' in the log in box.



Enrollment Instructions

Enrolling & Making Changes

All employees must complete an online Benefit Enrollment Form which includes a non-tobacco user affidavit. Open Enrollment is your opportunity to add, cancel, or make changes to your benefits for the 2020 fiscal year.

When you complete the online form, you will need to update your personal e-mail, cell phone and Emergency Contact information. You will also need social security numbers for any dependents you are adding to the plan for the first time. The enrollment system will only allow you to submit one form. If you need to make a change, contact Human Resources to request a one-time change.

Open Enrollment in Benefit Connector for the City will begin on August 20, 2020 and will close on September 2, 2020 at 11:00 PM. The elections and changes you make become effective October 1, 2020. Newly hired employees are effective on the 1st of the month following a 30 day waiting period.

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.

Summary of Benefits

Effective October 1, 2020

MEDICAL BENEFITS: The City of Live Oak will offer a PPO Medical plan thru Blue Cross Blue Shield of Texas this benefit year and the City of Live Oak will continue to pay 100% of the Employee Only cost.

WELLNESS BENEFITS: The City of Live Oak will be continuing the Wellness benefits through *Well on Target* this 2020-2021 benefit year. This benefit is paid by the City of Live Oak on your behalf. For an additional cost, there is a "Fitness Program" available for a one-time fee of \$25 and \$25 per month per member. This provides access to a nationwide network of gyms with no long-term contract required and is *paid by the employee.*

EMPLOYEE ASSISTANCE PLAN: The City of Live Oak will continue to offer a comprehensive EAP through Alliance Work Partners for the 2020-2021 benefit year. This benefit is paid by the City on your behalf.

DENTAL BENEFITS: The City of Live Oak will offer a New Dental plans through Blue Cross Blue Shield of Texas for the 2020-2021 benefit year. The City of Live Oak will continue to pay 100% of the Employee Only cost for the base plan (the Low PPO Plan).

VOLUNTARY VISION BENEFITS: The Vision plan will continue to be offered through Avesis on a voluntary basis.

LIFE INSURANCE / AD&D BENEFITS: The basic Life Insurance benefits are provided through Mutual of Omaha. The City will continue to pay the cost for this benefit on your behalf.

VOLUNTARY LIFE / AD&D INSURANCE: The Voluntary Life Insurance benefits are offered through Mutual of Omaha. These voluntary additional life benefits are at your cost.

LONG-TERM DISABILITY BENEFITS: Long Term Disability benefits are provided by Mutual of Omaha. The City will continue to pay for this coverage on your behalf.

VOLUNTARY SHORT-TERM DISABILITY BENEFITS: The City of Live Oak will continue to offer this benefit to our employees through Mutual of Omaha. The optional Short Term Disability coverage will be offered to all eligible employees on a voluntary basis at your cost.

FLEXIBLE SPENDING ACCOUNTS (FSA): The City of Live Oak will be offering Flexible Spending & Dependent Care Accounts through Flores. This benefit allows employees to pay for eligible medical costs and dependent care expenses with pre-tax funds deducted from your pay.



Medical Benefits

Visit www.bcbstx.com or scan the QR Code for additional details about your medical plan.



Effective October 1, 2020

Here is a snapshot of the coverage offered through the 2020-2020 medical plan(s). For a complete summary of medical benefits, please refer to <https://cityofliveoak.benefitconnector.com/>

BENEFITS – Blue Cross Blue Shield of Texas		PPO Plan
Deductible	Network	\$500 Individual / \$1,500 Family
	Non-Network	\$10,000 Individual / \$20,000 Family
Out-of-Pocket Maximum	Network	Includes Deductible & Copayments \$1,500 Individual / \$4,500 Family
	Non-Network	Unlimited
Co-insurance	Network	100%
	Non-Network	50%
Lifetime Maximum		Unlimited
		You Pay
Office Visit		Telemedicine- \$0 Copay
	Network	\$30 Copay
	Non-Network	Deductible/50%
Specialist Office Visit	Network	\$60 Copay
	Non-Network	Deductible/50%
Preventive Visit	Network	0%
	Non-Network	Deductible/50%
In-Patient Hospital	Network	Deductible/0%
	Non-Network	Deductible/50%
Urgent Care	Network	\$75 Copay
	Non-Network	Deductible/50%
Emergency Room	Network	\$500 Copay + Deductible
	Non-Network	\$500 Copay + Deductible
Prescriptions	Preferred: Generic /Brand /Specialty	\$0 / \$10 / \$50 / \$100 / \$150
	Non-Preferred: Generic /Brand /Specialty	\$10 / \$20 / \$70 / \$120 / \$250
	Mail Order (90 days)	3x copay
Network Website	www.bcbstx.com	Blue Choice PPO

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

Medical Costs – Effective 10/1/2020

BCBS Medical – PPO Plan: *City Pays 100% of Medical Premium and 45% of Dependent Medical*

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$799.40	\$799.40	\$0	\$0
EE/SP	\$1,716.30	\$1,212.01	\$504.30	\$252.15
EE/CH	\$1,311.83	\$1,029.99	\$281.84	\$140.92
Family	\$2,116.02	\$1,391.88	\$724.14	\$362.07

PLEASE NOTE –

Tobacco Users- Employees and spouses, who are tobacco users, will have an additional surcharge of **\$25** per person per month towards the cost of their employee health insurance premium.

Wellness Program- Employees and spouses that do not complete the Annual Physical Acknowledgement form will have an additional surcharge of **\$25** per person per month towards the cost of their employee health insurance premium.



Preferred Pharmacy & Generic Drugs



- ✓ Employees can significantly reduce out of pocket spend for prescription drugs by going to a preferred pharmacy.
- ✓ Additionally, out of pocket costs can be further reduced by purchasing generic medications. A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

To maximize your healthcare dollar, purchase generic prescriptions at one of the below pharmacies:

Walgreens



Walmart 



Flexible Spending Account

Effective October 1, 2020

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.

Effective October 1, 2019 our Flexible Spending Account (FSA) program will be administered by Flores.

Online Account Information. You can register to view your account transactions, submit claims and manage your account. Flores will send a confirmation letter to you in September to confirm your election and you can register at that time at www.Flores247.com. On the website, you can view an extensive listing of eligible expenses, read frequently asked questions, view helpful videos, learn how to use the Flores Card, view links to IRS forms and publications, and obtain administrative forms.

Health Care Reimbursement FSA

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 \$2,750**. The City of Live Oak's plan allows you to roll over up to \$550 of unused funds at the end of the plan year, reducing your risk of forfeiting unused money you have contributed. The City of Live Oak offers the Flores Debit card that will allow you to pay for eligible expenses at participating providers at the time of service. If you prefer to file the claim manually, claims can be uploaded online at www.flores247.com. Claims can either be scanned or use your phone's camera to take a picture of your documentation.

Some examples eligible expense include:

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

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under age 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$5,000** for 2020, (or \$2,500 if married and filing separately). Download a claim form from www.flores247.com or obtain this form from the Human Resources Department.

Examples of Reimbursable Costs include:

Child (under age 13) or adult dependent care	To provide care either in or out of your house
Nursery schools and preschools (excluding kindergarten)	



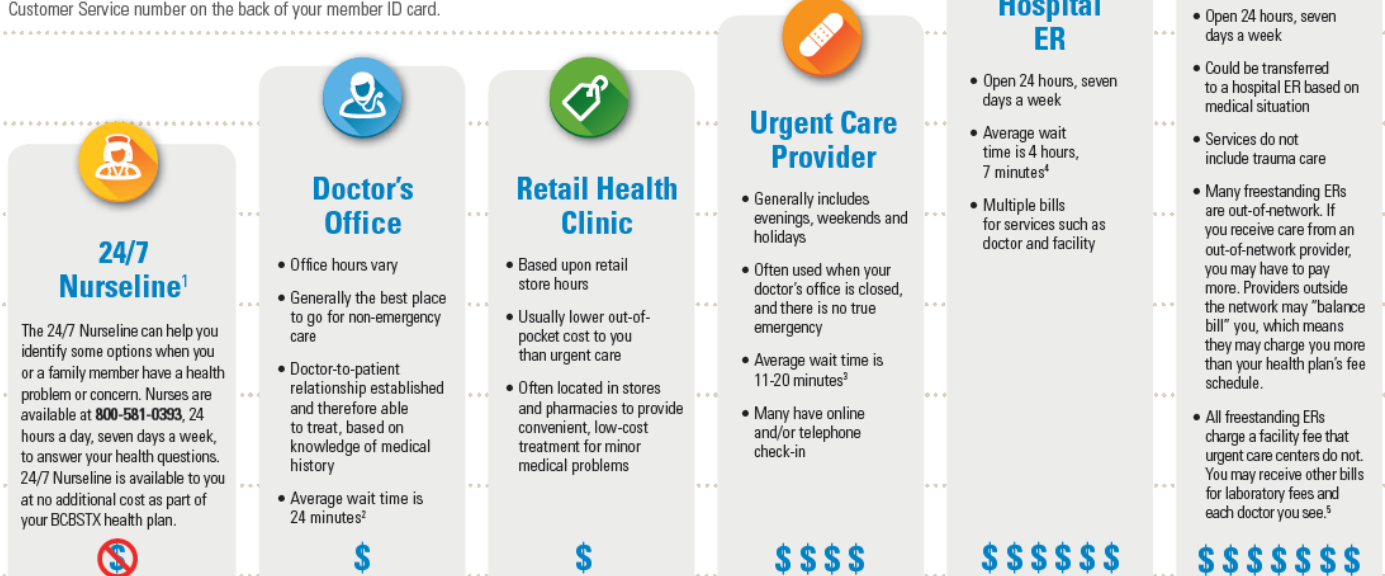
Know Where to go to save money!

Confused About Where to Go for Care?

Smart health care choices may save you money.

Sometimes it's easy to know when you should go to an emergency room (ER). At other times, it's less clear. Where do you go when you have an ear infection, or you are generally not feeling well? The emergency room can be an expensive option. The chart below can help you figure out when to use each type of care.

When you use Blue Cross and Blue Shield of Texas (BCBSTX) in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at bcbstx.com or by calling the Customer Service number on the back of your member ID card.



Knowing where to go for care can make a big difference in cost and time. Here's how your options compare[†]:

	Average Costs	Average Wait Times	Examples of Health Issues
Virtual Visits Convenient and lower cost	\$	10 minutes or less	<ul style="list-style-type: none"> Allergies Cold and flu Nausea Sinus infections Asthma Pinkeye
Your Doctor's Office Your doctor knows your medical history best	\$	24 minutes [*]	<ul style="list-style-type: none"> Fever, colds and flu Sore throat Minor burns Stomach ache Ear or sinus pain Physicals Shots Minor allergic reactions
Retail Health Clinic Convenient, low-cost care in stores and pharmacies	\$	15 minutes	<ul style="list-style-type: none"> Infections Cold and flu Minor injuries or pain Shots Flu shots Sore and strep throat Skin problems Allergies
Urgent Care Clinic Immediate care for issues that are not life-threatening	\$\$\$\$	11-20 minutes ^{**}	<ul style="list-style-type: none"> Migraines or headaches Cuts that need stitches Abdominal pain Sprains or strains Urinary tract infection Animal bites Back pain
Hospital Emergency Room For serious or life-threatening conditions	\$\$\$\$\$\$\$	4 hours, 7 minutes ^{***}	<ul style="list-style-type: none"> Chest pain, stroke Seizures Head or neck injuries Sudden or severe pain Fainting, dizziness, weakness Uncontrolled bleeding Problem breathing Broken bones



A New Way to Experience Wellness

Well onTarget offers personalized tools and resources to help you — no matter where you may be on the path to health and wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

MEMBER WELLNESS PORTAL

The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **Self-directed courses:** These courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking and managing stress. Track your progress and reach your milestones as you make your way through each lesson. Reach your milestones and earn Blue PointsSM.*
- **Health and wellness content:** The health library teaches and empowers through evidence-based, reader-friendly articles.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use a food and exercise diary, symptom checker and health trackers.

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.



Start experiencing the new wellness today. Go to wellontarget.com.



BCBS Well onTarget (cont'd)

HEALTH ASSESSMENT (HA)

The HA uses adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals.

BLUE POINTS PROGRAM

Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall. The program gives you points instantly, so you can use them right away. If you want a larger reward, you can purchase additional points when you check out.

FITNESS PROGRAM**

Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of more than 9,000 fitness centers. If you want, you can choose one gym close to home and one near work. And you can visit gyms while you're on vacation or traveling for work.

Other program perks include:

- **No long-term contract:** Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25 per member.
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to locate gyms and track your visits.
- **Health and wellness discounts:** Save money through a nationwide complementary and alternative medicine network of 40,000 health and well-being providers, such as massage therapists, personal trainers and nutrition counselors.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, from 8 a.m. to 9 p.m. in any continental U.S. time zone.

FITNESS TRACKING

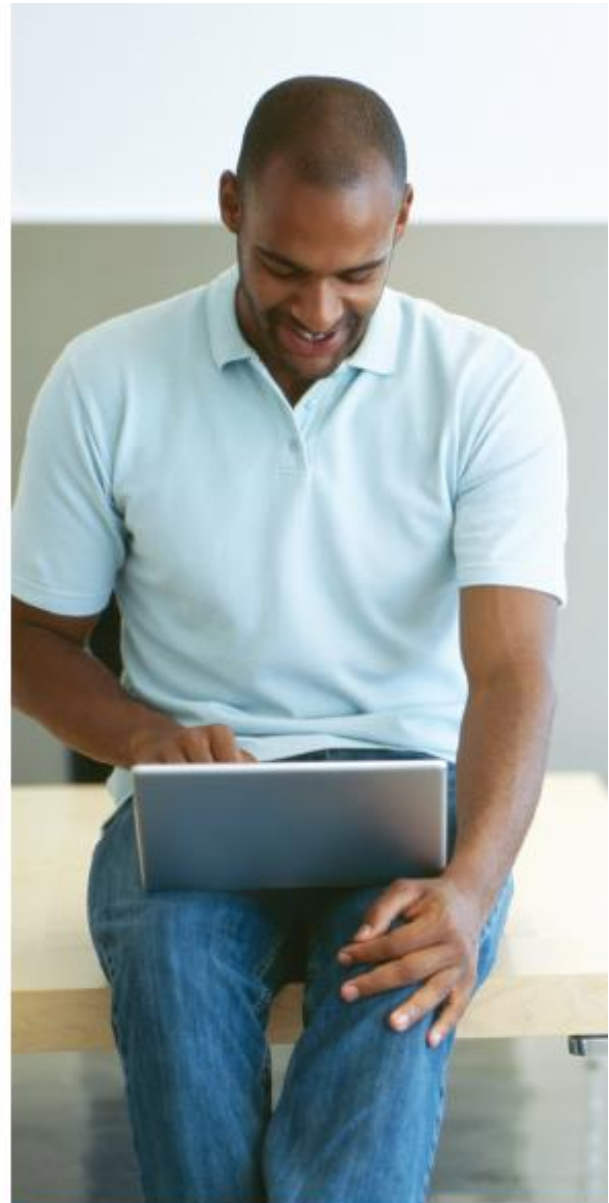
Track your fitness activity using popular fitness devices and mobile apps.

WELLNESS PROGRAM QUESTIONS?

Call Customer Service at **877-806-9380**.

** The Fitness Program is provided by Healthways, Inc., an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
57252.0618



Take Wellness on the Go

Check out the Well onTarget mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.



Connect²
Access where mobile app, online video or telephone service is available



Interact
Real-time consultation with a board-certified doctor or therapist



Diagnose
Prescriptions sent electronically to pharmacy of your choice (when appropriate)



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health	Pediatric Care	Behavioral Health
<ul style="list-style-type: none"> ○ Allergies ○ Asthma ○ Cold/Flu ○ Sinus Infections 	<ul style="list-style-type: none"> ○ Ear problems ○ Cold/Flu ○ Pinkeye 	<ul style="list-style-type: none"> ○ Anxiety / Depression ○ Child behavior ○ Learning Issues ○ Marriage problems



Blue Care Connection Nurse Line

24/7 Nurseline

Nurses available
anytime you
need them



**BlueCross BlueShield
of Texas**



**Call the 24/7 Nurseline with
any health questions.**

Toll-free: **800-581-0393**

Hours of Operation: **Anytime**

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Back pain
- Diabetes
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat
- And much more

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

Note: For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



Dental Benefits

Effective October 1, 2020

Here is a snapshot of the coverage offered through the 2020-2021 dental plan(s). For a complete summary of dental benefits, please refer to <https://cityofliveoak.benefitconnector.com/>

Benefits – BCBS (Blue Care Dental)	Low PPO Plan	High PPO Plan
Type I – Preventive Services	No Waiting Period	No Waiting Period
Oral examinations (2 Per Year)		
X-rays	100%	100%
Cleanings (2 Per Year)		
Type II – Basic Services	No Waiting Period	No Waiting Period
Fillings		
Extractions	80%	80%
Periodontics		
Type III – Major Services	No Waiting Period	No Waiting Period
Crowns		
Removable / fixed bridge-work	50%	50%
Partial or complete dentures		
Type IV - Orthodontia		
Child (under 19)	50%	50%
Adult		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximums		
Dental Annual Maximum	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,000	\$1,500
Out of Network Reimbursement	Maximum Allowable Charge (MAC)	90 th Percentile
Network Website		

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

Important information regarding the Low PPO Plan:

The Low PPO plan will pay the following services under Major Services at **(50% Reimbursement)** vs. the High PPO plan which will pay services under Basic Services **(80% Reimbursement)**:

- (1) Root Canal Treatment, (2) Oral Surgery (3) Periodontal Surgery.

Under the Low PPO Plan, **Implants are NOT covered.**

Employees should choose the High Plan if their provider is not in the network. The Out of Network Reimbursement for the Low PPO plan (MAC) will result in higher charges for an Out of Network Dentist.



Dental Rates & How to find a Network Dentist

BCBS Blue Care Dental- Low PPO

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$17.21	\$17.21	\$0	\$0
EE/SP	\$34.41	\$17.21	\$17.20	\$8.60
EE/CH	\$44.42	\$17.21	\$27.21	\$13.61
Family	\$67.87	\$17.21	\$50.66	\$25.33

BCBS Blue Care Dental- High PPO

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$24.77	\$17.21	\$7.56	\$3.78
EE/SP	\$49.54	\$17.21	\$32.33	\$16.17
EE/CH	\$61.30	\$17.21	\$44.09	\$22.05
Family	\$94.45	\$17.21	\$77.24	\$38.62

How To Search for a Network Dentist:

- 1) Go to <https://www.bcbstx.com/onlineirectory/dental.htm>
- 2) Click on Blue Care Dental
- 3) Select "Search by Location"
- 4) You can now search for nearest providers by your ZIP Code using a distance of , 5, 10, 15 or 20+ miles, or search by Dentist or Facility Name and the City and State.



Vision Benefits

Visit www.avesis.com or scan the QR Code for additional details about your vision plan.



Effective October 1, 2020

This is a snapshot of the coverage offered through the 2020-2021 Vision plan. For a complete summary of vision benefits, please refer to <https://cityofliveoak.benefitconnector.com/>

BENEFITS		Avesis
Eye Exam	Network	\$10 Copay
	Non-Network	Up to \$35 Reimbursement
Frames/ Lens (Materials copay applies to frame <u>or</u> lenses)		
Single Vision	Network	\$10 Copay
	Non-Network	Up to \$25 Reimbursement
Bifocal Lenses	Network	\$10 Copay
	Non-Network	Up to \$40 Reimbursement
Trifocal Lenses	Network	\$10 Copay
	Non-Network	Up to \$50 Reimbursement
Lenticular Lenses	Network	\$10 Copay
	Non-Network	Up to \$80 Reimbursement
Frames	Network	\$10 copay / Up to \$150 Allowance
	Non-Network	Up to \$45 Reimbursement
Contacts *In Lieu of Glasses		
Network	Medically Necessary	Covered in Full
	Elective	Up to \$130 Allowance
Non-Network	Medically Necessary	Up to \$250 Allowance
	Elective	Up to \$130 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		12 Months
Network Website		www.avesis.com

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

Avesis- Vision

Coverage	Total Rate	City Contribution	Employee Contribution per Month	Employee Contribution per Paycheck
Employee	\$5.47	\$0	\$5.47	\$2.74
EE/SP	\$9.57	\$0	\$9.57	\$4.79
EE/CH	\$11.47	\$0	\$11.47	\$5.74
Family	\$14.20	\$0	\$14.20	\$7.10



Basic Life & AD&D Benefits



Effective October 1, 2020

City of Live Oak provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. Dependent Basic Life is also provided at no cost to you. However, to receive this coverage for your dependents, you must select the appropriate Coverage Tier and list your dependents in the Family Members section. 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 *submitting a new beneficiary form to HR*.

BASIC LIFE/AD&D BENEFITS	Mutual of Omaha
Basic Life & AD&D Schedule	1X Basic Annual Salary
Guarantee Issue Amount	Up to \$150,000
Maximum Amount	\$150,000 (minimum \$50,000)
Employee Age Reduction Schedule	To 65% @ Age 65 50% @ Age 70, 35% @ Age 75
Waiver of Premium	Included
Accelerated Death Benefit	50% of Life Benefit
Conversion	Included
Portability	Included
Dependent Life Benefit(s)	Spouse \$10,000, Child \$5,000

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

For more information on the basic life plan(s), please visit <https://cityofliveoak.benefitconnector.com/>

Voluntary Life & AD&D Benefits

Effective October 1, 2020

VOLUNTARY LIFE BENEFITS	Mutual of Omaha	
Employee Life Amount	Increments of \$10,000	
Employee AD&D Amount	Included	
Employee Guarantee Issue Amount	\$100,000	
Employee Maximum Amount	5x Annual Base Salary up to \$500,000	
Employee Age Reduction Schedule	To 65% @ Age 65, 50% @ Age 70, to 35% @ Age 75	
Spouse Life Amount	Increments of \$5,000	
Spouse Guarantee Issue Amount	\$25,000	
Spouse Maximum Amount	50% of Employee Amount/Increments of \$5,000	
Child Life Amount	Increments of \$1,000	
Child Guarantee Issue Amount	\$10,000	
Child Maximum Amount	\$10,000	
Waiver of Premium	6 Month Waiting Period; To Age 65	
Conversion	Included	
Suicide Clause	24 Months	
AGE RATED PREMIUMS (Rates based on Employee/Spouse)	Employee (Rate Per \$1,000)	Spouse (Rate Per \$1,000)
AD&D Rate:	\$0.027	\$0.027
Life Rate: Up to 24	\$0.066	\$0.037
25-29	\$0.066	\$0.037
30-34	\$0.069	\$0.038
35-39	\$0.098	\$0.058
40-44	\$0.147	\$0.090
45-49	\$0.234	\$0.149
50-54	\$0.369	\$0.239
55-59	\$0.610	\$0.413
60-64	\$0.817	\$0.636
65-69	\$1.404	\$1.096
70-74	\$2.514	\$1.966
75-79	\$9.596	\$7.518
Child Life Rate (Per \$1,000)	\$0.10	

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, except as noted.





Disability Insurance

Effective October 1, 2020

City of Live Oak provides full-time employees with Voluntary short-term and Employer paid long-term disability income benefits. The cost for this coverage is paid by the employee for short-term disability, and by the City for long-term disability. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

SHORT TERM DISABILITY BENEFITS	Mutual of Omaha
Weekly Percentage	60%
Weekly Maximum	\$1,000
Benefit Duration	11 Weeks
Accident Benefit Begin	14th Day
Sickness Benefit Begin	14th Day
Pre-existing Condition	3/6

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

Rates (Per \$10 Benefit)			
Up to 24	\$0.440	45-49	\$0.350
25-29	\$0.420	50-54	\$0.400
30-34	\$0.420	55-59	\$0.450
35-39	\$0.350	60-64	\$0.500
40-44	\$0.320	65+	\$0.550

Note: If you are enrolling for Voluntary Disability coverage as a late entrant, you will be required to submit Evidence of Insurability before coverage is approved.

LONG TERM DISABILITY BENEFITS	Mutual of Omaha
Monthly Percentage	60%
Monthly Maximum	\$6,500
Definition of Disability	2 Years Own Occupation/Any Occupation Thereafter
Elimination Period	90 Days
Benefit Duration	Social Security Normal Retirement Age
Definition of Earnings	Base Annual Earnings
Pre-existing Limitation	3 / 12
Mental Nervous Limitations	12 Months per Disability
Drug & Alcohol Limitations	12 Months per Disability
Self-Reported Limitations	Not Limited

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

Employee Assistance Program (EAP)

Effective October 1, 2020

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 Alliance Work Partners. The EAP is paid for by the City. 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



EAP staff members are available 24 hours a day, 7 days a week, every day of the year. The EAP can assist with many different types of problems. Among these are stress, depression, anxiety, workplace difficulties, substance abuse, marital problems, family or parenting conflicts, grief, violence and unhealthy lifestyles. The EAP can also assist in identifying local resources and providing referral assistance.

EAP Services

- Assistance for you or a household family member
- Up to six (6) in-person sessions with a counselor, per year, per individual
- Unlimited toll-free phone access 24/7: 1-800-343-3822
- Online resources 24/7: www.awpnow.com
 - o Enter the registration code: **AWP-CCV-345**



Supplemental Products

Effective October 1, 2020

City of Live Oak also offers the supplemental products as listed below. These products are available on a voluntary basis and are paid by the employee through payroll deductions.

Accident

Coverage for specific injuries and losses you may suffer in a covered accident including burns, dislocations and fractures, etc.

Cancer

Cancer rates in the United States continue to increase. Cancer treatments are expensive and can be financially draining on a family. These plans provide a cash benefit for just about every part of the treatment regimen, from hospital confinement to radiation and chemotherapy. They also offer a first-occurrence benefit when a covered individual is first diagnosed as having internal cancer.

Specified Health Event

These plans are designed to supplement your major medical coverage to help you with the high cost of treatment. They offer a First-Occurrence Benefit as well as hospital confinement and continuing care benefits for heart attacks, strokes, comas, major human organ transplants, and much more.

Personal Sickness Indemnity

Coverage is available for you, your spouse and your dependent children. This product offers several benefit amounts so that you can choose the coverage that best meets your individual needs.

For complete details on all Colonial Life products, please refer to the brochures provided or contact the Colonial Agent below:

Agent Contact information:

Paul Giese

Phone: 210-275-3800

Claims: 1-800-325-4368

Retirement Plans

TMRS

To help you prepare for the future, your employer participates in the TMRS Plan as part of its benefits package. Here are some plan highlights:

- ❖ Mandatory Employee contribution 7%
- ❖ Contribution matched by City: 2:1
- ❖ Death Benefit equal to 12 months' salary
- ❖ Vesting after 5 years
- ❖ Retirement after 20 years or Age 60 with 5 years of service

ICMA-RC

To help you prepare for the future, your employer also sponsors a deferred compensation plan as part of its benefits package. ICMA-RC provides retirement preparation services and focuses on building retirement security for the public sector. They offer ongoing individual counseling and group presentations on asset class guidance, fund advice and managed accounts.



What Constitutes a Qualifying Life Event?

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
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

For more information on Qualifying Events scan the QR code with your mobile device.



Tobacco and Wellness Program Policy

Program Overview

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), a wellness program has been created for the City of Live Oak. We are continuing our policy of a surcharge for our Tobacco Cessation Program. The City of Live Oak reserves the right to amend, alter, change or discontinue this program at any time without notice.

Healthcare Premiums

Employees and their spouses may be eligible for standard health care premiums as follows:

Non-Tobacco Users - Employees and spouses, who are non-tobacco users, will not be charged a surcharge.

Tobacco Users - Employees and spouses, who are tobacco users, will have an additional surcharge of \$12.50 per paid period/\$25.00 a month towards the cost of their employee health insurance premium from October 1, 2019 to September 30, 2020. Within six (6) months beginning October 1, 2020, the tobacco user may submit an Employee Non- Tobacco User Affidavit to change status to non-tobacco user status (see Change of Tobacco Use Status below).

Wellness Program - Employees and spouses will be assessed an additional \$25.00 a month surcharge towards the cost of their employee health insurance premium from October 1, 2020 to September 30, 2021 if they do not complete the Annual Physical Acknowledgement Form by December 31, 2020. The annual physical is voluntary and is an incentive for a healthy lifestyle.

***Note: Deadline to provide Human Resources with the Annual Physical Acknowledgement Form is December 31, 2020.**

City of Live Oak Employee and spouse Non-Tobacco User Affidavit

All participants in Live Oak Benefit Plans must complete an Employee – Spouse Non-Tobacco User Affidavit.

If it is determined that an employee or their spouse falsified the Affidavit, this action may be cause for disciplinary action up to and including employment termination.

Change of Tobacco Use Status

If the tobacco use status changes within the first six (6) months the year and prior to the next open enrollment, the following applies:

Non-Tobacco User - If the status changes to non-tobacco user (all use of tobacco products has ceased for a period of 6 months or longer), the employee may complete an updated Affidavit and submit to Human Resources. The employee and/or spouse will be eligible for the non-tobacco user premium effective the first day of the month following receipt of the Affidavit by Human Resources.

Tobacco User - If the status changes to tobacco user, the employee must notify Human Resources within 30 days of the change and complete an updated Affidavit. The standard healthcare premium rate will apply. If it is determined that the employee did not submit an updated Affidavit within 30 days from the status change to tobacco user, this inaction will be deemed to be counter to Live Oak Values, specifically Integrity, and may be cause for disciplinary action up to an including employment termination.



Tobacco and Wellness Program Policy (cont.)

Participation in a Tobacco Cessation Program

If an employee and spouse elects to participate in a tobacco cessation program, the employee may be eligible for the non-tobacco use premium for a maximum of six months. The employee must complete the Tobacco Cessation Participation Form and submit to Human Resources each month the employee participates in a cessation program to be eligible to receive the non-tobacco use premium.

Additional Resources and Information

Programs and information on tobacco and smoking cessation are available from Alliance Work Partners:

Alliance Work Partners (WellQuit)www.awpnow.com

Additional Information can be obtained through the following organizations:

American Cancer Society.....www.cancer.org

National Cancer Institute.....www.cancer.gov

American Lung Association.....www.lungusa.org/tobacco

Mayo Clinic.....www.mayoclinic.org

Participation Is Voluntary

Participation in the Live Oak sponsored Alliance Work Partners (WellQuit) Tobacco Cessation Program and Wellness Program is voluntary for employees and their spouses.

Employment Decisions

Live Oak will not make employment decisions based on an employee's choice to use legal tobacco products. Live Oak will make employment related decisions if an employee intentionally misrepresents tobacco use status or participation in a tobacco cessation program to receive the health care premium discount.

Tobacco/Non-Tobacco User Affidavit

In accordance with our Tobacco Usage and Wellness Program Policy, I certify that I am a current participant in the City of Live Oak health insurance plan and that my elections below accurately represent my use of tobacco products.

*** *If Applicable* *** I certify that my spouse (**is** or **is not**) (circle one) covered under the City of Live Oak health insurance plan and that the elections below accurately represent his/her use of tobacco products.

I understand that falsification of information is a violation of City policy, which is subject to disciplinary action up to and including termination of employment. "Smoke or use tobacco products" for purposes of this certificate means any use of cigarettes, pipes, cigars, chewing tobacco or any other tobacco products regardless of the number of times, frequency or method of use. I, the undersigned, have read the above and understand the penalties that may apply if the information in my statement is false.

Employee Spouse

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have never used tobacco products. |
| <input type="checkbox"/> | <input type="checkbox"/> | I presently use tobacco products. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have quit using tobacco products <u>and</u> have been tobacco-free for six months. |

Employee Information (to be completed by employee):

Name of Employee (please print):

Name of Spouse (please print)

Last 4 Digits of Social Security #: _____

Last 4 Digits of Social Security #: _____

Employee Signature

Date

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at 210-653-9140 x 2201 and we will work with you to develop another way to qualify for the reward.

Return completed form to:

Trudy Whitfield, HR Generalist
City of Live Oak
210-653-9140
8001 Shin Oak Drive
Live Oak, TX 78233

Or Fax completed form to:

210-653-0015 (City of Live Oak – HR Office)



Annual Physical Acknowledgement Form

***Annual Physical Acknowledgement Form to be returned to HR Office**

In accordance with our Tobacco Usage and Wellness Program Policy, I certify that I am a current participant in the City of Live Oak health insurance plan. In the past 9 months, have you had an annual physical performed? **YES** or **NO**

If **Yes**, what was the date of your last qualifying physical. _____

I **No**, you must complete your annual physical and return the Annual Physical Acknowledgement Form to Human Resources before December 31, 2020 or have the \$25.00 a month surcharge assessed.

*** *If Applicable* *** I certify that my spouse (**is** or **is not**) (circle one) covered under the City of Live Oak health insurance plan. In the last past 9 months, have you had an annual physical performed? **YES** or **NO**

If **Yes**, what was the date of your last qualifying physical. _____

I **No**, you must complete your annual physical and return the Annual Physical Acknowledgement Form to Human Resources before December 31, 2020 or have the \$25.00 a month surcharge assessed.

I understand that falsification of information is a violation of City policy, which is subject to disciplinary action up to and including termination of employment. I, the undersigned, have read the above and understand the penalties that may apply if the information in my statement is false.

Employee Information (to be completed by employee):

Name of Employee (please print):

Name of Spouse (please print)

Last 4 Digits of Social Security #: _____

Last 4 Digits of Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Employee Signature

Date

For Physician:

I certify that the patient(s) above received an annual physical exam at my office.

Physician/Provider Name (printed)

Physician/Provider Signature

Date

*** In accordance with HIPAA, no personal health information will be shared with the City of Live Oak. The Annual Physical, which is part of the Wellness Program, is voluntary and provides an extra incentive for the employee and spouse.**



8001 Shin Oak Drive
Live Oak, TX 78233
(210) 653-9140

