

CHOOSE YOUR PATH

2020 Benefit Guide





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WELCOME

At City of Garden City, we recognize the hard work and dedication that goes into your work every day. That's why as a City of Garden City employee, you have access to a comprehensive and competitive benefits package.

Your benefits should complement your life. During Open Enrollment, reflect upon how your life has changed over the past year and consider how it may be different next year. Then, participate in Open Enrollment and choose benefits that will best serve you in 2019. The benefits you choose will become effective January 1, 2019 and will go through December 31, 2019.

Remember, Open Enrollment is generally your one time of the year to make changes to your benefits, and you'll need to enroll if you want to:

- Make changes to your medical, dental, or vision coverage for next year
- Contribute to a Ameriflex Flexible Spending Account (FSA). This must be done annually as enrollment is not automatic.
- Make changes to your income protection benefits

You will not be automatically enrolled in any Flexible Spending Accounts (FSAs).

So take time this year to review and take advantage of the wide array of benefits available to you—from healthcare to income protection to retirement and much more.

This guide provides an overview of City of Garden City's benefits choices and enrollment information so you can choose your path in 2019.

Our Benefits Package

- Medical – Anthem BCBS (Georgia Municipal Association)
- Pharmacy – Aetna Network (Georgia Municipal Association)
- Dental – Delta Dental Network (Georgia Municipal Association)
- Vision – EyeMed Vision Care
- Flexible Spending Accounts – (HCRA) & (DCRA) – Ameriflex
- Life/Accidental Death & Dismemberment (AD&D) Insurance – Mutual of Omaha
- Voluntary Life/Accidental Death & Dismemberment – Mutual of Omaha
- Short Term and Long Term Disability – Mutual of Omaha
- Accidental, Cancer & Universal Life Insurance – Colonial Life

Important Notice

The City of Garden City has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. The City of Garden City reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and City of Garden City share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with City of Garden City .

You may access complete Summary Plan Booklets as well as enrollment and benefit change forms for Medical HMO, Medical POS, and Dental at. Your Human Resources Department can also assist you in obtaining benefits information.



BENEFIT HIGHLIGHTS FOR 2020

- All medical and dental plans will continue to be offered by Georgia Municipal Employee Benefit Services and will continue with NO INCREASE to your contributions.

Insurance Carriers:

- Medical HMO and POS – Anthem BCBS
- Prescription Drug Plan - Aetna
- Dental – Delta Dental
- City of Garden City continues providing Basic Life with Accidental Death and Dismemberment and Long Term Disability at no cost to you Life and Disability benefits are with Mutual of Omaha.
- On the Voluntary Life, there is a \$10k EE buy-up option for employees only, which is capped at the Gross Income (GI) limit of \$100k.
- For example, if an EE has \$50k currently, they can increase to \$60k without Evidence of Insurability (EOI). If someone has \$100k, they cannot increase without EOI.

Important – Medical / Dental Enrollment or Changes:

- If you are enrolling for the first time or making changes such as adding a new dependent to your medical or dental plan, GMA requires each employee that enrolls in medical and or dental provide completed and signed enrollment forms including a SAVE affidavit - along with verified documents as applicable to the members enrolling.
- These documents include a copy of marriage certificates, birth certificates, (or adoption/court orders).
- The affidavit must be signed, dated, and notarized with a copy of the driver’s license or other verifiable document.

DOCUMENTS YOU MUST BRING TO ENROLL IN MEDICAL AND DENTAL COVERAGE	
<u>Coverage Level</u>	<u>Document Required</u>
EE Only	Employee – Current ID/Driver's License
Employee + Spouse	Employee – Current ID/Driver’s License, Marriage Certificate
Employee+ Child/Children	Employee - Current ID/Driver’s License
	Birth Certificate for each child to be covered or Court Child Support Order
Family	Employee – Current ID/Driver’s License
	Marriage Certificate
	Birth Certificate for each child to be covered or Court Child Support Order



BENEFITS ELIGIBILITY AND ENROLLMENT

Who's Eligible for Coverage?

Full time employees regularly scheduled to work a minimum of 30 hours per week and their eligible dependents are eligible to participate in the City of Garden City's benefit plans. Eligible family members include:

- Your spouse
- Child(ren) up to age 26 – medical and dental plans
- Child(ren) up to age 26 or older if disabled (mental or physical) and incapable of self-support – all plans
- Child(ren) Up to age 19, or 26 if a full-time student – vision plan
- Child(ren) up to age 21 (26 if a full-time student) - voluntary life insurance benefit.

If You're Covering Dependents...

You may be required to provide proof of eligibility for your dependents. After you enroll, you'll receive all necessary eligibility and documentation requirements. City of Garden City may conduct a dependent eligibility audit at any time. Eligible dependents are defined as a lawful spouse.

"Child(ren)" include but are not limited to, natural child(ren), legally adopted child(ren), child(ren) for whom the employee is a court-appointed legal guardian, foster child(ren), and/or stepchild(ren) who permanently resides with the employee. Benefits for a dependent child(ren) will continue until the last day of the calendar month in which the limiting age is reached.

City Paid Benefits for Which No Enrollment is Required

- Basic Life/AD&D
- Long Term Disability (LTD)

Benefits That Can be Selected as a New Hire or During the Annual Open Enrollment Period

- Medical
- Dental
- Vision
- Health Flexible Spending Accounts
- Voluntary Life/AD&D
- Voluntary Short Term Disability
- Accidental, Cancer & Universal Life Benefits

New Hire Benefits Waiting Period

- Eligible employees are allowed to participate in City of Garden City's medical, dental, and vision benefit plans, effective the first day of the month immediately following the 30-day waiting period.
- Employees must enroll in the non-employer-paid Plans during the first 30 days of employment.
- Enrollment in the City paid Plans is automatic.

Open Enrollment Period

- Each year, employees are given the opportunity to make benefit election changes. There are no restrictions for making election changes during open enrollment. Any eligible employee may add or drop dependents, add or drop coverage, or change current levels of coverage.
- **Any elections are considered final and cannot be changed unless there is a change in status as discussed in the "Change in Status" section of the guide.**



ESSENTIAL TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options:

Premium	The amount of money that's paid for your health insurance every month. City of Garden City pays a portion of this amount, and you pay the rest.
Deductible	The amount of money you need to pay out of pocket before your insurance begins contributing money to your health care costs.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Copayment (Copay)	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.



CHANGE IN STATUS

The City provides you the opportunity to pay your contributions for medical, dental and vision with pre-tax dollars through the Section 125 Premium Only Plan.

A section 125 plan allows the City the ability to offer the option to purchase insurance with pre-tax dollars. The rules contained in section 125 of the Internal Revenue Code make this possible. (A section 125 plan is also commonly referred to as a premium plan only or a cafeteria plan.)

Participation:

The City automatically enrolls everyone in this benefit. Should you decide not to participate in this benefit, the employee is responsible for notifying the City's Human Resources Director.

Section 125: Pre-Tax Savings

When you enroll in benefits, your elections remain in effect to the end of the calendar year and you cannot make any changes until the next Open Enrollment period. However, if you experience a qualified family status change during the calendar year, a special enrollment period may allow you to make a benefit change that corresponds with the status change.

Employees are responsible for notifying the Office of Human Resources in writing within 31 days of the occurrence most events. The employee must complete and return the Benefits Change Form and applicable documentation if the event has affected or will affect their coverage. Based on your elections, the applicable payroll deductions will be processed.

Life events listed below may not apply to every benefit plan:

- A change in your legal marital status (such as marriage, divorce, or death of spouse);
- A change in the number of dependents (such as birth, adoption of a child, or death of a dependent);
- A change in your or your spouse's employment status, (including commencement or termination of employment, a leave of absence, or a change from full-time to part-time status, and vice-versa);
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent;
- Change of address that limits or restricts network access;
- Domestic relations order issued by the court resulting from a divorce, legal separation, annulment, or legal custody;
- Loss of other coverage;
- As a benefits eligible employee, you or your dependent has lost coverage under Medicaid or a state child health plan and -requests coverage under the group health plan within 60 days of the loss of coverage*; or
- As a benefits eligible employee, you or your dependent has become eligible for a premium assistance subsidy under the group health plan through Medicaid or a state child health plan and requests coverage under the group health plan within 60 days of becoming eligible for assistance.*

A change in election is permitted only if it corresponds with the Change in Status that affects eligibility for coverage under a benefit Plan. For example, a change in residence will only entitle an individual to a change in election if, as a result of the change in residency, an affected individual is no longer eligible for a benefit for which they were previously enrolled.

If you experience a Change in Status/Qualifying Event and wish to make changes to your current elections, you must do within 31 days of the Change in Status. Contact the City's Human Resources Department for the necessary forms.



MEDICAL PLANS

The City offers two medical plans HMO and POS from which to choose coverage. Please review the next two pages carefully, so that you can make the choice that best suits the needs for you and your family.

Dependent Eligibility

All benefit eligible employees may elect medical plan coverage for themselves and their eligible dependents. Your eligible dependents are defined as your lawful spouse, and child(ren). Your child(ren) are considered to be a dependent if they are less than 26 years old regardless of student status, tax dependent status, or marital status.

Network Provider

Your provider network is Anthem BCBS. Using an in-network provider is the most cost effective way to maximize your benefits. Please review the medical carrier website for information on doctors in your network at www.anthem.com. If you have any questions regarding your network, please call Anthem BCBS.

How to Find a Provider

Go to: www.anthem.com

Find a Doctor

I want to search my plan/network: **My Plan**

I'm looking for a:

Doctor/Medical Professional

Who specializes in:

Family/General Practice, Internal Med

Located near:

Enter Zip Code

Who is: (optional)

- Accepting New Patients ?
- Able to serve as Primary Care Physician (PCP) ?

Search



MEDICAL PLANS – ANTHEM

Summary of Medical Benefits	
Benefit	GMA ANTHEM
	HMO 90% Plan Open Access
	In-Network Only
Deductibles and Maximums	
Deductibles and Out-of-Pocket Maximums run on a Calendar Year	
Annual Deductible	
<i>Individual</i>	\$0
<i>Family</i>	\$0
Coinsurance	
<i>You Pay</i>	10%
<i>Plan Pays</i>	90%
Annual Out-of-Pocket Maximum (Includes Medical and Rx copays)	
<i>Individual</i>	\$1,000
<i>Family</i>	\$2,000
Physician Office Visits	
<i>Primary Care Physician</i>	\$20 copay
<i>Specialty Care</i>	\$30 copay
Preventive Care Office Visits	
<i>Well-Child Care & Immunizations</i>	No Charge
<i>Periodic Health Exams</i>	No Charge
<i>Annual GYN Exams</i>	No Charge
<i>Prostate Screening</i>	No Charge
Inpatient Care	Plan pays 90%
Outpatient Surgery	Plan pays 90%
Emergency Room	\$150 (waived if admitted)
Urgent Care	\$60 copay
Prescription Drugs	
	Rx Out-of-Pocket Maximum
Retail Pharmacy	\$4,450 Individual/\$8,900 Family
<i>Tier 1 – (Generic)</i>	\$10
<i>Tier 2 – (Brand Preferred)</i>	\$35
<i>Tier 3 – (Brand Non-Preferred)</i>	\$60
Mail Order Pharmacy	
<i>Tier 1 – (Generic)</i>	\$20
<i>Tier 2 – (Brand Preferred)</i>	\$70
<i>Tier 3 – (Brand Non-Preferred)</i>	\$120
Medical Deductions	Employee Cost (Per Pay Period)
<i>Employee Only</i>	\$14.41
<i>Employee + Spouse</i>	\$89.29
<i>Employee + Child(ren)</i>	\$73.90
<i>Family</i>	\$179.18

Deductions for medical coverage are taken on a pre-tax basis.



MEDICAL PLANS –ANTHEM

Summary of Medical Benefits			
Benefit	GMA ANTHEM		
	POS 80/60 Plan Open Access		
	In-Network	Out-of-Network	
Deductibles and Maximums			
Deductibles and Out-of-Pocket Maximums run on a Calendar Year			
Annual Deductible			
	<i>Individual</i>	\$500	\$1,000
	<i>Family</i>	\$1,500	\$3,000
Coinsurance			
	<i>You Pay</i>	20%	40%
	<i>Plan Pays</i>	80%	60%
Annual Out-of-Pocket Maximum (Includes Deductible, Medical and Rx Copays)			
	<i>Individual</i>	\$2,500	\$5,000
	<i>Family</i>	\$5,000	\$10,000
Physician Office Visits			
	<i>Primary Care Physician</i>	\$30 copay	60%
	<i>Specialty Care</i>	\$40 copay	60%
Preventive Care Office Visits			
	<i>Well-Child Care & Immunizations</i>	No charge	60%
	<i>Periodic Health Exams</i>	No charge	60%
	<i>Annual GYN Exams</i>	No charge	60%
	<i>Prostate Screening</i>	No charge	60%
Inpatient Care		80% after deductible	60% after deductible
Outpatient Surgery		80% after deductible	60% after deductible
Emergency Room		\$150 (waived if admitted)	
Urgent Care		\$60 copay	
Prescription Drugs		Rx Out-of-Pocket Maximum	
Retail Pharmacy		\$1,600 Individual/\$3,200 Family	\$3,200 Individual/\$6,400 Family
	<i>Tier 1 – (Generic)</i>	\$10	\$10
	<i>Tier 2 – (Brand Preferred)</i>	\$35	\$35
	<i>Tier 3 – (Brand Non-Preferred)</i>	\$60	\$60
Mail Order Pharmacy			
	<i>Tier 1 – (Generic)</i>	\$20	\$20
	<i>Tier 2 – (Brand Preferred)</i>	\$70	\$70
	<i>Tier 3 – (Brand Non-Preferred)</i>	\$120	\$120
Medical Deductions		Employee Cost (Per Pay Period)	
	<i>Employee Only</i>	\$24.06	
	<i>Employee + Spouse</i>	\$162.67	
	<i>Employee + Child(ren)</i>	\$111.50	
	<i>Family</i>	\$273.66	

Deductions for medical coverage are taken on a pre-tax basis.



PHARMACY BENEFIT PROGRAM

Your AETNA Pharmacy / Prescription Benefits

Pharmacy benefits are administered by Aetna Pharmacy Services. You can obtain information on Plan benefits, refill mail order prescriptions online, locate a participating pharmacy, and access drug information by visiting the Aetna website at www.aetna.com.

Pharmacy Benefit Program

All prescription drugs for the Aetna Pharmacy Benefits are divided into tier groups. Generic, Brand Preferred, and Brand Non-Preferred. The group your prescription falls into will determine your co-payment. Generic substitutions are available for many brand-name drugs. You have the power to choose generic vs. brand.

Mail Order Program

If you take maintenance drugs that are required on an ongoing basis, we recommend that you have them refilled through the mail order program. Using the mail order program can save both you and the Plan. Those savings are passed to you through lower copays for a greater quantity of medication. You also have the added convenience of timely delivery to your home. All mail order prescriptions are filled by registered pharmacists and are processed and shipped via UPS or US Mail. Your doctor may fax your prescription(s) to: 877.270.3317.

Everything to manage mail order is on your Aetna Navigator website www.aetna.com or toll-free 888.792.3862.

You can:

- Get order forms
- Find Plan details and copays
- Use the Price-A-Drug tool to see how much you can save
- To get even more benefits, log onto www.aetnavigators.com

When starting a new mail order prescription, remember that processing and delivery time may take up to ten days. You may want to ask your doctor to write two prescriptions – one for a one-month supply to fill retail and one for a three-month supply with refills for mail order.

Discounted Medications

- Many retail pharmacies offer discounted generic prescriptions.
- Check the websites of your favorite retail pharmacies – they may offer these discounts and can potentially cut the cost of your prescription in half.



DENTAL BENEFITS

Summary of Dental Benefits		
Benefit	Delta Dental (GMA) PPO Dental Plan	
	In-network	Out-of-network
Deductibles and Maximums		
Deductibles and Out-of-Pocket Maximums run on a Calendar Year		
Annual Deductible (Basic & Major Only)		
<i>Individual</i>	\$50	\$50
<i>Family</i>	\$150	\$150
Annual Benefit Maximum		
<i>Per Person</i>	\$1,500	
Diagnostic & Preventive Services (do not count towards annual maximum) (Exams, cleanings, x-rays and sealants for children)		
<i>You Pay</i>	0%	0%
<i>Plan Pays</i>	100%	100%
Basic Services		
Oral surgery, fillings and simple tooth extractions. Endodontics (root canal) & Periodontics (gum treatment)		
<i>You Pay</i>	20%	20%
<i>Plan Pays</i>	80%	80%
Major Services		
Crowns, inlays, onlays, & cast restorations, bridges, dentures, & implants		
<i>You Pay</i>	50%	50%
<i>Plan Pays</i>	50%	50%
Orthodontics (Lifetime maximum \$1,000 – adults and dependent children)		
<i>You Pay</i>	50%	50%
<i>Plan Pays</i>	50%	50%
Dental Deductions		Employee Cost (Per Pay Period)
<i>Employee Only</i>		\$5.08
<i>Employee + Spouse</i>		\$10.47
<i>Employee + Child(ren)</i>		\$11.62
<i>Family</i>		\$17.00
Deductions for dental coverage are taken on a pre-tax basis.		

Dental Plan Highlights:

- Network: **Delta Dental PPO**
- Dependent Age: **Up to Age 26**
- Participating Providers can be located by visiting the website at: www.deltadentalins.com or call 800.521.2651
- Access your benefits and eligibility, print ID cards and get information about your claims.

Easy To Use Your Benefits

- When you visit a Delta Dental dentist, pay only your portion for services.
- Delta Dental dentists will file claim forms for you and receive payment directly from us.
- Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement at the out-of-network level.

This is a summary of benefits only. Please refer to the plan summary and SPD for benefit details at www.gmanet.com/LifeHealth#Forms.



VISION BENEFITS

You and your dependents have access to vision coverage through EyeMed. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

Vision Plan Highlights

Network: Select

Dependent Age: Up to Age 26

How Do I Access My Vision Benefit?

1. Locate the EyeMed provider most convenient for you by calling our Customer Call Center/ 866.939.3633 or visiting our website at: www.eyemedvisioncare.com
2. Schedule an appointment. When making the appointment tell the office that you are an EyeMed member and provide your name, the name of your organization or plan, and your member ID number.
3. When you arrive, present your ID card.
4. Your EyeMed provider will take care of the rest.

Summary of Vision Benefits		
Benefit	EyeMed Select	
	In-network	Out-of-network
Routine Eye Exam (Once every 12 months)		
<i>Per Person</i>	\$20 copay	Up to \$30
Eyeglass Frames (Once every 24 months)		
<i>Per Person</i>	\$0 copay; \$130 allowance; 20% off balance over \$130	Up to \$65
Eyeglass Lenses (Once every 12 months)		
<i>Standard Plastic Single (1 pair)</i>	\$20 copay	Up to \$25
<i>Standard Plastic Bifocal (1 pair)</i>	\$20 copay	Up to \$40
<i>Standard Plastic Trifocal (1 pair)</i>	\$20 copay	Up to \$60
Contact Lenses Once every 12 months in lieu of glasses		
<i>Elective Conventional Lenses</i>	\$130 allowance; 15% off balance over \$130	Up to \$104
<i>Elective Disposable Lenses</i>	\$130 allowance; 15% off balance over \$130	Up to \$104
<i>Non-Elective Contact Lenses</i>	\$0 copay; (paid in full)	Up to \$200
Vision Deductions		Employee Cost (Per Pay Period)
<i>Employee Only</i>		\$2.84
<i>Employee + Spouse</i>		\$5.40
<i>Employee + Child(ren)</i>		\$5.68
<i>Family</i>		\$8.34

Deductions for vision coverage are taken on a pre-tax basis.



FLEXIBLE SPENDING ACCOUNT (FSA)

The City of Garden City offers the tax-advantaged plan, Flexible Spending Account (FSA), which allows you to save money when paying for certain out-of-pocket health expenses.

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for certain medical, dental, and vision expenses. Each dollar you put into the Health Care Flexible Spending Account (HCFSA) is a dollar not taxed. The Flexible Spending Account is offered through **Ameriflex**.

Health Care Flexible Spending Account

You and your dependents can use it to pay for eligible healthcare expenses not covered under your plans, such as medical, dental, vision deductibles, coinsurance, prescription drug copays, over-the-counter (OTC) drugs that are prescribed, LASIK eye surgery and more. For more information on eligible expenses, please review IRS Publication 502 on www.irs.gov.

Maximum contributions to the Account for the 2020 Calendar Year are: **\$2,700**

FSA Roll-over Funds

You can rollover up to \$500 of your unused health FSA funds to the next Plan Year. The actual amount of any such “unused” health FSA funds will be based upon the amount leftover after the run-out period for the current Plan Year ends. Unused health FSA funds above \$500 shall be forfeited in accordance with the usual “use-or-lose” rule for health FSAs.

Run-Out Period

A run-out period is a pre-determined period after the plan year ends. Subject to any rollover provisions in the HFSAs, you will forfeit any amounts in your Health FSA Account that are not applied to pay expenses submitted by 3 months after the close of the Plan Year for which the election was effective.



FLEXIBLE SPENDING ACCOUNT (FSA)

HEALTH EXPENSE WORKSHEET

Annual Expense Estimate Worksheet	Actual Expenses Last Year	Estimated Expenses New Year
Medical		
Co-pays / Expenses		
Prescriptions	\$	\$
Physician Visits	\$	\$
Hospital Visit Co-pays/Expenses (including Emergency)	\$	\$
Laboratory testing/Expenses	\$	\$
Deductible Expenses	\$	\$
Over-the-counter prescription (Prescribed by a doctor)	\$	\$
Over-the-counter items (Ex; Blood Pressure Cuff, Splints, etc.)	\$	\$
Vision		
Eye Examination	\$	\$
Eyeglasses	\$	\$
Contact Lenses and Solution	\$	\$
LASIK Surgery	\$	\$
Other expenses	\$	\$
Hearing		
Hearing Examination	\$	\$
Hearing Aid & Batteries	\$	\$
Dental		
Co-pays / Expenses		
Dental Visits	\$	\$
Fillings	\$	\$
Major Work (root canals, crowns, dentures, etc.)	\$	\$
Orthodontia (braces)	\$	\$
Deductible Expenses	\$	\$
Other Expenses	\$	\$
Total Annual Amounts		

Tips to Help You Maximize Your Savings

1. Review annually the amount you put in your FSA account to make sure you realize all your eligible savings.
2. If you have questions about eligible expenses, the FSA website provides access to a list of available resources. www.ameriflex.com.
3. Plan ahead for major expenses; FSA is a great way to pay for major expenses such as Lasik surgery or dental work.
4. Your FSA account can be used only for expenses that are incurred during the plan year.



BASIC LIFE AD&D INSURANCE

Basic Term Life/Accidental Death and Dismemberment (AD&D) is a City paid benefit available to all eligible employees. Basic life insurance helps provide financial protection to your loved ones at little or no cost to you. In the event of your death, an individual (or individuals) of your choosing will receive a cash payment from the insurance provider.

Basic Life and AD&D Plan	
Carrier Name	Mutual of Omaha
Life Benefit Amount	Your annual salary amount
AD&D Benefit Amount	Your annual salary amount
Portability Option	Included
Conversion Option	Included
Living Benefit Rider / Accelerated Death Benefit (Terminal Illness)	Included
Age Reduction Schedule (% of benefit offered)	Age 65 – 65% Age 70 – 50%

Portability Option

A feature that allows the employee to continue the policy at group rates that are generally lower than an individual policy. For example, after termination of employment, the employee may take the contract with him/her and be billed directly for any premiums due. This allows the employee to retain the term life insurance coverage, even though he/she is no longer a part of the group. Please refer to the policy specifications and/or the contract for specific information on requirements, eligibility, and continuation rates.

Conversion Option

A group life insurance provision that allows an employee whose coverage terminates for specified reasons to convert his/her group coverage to an individual whole life insurance policy without presenting evidence of insurability.

Living Benefit Rider / Accelerated Death Benefit

In the event that you become chronically or terminally ill, a percentage of your life insurance benefit will be paid to you to offset expenses.

To initiate any one of these provisions, you must contact the City’s Human Resources Director.



VOLUNTARY (SUPPLEMENTAL) LIFE AD&D

In addition to the basic group life insurance coverage provided to you by the City, you can purchase Voluntary (Supplemental) Life and AD&D through **Mutual of Omaha** for yourself and your dependents.

- If you elect this coverage after your initial eligibility or wish to increase the coverage you already have (employee, spouse or child), all amounts require evidence of insurability (i.e., completing a health questionnaire) be provided to Mutual of Omaha and approval of coverage is subject to their review.
- You must purchase Voluntary (Supplemental) Life and AD&D for yourself in order to enroll your dependents in this benefit.

Guaranteed Issue

The amount offered to any eligible applicant without regard to health status, up to a certain defined (Guaranteed Issued) amount.

For Example Purposes Only

To calculate your premiums take the number of \$1,000 units of coverage and multiply by the rate for your age. For example: the monthly rate for a 35-year old employee with \$100,000 in supplemental life (10 units of \$1,000 x \$0.157) = \$15.70 per month.

Employee Monthly Rate Table

Employee		Spouse	
Age Bracket*	Rate per \$1,000	Age Bracket*	Rate per \$1,000
0-24	\$0.091	0-24	\$0.078
25-29	\$0.091	25-29	\$0.088
30-34	\$0.113	30-34	\$0.112
35-39	\$0.157	35-39	\$0.162
40-44	\$0.216	40-44	\$0.232
45-49	\$0.344	45-49	\$0.362
50-54	\$0.528	50-54	\$0.562
55-59	\$0.863	55-59	\$0.862
60-64	\$1.377	60-64	\$1.474
65-69	\$2.417	65-69	\$2.518
70-74	\$4.361		
75+	\$8.833		

Employee Coverage

5 times your salary up to \$500,000 (\$10,000 increments)
 Guaranteed Issue: 5x your salary up to \$100,000

Spouse Coverage

100% of employee's amount up to \$250,000 (\$5,000 increments) Guaranteed Issue: \$35,000

Child Coverage

\$2,000 minimum, up to \$10,000. Children include those 14 days old, up to age 21 (26 if a full-time student).

Voluntary AD&D Monthly Rate per \$1,000	
Employee	Spouse
\$0.075	\$0.080

All Child(ren) Monthly Rate Table	
Per \$1,000	\$0.130
Voluntary AD&D Child(ren) Monthly Rate Table	
Per \$1,000	\$0.040

Note: there is a \$10k EE buy-up option for employees only, which is capped at the Gross Income (GI) limit of \$100k.

- For example, if an EE has \$50k currently, they can increase to \$60k without Evidence of Insurability (EOI).
- If someone has \$100k, they cannot increase without EOI.



VOLUNTARY SHORT TERM DISABILITY INSURANCE (VSTD)

The City of Garden City offers you the opportunity to purchase voluntary short term disability coverage at group rates through payroll deduction. Voluntary short term disability insurance helps replace lost income due to a disabling injury or illness. The Plan is provided by **Mutual of Omaha**.

If you enroll in the plan after your initial eligibility, coverage is subject to review of evidence of insurability by the insurance carrier.

Since you pay 100% of the voluntary short term disability premium, your short term disability benefit payment will not have taxes deducted.

Maximum Benefit Period

If you become disabled, STD benefits may continue during disability up to **9 or 12 weeks**. This is the maximum period for which STD benefits are payable for any one period of continuous disability.

Pre-existing Condition Limitations

The plan doesn't pay a short term disability benefit for an illness, injury or pregnancy for which you received medical care or treatment, including prescription drugs, during the 90 days leading up to your coverage effective date.

Eligibility for coverage for a disability related to this illness, injury or pregnancy begins once you've been covered under the plan for 6 consecutive calendar months and have been actively at work.

Monthly Premium Calculation

Example – 35 year old making \$40,000 per year – Plan A

- $\$40,000 / 52 = \769.23 = weekly earnings
- $\$769.23 \times 60\% = \461.53 = weekly benefit maximum
- $\$461.53 / \$10 \times 0.70 = \$32.31$ = monthly premium

Example – 35 year old making \$40,000 per year – Plan B

- $\$40,000 / 52 = \769.23 = weekly earnings
- $\$769.23 \times 60\% = \461.53 = weekly benefit maximum
- $\$461.53 / \$10 \times 0.33 = \$15.23$ = monthly premium

Voluntary Short Term Disability – Plan A	
Benefit	60% of your weekly income
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	Up to 12 Weeks
Benefits Begin	After 7 Days After 7 Days
Accident Illness	
Pre-Existing Condition Limitation	3/6 Months

Voluntary Short Term Disability – Plan B	
Benefit	60% of your weekly income
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	Up to 9 Weeks
Benefits Begin	After 29 Days After 29 Days
Accident Illness	
Pre-Existing Condition Limitation	3/6 Months

Plan A

Plan B

Weekly pay divided by \$10 times the rate for your age = monthly premium

Age Band	Monthly Rate 7/7/12
<19	\$0.74
20-24	\$0.74
25-29	\$0.79
30-34	\$0.76
35-39	\$0.70
40-44	\$0.88
45-49	\$0.87
50-54	\$1.07
55-59	\$1.41
60-64	\$1.74
65-69	\$1.85
70-99	\$1.85

Age Band	Monthly Rate 29/29/9
<19	\$0.29
20-24	\$0.29
25-29	\$0.34
30-34	\$0.32
35-39	\$0.33
40-44	\$0.39
45-49	\$0.44
50-54	\$0.58
55-59	\$0.69
60-64	\$0.81
65-69	\$0.83
70-99	\$0.83



LONG TERM DISABILITY INSURANCE (LTD)

The City provides at no cost to the employee a long term disability benefit. Long term disability helps replace income when you are prevented from working for an extensive period of time due to disabling illness or injury. The Plan is provided through **Mutual of Omaha**.

Taxes will be deducted from your long term disability benefit payment.

For Example Purposes Only

The elimination period is 90 days. Once this amount of time has elapsed, benefits are paid at 60% of the basic monthly income up to a maximum of \$5,000, up to age SSNRA.

Elimination Period

The period of time that must elapse from the onset of a disability, before you are eligible to receive monthly benefits.

Own Occupation

The inability to perform the material and substantial duties of your regular occupation. The insurance company will consider your occupation to be the occupation you are engaged in at the time you become disabled. They will pay the claim even if you are working in some other capacity.

LONG TERM DISABILITY PLAN	
Benefit	60% of your monthly income
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$5,000
Maximum Benefit Period	Social Security Normal Retirement Age
Elimination Period	90 Days
BENEFIT LIMITATIONS	
Own Occupation	24 Months
Pre-Existing Condition	3/12 Months



Pre-existing Condition Limitations

The plan doesn't pay a long term disability benefit for an illness, injury or pregnancy for which you received medical care or treatment, including prescription drugs, during the 90 days leading up to your coverage effective date. Eligibility for coverage for a disability related to this illness, injury or pregnancy begins once you've been covered under the plan for 12 consecutive calendar months and have been actively at work.



EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program through **Mutual of Omaha** at no cost. The program provides you the opportunity to speak to a professional counselor confidentially about any type of personal concern that may be affecting your work or personal life. Concerns such as caring for elderly parents, managing work and family, drug and alcohol abuse, legal and financial concerns, stress, and depression can have an impact on all of us.

To reach a professional counselor, simply call 800.316.2796. An EAP representative will get some background information from you and arrange for a counselor to talk to you in depth. You have access to unlimited telephone consultation and ***three face-to-face visits***. Your confidentiality is protected under Federal and State laws. You may also browse for information yourself by accessing the EAP website at www.mutualofomaha.com.

The website includes the ability to search for information on topics such as emotional well-being, mental health, communication, and workplace issues.

Reasons to Call Your EAP

Whatever the reason, we can help:

- Family matters
- Stress
- Relationships
- Grief and loss
- Substance Abuse

Call anytime, 24/7, for expert guidance and support that's free and confidential. 800.316.2796





City of Garden City Retirement Plan

After years of devotion to service with the City of Garden City, our employees shouldn't have to worry about what happens when they retire and our employees should not have to depend solely on Social Security Retirement Benefits. That's where the Garden City Retirement (Pension) Plan steps in. This is a defined benefit plan also referred to as a "pension plan" which is administered by the **Georgia Municipal Employee Benefit System (GMEBS)**. Created in 1965, GMEBS offers customized retirement coverage for more than 280 local government entities. Learn more about our retirement benefits and plan options.

Plan Features

PARTICIPATION	Mandatory
ELIGIBILITY REQUIREMENTS	Employee regularly scheduled to work a minimum of 30 hours per week on a continuous basis.
VESTING	Employees: 5 year vesting
NORMAL RETIREMENT AGE	Employees: Age 65+5 or greater years of service; Age 55+20 years of service
EARLY RETIREMENT	Age 55+10 years of service
PARTICIPANT CONTRIBUTIONS	2.50% (Mandatory)
DEATH BENEFITS	In-service death benefit
DISABILITY BENEFIT	20% Minimum



457/401 Retirement Plan

Congratulations! The City has made available a Defined Contribution Plan for you to invest your money!

The 457 Plan is for your contributions. You can contribute up to the IRS allowable annual amounts into your 457. You always own all contributions (and the gains realized from those contributions) you make to your 457.

The 401 is the Employer Plan into which the City makes matching contributions based on your contribution. The City currently matches 50% of your total contribution up to 6% of your income. In other words if you contribute 3% of your annual income - the City matches 1.5% or if you contribute 6% of your annual income the City matching contribution is 3% of your income. Any amount you contribute over 6% the City match is held to a max of 3%.

The ICMA-RC representative, Melissa Doughty is available at different times through out the year to assist with enrollments into the 457/401a plan. However you can complete the enrollment forms (located within the booklet in the back of this manual) and call or email Melissa if you need direction on choosing funds for investing your contributions. Contact info:

Melissa J. Doughty Cell: 202.288.7820

Email: mdoughty@icmarc.org

All enrollment forms are to be turned into the HR office and a copy will be faxed to ICMA-RC. After you have enrolled go online at www.icmarc.org and register and view your account activity. You can also download the ICMA-RC App.

You are vested in the 401 Employer Plan (City match) upon completion of 4 years of service – beginning with your first date of work for Garden City!

The Vesting Schedule:

Vesting Period

0%	1 Year of Service
50%	2nd Year of Service
75%	3rd Year of Service
100%	4th Year of Service

Once you are enrolled you can start, stop, increase, or decrease your contribution at anytime by contacting HR. Participation in this retirement plan is totally voluntary.



VALUE ADDED SERVICE



ViaBenefits– Medicare Exchange

EPIC offers a value-added Medicare service called ViaBenefits. This service is offered to Medicare eligible employees and their Medicare eligible family members.

With OneExchange, employees will have access to a state-of-art Medicare marketplace that includes over 3500 plans from more than 70 of the nation's leading health insurers. ViaBenefits evaluate all plans of value, quality and customer service. Licensed, trained benefit advisors are dedicated to finding you the plan that best matches your unique needs.

Helpful Online Tools at Your Fingertips

- Online quotes for all Medicare product types
- Online quotes for dental and vision
- Estimates of your out of pocket expenses based on your individual prescription profile
- Comparisons of your existing plan
- Side-by-side plan benefit comparisons

To speak to a licensed benefit advisor, call 866.322.2824 or visit the ViaBenefits website at: www.medicare.oneexchange.com.





KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email
Medical	ANTHEM	855.397.9267	www.anthem.com
Pharmacy	Aetna	888.792.3862	www.aetna.com
LiveHealth Online	ANTHEM	844.784.8409	www.livehealth.com
Dental	Delta Dental	800.521.2651	www.deltadental.com
Vision	EyeMed	866.939.3633	www.eyemedvisioncare.com
Flexible Spending Accounts (FSAs)	Ameriflex	888.868.3539	www.flex125.com
Life and AD&D Insurance	Mutual of Omaha	800.775.8805	www.mutualofomaha.com
Short-Term Disability (STD)	Mutual of Omaha	800.877.5176	www.mutualofomaha.com
Long-Term Disability (LTD)	Mutual of Omaha	800.877.5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	Mutual of Omaha	800.316.2796	www.mutualofomaha.com
Retirement Plan	ICMA-RC Melissa J. Doughty	202.288.7820	mdoughty@icmarc.org
Medicare Exchange	ViaBenefits	866.322.2824	www.medicare.oneexchange.com
Tina Campbell - Account Manager	EPIC	678.205.1612	tina.campbell@epicbrokers.com
Sally Adamson – Sr. Account Executive	EPIC	678.475.5740	sally.adamson@epicbrokers.com



