

# LOCUST GROVE

EST. 1893

## Employee Benefits Handbook

Plan Year December 1, 2020 thru December 31, 2021



Go online and enroll at [www.eelect.com](http://www.eelect.com)  
Enrollment ID = 104649  
Then Follow On-Screen Instructions

**This handbook includes information on the following:**  
Medical Benefits | Health Reimbursement Arrangement | Dental Benefits | Vision Benefits  
Life Insurance | Disability Insurance | Employee Assistance Program  
COBRA Notification | Contact Information

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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available in the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to [www.msibg.com](http://www.msibg.com)

Click on "Client Portal" at the top right of your screen

**Username: locustgroveEE**

**Password: Benefits123**

## ELIGIBILITY

**Newly hired full-time employees are eligible for benefits on the first day of the month following 30 days of service.** Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Federal law requires all health plans to report social security numbers for employees and covered dependents. Please make sure to have all necessary names, birthdates and social security numbers available for your enrollment.

## CHANGES

**Pre-Tax Deduction of Premiums (Section 125 Plan)** - Health insurance premiums are deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). **If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.** Please contact the City at (770) 957-5043 if you have any questions regarding the open enrollment period or changes.

# MESSAGE FROM MAYOR PRICE



To: All Full Time Employees  
From: Robert Price  
Subject: Employee Benefits

The City of Locust Grove appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

This handbook is provided to you as a quick reference tool for information regarding many features of the various benefit plans offered to our employees. You will find answers to many of your benefit questions in this handbook as well as contact information for a variety of resources.

On behalf of all council members, we thank you for all of your hard work!

Robert Price  
Mayor 2012 - 2024  
City of Locust Grove

## LOCUST GROVE CITY COUNCIL

**Rudy Breedlove**  
Councilman  
2020 - 2024

**Keith Boone**  
Councilman  
2018 - 2022

**Willie Taylor**  
Councilman  
2018 - 2022

**Rod Shearouse**  
Councilman  
2020 - 2024

**Carlos Greer**  
Councilman  
2020 - 2024

**Randy Gardner**  
Councilman  
2018 - 2022

# ONLINE ENROLLMENT INSTRUCTIONS

**You can now go online and enroll in your benefits while at home, with your spouse, on your work computer or simply on your own time.**

If you know what benefits you want to elect for the new plan year and don't have any questions then you have the option to confirm your new elections online without having to take time out of your busy schedule for the open enrollment meetings.

## **How do I enroll online?**

Simply follow the below instructions to confirm your new benefit elections...

### **ONLINE ENROLLMENT INSTRUCTIONS:**

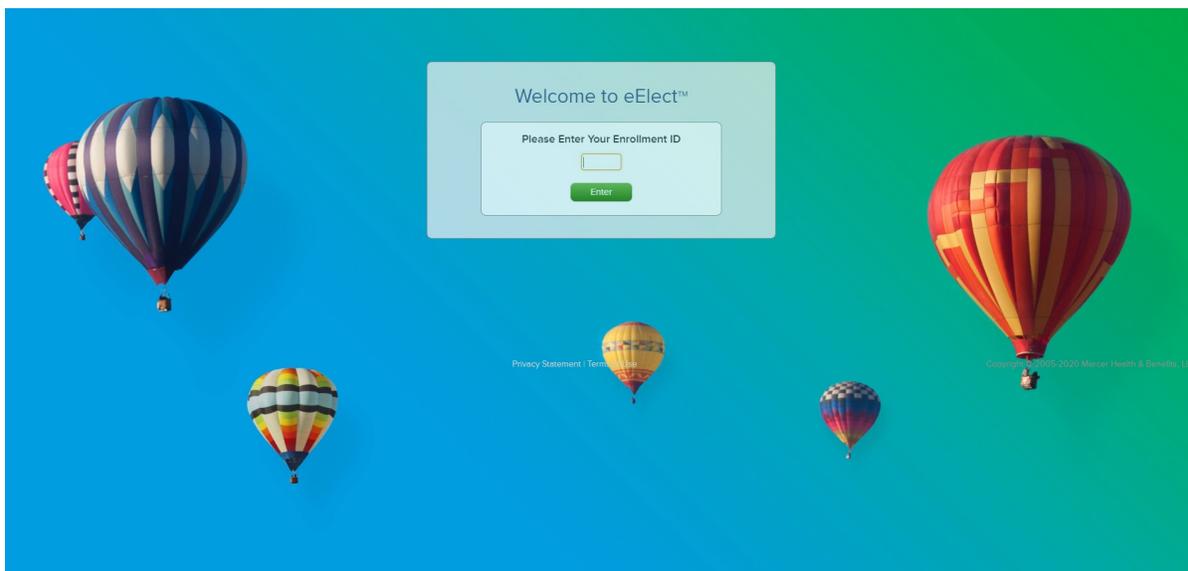
Go to web address: [www.eelect.com](http://www.eelect.com)

Enrollment ID: **104649**

You will need your Social Security Number and provide your month and day date of birth as a 4-digit number to be used as your PIN. (For example, if you were born on March 1 your PIN number would be 0301).

You will then be asked to create a username and password and to answer three questions to set up your account.

In addition, you will be asked to retrieve and verify a security code from your email or mobile device to complete the login process. If you have any questions, please call MSI Benefits group at 770-425-1231.





# SIDE by SIDE MEDICAL COMPARISON

The City of Locust Grove offers two (2) Cigna health plan options, a **BASE \$3,500 deductible plan** and a **BUYUP \$5,000 deductible plan**. You will automatically be enrolled in a Health Reimbursement Arrangement (HRA) that the City has established to help with the annual medical deductible. The HRA will reimburse you the last \$1,000 (includes specialist, ER, urgent care and Rx) of the annual medical deductible for the BASE plan or the last \$2,500 (inpatient/outpatient services) of the annual medical deductible for the BUYUP Plan.

IN-NETWORK BENEFITS	BASE	BUYUP
<b>Deductible</b>		
Employee	\$3,500	\$5,000
Employee + Family	\$10,500	\$10,000
<b>Co-Insurance</b>	100%	100%
<b>Medical Max. Out-of-Pocket (Incl. Deductible) - All plans cover 100% of medical coverage after maximum out-of-pocket has been met.</b>		
Employee	\$5,750	\$5,500
Employee + Family	\$11,500	\$11,000
<b>PCP Copay</b>	\$30	\$30
<b>Specialist Copay</b>	\$60	\$60
<b>Prescription Drugs</b>	<b>BASE</b>	<b>BUYUP</b>
RX Deductible	\$150	None
Tier 1	\$20	\$15
Tier 2	\$45	\$35
Tier 3	\$90	\$60
Tier 4	25%	25%
Home Delivery – 90 day Supply	3 times copay	3 times copay

## EMPLOYEE MEDICAL DEDUCTIONS Bi-Weekly (26 deductions per year)

MEMBERS COVERED	BASE	BUYUP
Employee Only	\$ 25.00	\$ 52.50
Employee + Spouse	\$200.00	\$260.00
Employee + Child(ren)	\$190.00	\$220.00
Employee + Family	\$250.00	\$340.00

**TOBACCO SURCHARGE:** A \$25 per month surcharge will be applied to the health insurance premium for any employee and/or covered spouse who have used tobacco products within the past 90 days. If you complete the free smoking cessation program offered through our Employee Assistance Program (EAP) the charge will be reduced to \$15 per month. You will be required to answer the tobacco user question during the electronic enrollment.

## HOW to FIND an IN-NETWORK CIGNA PROVIDER

To locate a Cigna health care professional, facility and pharmacy list online, visit [www.cigna.com](http://www.cigna.com)

### PROVIDER

1. Click on "Find a Doctor" at the top of your screen.
2. Click on "Employer or School" under how are you covered.
3. Search by Doctor Type, Doctor Name or by location.
4. You can continue as a guest or log in to your Cigna account.

The results indicate which plans the providers/facilities accept. Both plans offered are Open Access Plus (OAP) plans.

# BENEFITS COMPARISON BASE / BUY-UP



	BASE		BUY-UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Covered Services</b>				
<b>Calendar Year Deductible</b>				
Employee	\$3,500	\$10,000	\$5,000	10,000
Employee + Family	\$10,500	\$20,000	\$10,000	\$20,000
<b>Coinsurance</b>	100%	70%	100%	70%
<b>Calendar Year Out-of-Pocket Max.</b>				
Employee	\$5,750	\$17,500	\$5,500	\$16,500
Employee + Family	\$11,500	\$34,500	\$11,000	\$33,000
<b>All plans cover 100% of medical coverage after maximum out-of-pocket has been met.</b>				
<ul style="list-style-type: none"> <li>Plan Copays and Deductible contribute towards your out-of-pocket maximum</li> <li>Mental health and substance abuse covered expenses contribute towards your out-of-pocket maximum</li> <li>These plans include a combined Medical/pharmacy out-of-pocket maximum.</li> <li>Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.</li> </ul>				
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>				
<b>Routine Preventive Care – All Ages</b>	100%; no plan deductible	70% after deductible	100%; no plan deductible	70% after deductible
<ul style="list-style-type: none"> <li>Includes well-baby, well-child, well-woman and adult preventive care</li> <li>Includes coverage of additional services, such as urinalysis, EKG and other laboratory tests, supplementing the standard Preventive Care benefit</li> </ul>				
<b>Immunizations – All Ages</b>				
<b>Mammogram, PAP, PSA Tests</b>				
<b>Physician Services</b>				
<b>Primary Care Physician (PCP) Office Visit</b>	\$30	70% after deductible	\$30	70% after deductible
<b>Specialty Care Physician Office Visit</b>	\$60	70% after deductible	\$60	70% after deductible
<b>Surgery Performed in Physician's Office</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Allergy Treatment / Injections</b>	\$30 pcp / \$60 specialist	70% after deductible	\$30 pcp / \$60 specialist	70% after deductible
<b>Allergy Serum</b> Dispensed by the physician in the office	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Inpatient</b>				
<b>Inpatient Hospital Facility</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Well Newborn Inpatient Charges</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Inpatient Hospital Physician's Visit / Consultation</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Inpatient Professional Services</b> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient</b>				
<b>Outpatient Facility Services</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient Professional Services</b> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	100% after deductible	70% after deductible	100% after deductible	70% after deductible



# BENEFITS COMPARISON BASE / BUY-UP

	BASE		BUY-UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient (Continued)</b>				
<b>Short-Term Rehabilitation</b> <ul style="list-style-type: none"> <li>Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy</li> <li>40 days maximum for physical therapy per Calendar Year</li> <li>40 days maximum for OSHA therapy per Calendar Year</li> <li>Includes cardiac rehabilitation</li> <li>Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Other Health Care Facilities / Services</b>				
<b>Home Health Care</b> (includes outpatient private duty nursing days when approved as medically necessary) <ul style="list-style-type: none"> <li>60 days maximum per Calendar Year</li> <li>16 hour maximum per day</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Skilled Nursing Facility, Sub-Acute Facility</b> <ul style="list-style-type: none"> <li>100 days maximum per Calendar Year</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Calendar Year</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Lab and X-Ray</b>				
<b>Physician's Office</b> <b>Outpatient Facility</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Emergency Room</b>	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Urgent Care Facility</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay
<b>Independent Lab</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</b>				
<b>Physician's Office</b> <b>Outpatient Facility</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Urgent Care Facility</b>	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Emergency Room</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay
<b>Urgent Care / Emergency</b>				
<b>Urgent Care Facility</b>	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Emergency Room</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay
<b>Maternity</b>				
<b>Initial Visit to Confirm Pregnancy</b> <b>All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Office Visits in Addition to Global Maternity Fee</b> (performed by OB/GYN or Specialist)				
<b>Delivery – Facility</b> (Inpatient Hospital, Birthing Center)	100% after deductible	70% after deductible	100% after deductible	70% after deductible

# BENEFITS COMPARISON BASE / BUY-UP



	BASE		BUY-UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health</b>				
<b>Inpatient</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient – Physician’s Office</b> (includes individual, group therapy mental health and intensive outpatient mental health)	\$30 copay	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient Facility</b> (includes individual, group therapy mental health and intensive outpatient mental health)	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<ul style="list-style-type: none"> <li>• Unlimited maximum per calendar year</li> <li>• Mental Health services are paid at 100% after you reach your out-of-pocket maximum</li> </ul>				
<b>Substance Abuse</b>				
<b>Inpatient</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient – Physician’s Office</b> (includes individual, group therapy mental health and intensive outpatient mental health)	\$30 copay	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient Facility</b> (includes individual, group therapy mental health and intensive outpatient mental health)	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Pharmacy</b>				
<b>RX copays</b>	\$150		None	
<b>Retail – 30 day supply</b>				
Tier 4	You pay \$20		You pay \$15	
Tier 3	You pay \$45		You pay \$35	
Tier 2	You pay \$90		You pay \$60	
Tier 4 Specialty	25%		25%	
<b>Home Delivery – 90 day supply</b>				
Tier 4	You pay \$60		You pay \$45	
Tier 3	You pay \$135		You pay \$105	
Tier 2	You pay \$270		You pay \$180	
Tier 4 Specialty	25%		25%	
<b>Pharmacy Maximum Out-of-Pocket</b>				
Employee	Prescription copays count towards medical Max. Out-of-Pocket			
Employee + Family				

## Cigna Telehealth Connection

Cigna provides access to telehealth services as part of your medical plan – **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

**Choose when:** Day or night, weekdays, weekends and holidays.

**Choose where:** Home, work or on the go.

**Choose how:** Phone or video chat.

**Choose who:** MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on MDLIVE, you can speak with a doctor for help with:

- › Sore Throats
- › Headaches
- › Stomachaches
- › Fevers
- › Colds and Flu
- › Allergies
- › Rashes
- › Acne
- › Shingles
- › Bronchitis
- › Urinary tract infections and more

### The cost savings are clear.

Televisits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

[MDLIVEforCigna.com](http://MDLIVEforCigna.com)  
888.726.3171

**MDLIVE** for Cigna®

### Signing up is easy!



Connect to MDLIVE through [myCigna.com](http://myCigna.com).



Complete a medical history using their virtual clipboard.



Download the MyCigna App and you'll be able to access both telehealth providers on your smartphone/mobile device.



MDLIVE is only available for medical visits. For covered services related to mental health and substance use disorder, you have access to the **Cigna Behavioral Health** network of providers.

- › Go to [myCigna.com](http://myCigna.com) to search for a telehealth provider under Specialty in the Behavioral Directory link
- › Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.



On the go? Register for the MyCigna App today and you'll be able to Telehealth providers through the app.

# PERSONAL GUIDANCE MAKES IT EASY

Helping you save and stay healthy



## Now it's easier for you to take control of your health and health spending.

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's our highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

### Your One Guide team is a click or call away to help you:

#### Understand your plan

- › Know your coverage and how it works
- › Get answers to all your health care or plan questions

#### Get care

- › Find an in-network doctor, lab or urgent care center
- › Connect to health coaches, pharmacists and more
- › Stay on track with appointments and preventive care
- › Take advantage of dedicated one-on-one support for complex health situations

#### Save on care

- › Learn ways to save and get the most value from your plan
- › Get cost estimates and service comparisons to avoid surprises



**Start using the Cigna One Guide service today - by app, chat or phone.**

Download the myCigna<sup>SM</sup> app\* or call the number on the back of your ID card to talk with your personal guide.



**Together, all the way.®**



Offered by: Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.



## Health Reimbursement Account

**Beginning 1/1/2021 our Health Reimbursement Arrangement (HRA) will be administered by Cigna.**

Each employee and dependent covered under our medical plan will receive up to \$2,500 in medical deductible reimbursements per calendar year. Our plan has a \$3,500 and \$5,000 medical deductible with the City reimbursing your medical provider the last \$1,000 or \$2,500 annually.

### **HOW DOES THE HRA WORK?**

The deductible for major medical services is either \$3,500 or \$5,000. To assist employees who meet the deductible, the City will reimburse each person up to the last \$2,500 of the medical deductible IF you have a claim (PCP, specialist, Rx, ER and Urgent Care copays are not eligible for reimbursement). This means your *NET DEDUCTIBLE* for any major illness will be \$2,500 (the plan deductible you owe minus the HRA funds the City will reimburse back to your medical provider).

### **WHAT EXPENSES ARE COVERED UNDER AN HRA?**

- The City will reimburse up to the last **\$2,500** of your medical insurance deductible.

### **HOW ARE EXPENSES REIMBURSED?**

Your medical claims are processed inclusive of amounts payable from the HRA fund, eliminating the need to submit a manual HRA reimbursement request.

### **USING THE HRA**

You can access HRA balance information and claim status anytime through [mycigna.com](http://mycigna.com), or you can obtain personal customer service 24/7/365 by calling 800-244-6224.

<b>Deductible</b> - This is the amount you have to pay before the plan begins to pay for covered services you use.		
Cigna Deductible	Your Deductible Share:	Locust Grove HRA will cover:
Base Plan - \$3,500	First \$2,500	The next \$1,000
Buy Up Plan - \$5,000	First \$2,500	The next \$2,500
Maximum out of Pocket	Your Maximum Out of Pocket Share:	Locust Grove HRA covers:
Base Plan - \$5,750	\$4,750	\$1,000
Buy Up Plan - \$5,500	\$3,000	\$2,500
<b>Important:</b> Before you receive treatment, a Doctor or Hospital can require you to pay, or make arrangements to pay, any deductible that our Cigna plan requires. Once you are treated and your claim is filed with Anthem, our HRA can reimburse you.		

# DENTAL BENEFIT SUMMARY



Coverage Type	In-Network Negotiated Fee Schedule	Out-of-Network % of R&C Fee <sup>1</sup>
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible	In-Network	Out-of-Network
Individual	\$50 Applies to Type B & C services only	\$50 Applies to Type B & C services only
Family	\$150 Applies to Type B & C services only	\$150 Applies to Type B & C services only
Annual Maximum Benefits	In-Network	Out-of-Network
Per Individual	\$1,500	\$1,500
Orthodontia Lifetime Maximum Per Individual	\$1,500	\$1,500
	Ortho applies to Child (Up to age 19)	
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

1. The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90<sup>th</sup> Percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).

## Understanding Your Dental Plans

The MetLife Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network.

If you receive in-network services, you will be responsible for any applicable cost sharing, PDP charges in excess of the benefit maximums, and for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the PDP fee schedule amount, and charges for non-covered services.

Plan benefits for in-network services are based on the percentage of the PDP fee – MetLife's negotiated fees that PDP dentists have agreed to accept as payment in full.

Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. If you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

**The City of Locust Grove pays 100% of the cost for this benefit.**

# DENTAL BENEFIT SUMMARY

Type A - Preventive	How Many / How Often
<ul style="list-style-type: none"> <li>• Prophylaxis – Cleanings</li> <li>• Oral Examinations</li> <li>• Topical Fluoride Applications</li> <li>• Full Mouth X-Rays</li> <li>• Bitewing X-Rays (Adult/Child)</li> <li>• Sealants</li> </ul>	1 in 6 months 1 in 6 months 1 in 12 months for children up to 14 <sup>th</sup> birthday. 1 in 60 months 1 in 12 months - Child to 19 <sup>th</sup> birthday 1 per molar in 60 months children up to 14 <sup>th</sup> birthday.
Type B - Basic Restorative	How Many / How Often
<ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• General Anesthesia</li> <li>• Oral Surgery (Simple Extractions)</li> <li>• Oral Surgery (Surgical Extractions)</li> <li>• Other Oral Surgery</li> <li>• Amalgam &amp; Resin Composite Fillings</li> <li>• Periodontal Maintenance</li> <li>• Periodontal Surgery</li> <li>• Root Canal</li> <li>• Scaling and Root Planing</li> </ul>	Children up to 14 <sup>th</sup> birthday. Limited to 1 per lifetime per area. For oral surgery, extractions or other covered services  1 per tooth surface in 24 months, Composite fillings included for molars  4 perio treatments in 1 calendar year, includes 2 cleanings 1 per quadrant in any 36 month period 1 per tooth per lifetime 1 per quadrant in any 24 month period
Type C - Major Restorative	How Many / How Often
<ul style="list-style-type: none"> <li>• Consultations</li> <li>• Prefabricated Crowns</li> <li>• Repairs</li> <li>• Dentures</li> <li>• Fixed Bridges</li> <li>• Inlays / Onlays / Crowns</li> <li>• Implant Services</li> <li>• Tissue Conditioning</li> <li>• Occlusal Adjustments</li> </ul>	2 in 12 months 1 per tooth in 10 calendar years 1 in 24 months 1 in 10 calendar years 1 in 10 calendar years 1 replacement per tooth in 10 calendar years 1 per tooth position in 10 calendar years 1 in 36 months 1 in 12 months
Type D Orthodontic Services	
<ul style="list-style-type: none"> <li>• Orthodontic Diagnostics</li> <li>• Orthodontic Treatment</li> </ul>	

# VISION BENEFIT SUMMARY



COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<b>Exam Copay</b> (once per 12 months)	\$10 copay	N/A
<b>Exam Allowance</b> (once per 12 months)	Covered 100% after copay	Up to \$45
<b>Materials Copay</b>	\$20	N/A
<b>Eyeglass Lenses Allowances:</b> (once per 12 months)  Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered 100% after copay Covered 100% after copay Covered 100% after copay Covered 100% after copay	Up to \$32 Up to \$55 Up to \$65 Up to \$80
<b>Contact Lenses Allowances:</b> (one pair or single purchase per 12 months)  Elective Therapeutic	Up to \$130 Covered 100%	Up to \$105 Up to \$210
<b>Frame Retail Allowance</b> (once per 24 months)	Up to \$130	Up to \$71

**Your Frequency Period begins on January 1 (Calendar year basis)**

**Definitions:**

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**Coinsurance:** the percentage of charges Cigna will pay. You are financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. You are financially responsible for any amount over the allowance. **Materials:** eyeglass lenses, frames, and/or contact lenses.

To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders. If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

**In-Network Coverage Includes:**

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 18 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
- Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or plastic); and lens styles
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

\* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.



# VISION BENEFIT SUMMARY

Coverage for Therapeutic contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

### Healthy Rewards® - Vision Network Savings Program:

When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

### What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

### How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

#### Finding a Doctor

There are three ways to find a quality eye doctor in your area:

1. Log in to myCigna.com, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer Service representative.

#### Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

#### Out-of-network plan reimbursement

#### How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

Go to Cigna.com and go to Forms, Vision Forms

Go to myCigna.com and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

## EMPLOYEE VISION DEDUCTIONS

Bi-Weekly (26 deductions per Year)

MEMBERS COVERED	VISION COST
Employee Only	\$ 0.00
Employee + Spouse	\$ 2.73
Employee + Child(ren)	\$ 2.87
Employee + Family	\$ 5.60

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life Plan, employees can achieve peace of mind by giving their family the security they can depend upon.



## **ELIGIBILITY**

Coverage for all full-time employees.

## **BENEFIT AMOUNT**

Basic Group Term Life Insurance is equal to **\$50,000**

\*Public Safety Employees may be eligible for additional basic coverage due to job duties.

## **AGE REDUCTION**

Benefits are reduced to 65% at age 65 and 50% at age 70. Coverage is discontinued at termination of employment or retirement.

## **ACCIDENTAL DEATH and DISMEMBERMENT (AD&D)**

AD&D insurance which could pay an additional benefit, up to the amount of your Life benefit, if you suffer a covered loss due to an accident

## **ACCELERATED BENEFITS**

Accelerated benefits help offset expenses at a critical time. You may collect a portion of your benefits during your lifetime if you become terminally ill.

## **PORTABILITY**

When coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan, employees can apply for a portable Term Life policy without Evidence of Insurability.

## **Actively at Work**

Your life insurance policy will terminate if you have not been **ACTIVELY AT WORK** within the last **12 months**. To continue coverage you must elect a portability or conversion option within 31 days of your coverage terminating.

## **POLICHOLDER CONTRIBUTION**

**The City of Locust Grove pays 100% of the cost for this coverage.**

## **HOW TO ENROLL**

Basic group term life coverage begins automatically when you meet the eligibility requirements. You'll need to designate beneficiaries for your basic life benefits using a group enrollment form.

## **FOR COMPLETE PLAN DETAILS**

This highlight flyer is intended to provide an overview of the benefits available from the City of Locust Grove and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan. The Dearborn booklet containing complete plan details will be available in the Human Resources Department.

**BENEFIT AMOUNT**

**For you:** An amount between \$10,000 and \$300,000, in increments of \$10,000, not to exceed 5x basic annual earnings. Benefits cease at retirement.

**For your spouse:** An amount between \$5,000 and \$150,000 in increments of \$5,000. Spouse voluntary life coverage may not exceed 50% of the employee's coverage. Coverage ends when your spouse turns 70.

**For your dependent child(ren):** \$10,000. Child voluntary life coverage may not exceed 50% of the employee's coverage. Eligible children include unmarried children from 6 months to age 19 or to age 24 if a full-time student.

You must elect voluntary life insurance on yourself in order to cover your spouse and/or children.

**AGE REDUCTION**

Employee: All coverage amounts reduce to 65% at age 65, 50% at age 70.

Spouse: None

Child(ren): None

**GUARANTEED ISSUE (GI) AMOUNTS**

GI is the amount of life insurance available to you without Evidence of Insurability (medical questions). GI is only available during your initial eligibility period.

Employee: \$100,000

Spouse: \$ 25,000

Child: \$ 10,000

**ACCIDENTAL DEATH and DISMEMBERMENT (AD&D)**

Protection for covered Accidental Death and covered injuries such as speech/hearing, loss of limb, loss of use of a limb due to quadriplegia, paraplegia, or hemiplegia, and thumb and index finger. AD&D cost is included in the rates on the following page.

**WAIVER OF PREMIUM**

Waiver benefits protect employees who are totally disabled, as defined by the policy.

**PORTABILITY**

When coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan, employees can apply for a portable Term Life policy without Evidence of Insurability.

**FOR COMPLETE PLAN DETAILS**

This highlight flyer is intended to provide an overview of the benefits available from the City of Locust Grove and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan. The Dearborn booklet containing complete plan details will be available in the Human Resources Department.

# VOLUNTARY TERM LIFE and AD&D INSURANCE

## EMPLOYEE VOLUNTARY TERM LIFE and AD&D INSURANCE - BI-WEEKLY DEDUCTIONS

AGE	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.46	\$0.51	\$0.55	\$0.60	\$0.92	\$1.38	\$2.35	\$3.92	\$5.40	\$9.41	\$19.33	\$29.58
\$20,000	\$0.92	\$1.02	\$1.11	\$1.21	\$1.85	\$2.77	\$4.71	\$7.85	\$10.81	\$18.82	\$38.67	\$59.17
\$30,000	\$1.38	\$1.54	\$1.66	\$1.81	\$2.77	\$4.15	\$7.06	\$11.77	\$16.21	\$28.23	\$58.00	\$88.75
\$40,000	\$1.85	\$2.05	\$2.22	\$2.42	\$3.69	\$5.54	\$9.42	\$15.69	\$21.62	\$37.64	\$77.34	\$118.34
\$50,000	\$2.31	\$2.56	\$2.77	\$3.02	\$4.62	\$6.92	\$11.77	\$19.62	\$27.02	\$47.05	\$96.67	\$147.92
\$60,000	\$2.77	\$3.07	\$3.32	\$3.63	\$5.54	\$8.31	\$14.12	\$23.54	\$32.43	\$56.46	\$116.00	\$177.51
\$70,000	\$3.23	\$3.59	\$3.88	\$4.23	\$6.46	\$9.69	\$16.48	\$27.46	\$37.83	\$65.88	\$135.34	\$207.09
\$80,000	\$3.69	\$4.10	\$4.43	\$4.84	\$7.38	\$11.08	\$18.83	\$31.38	\$43.24	\$75.29	\$154.67	\$236.68
\$90,000	\$4.15	\$4.61	\$4.98	\$5.44	\$8.31	\$12.46	\$21.18	\$35.31	\$48.64	\$84.70	\$174.00	\$266.26
\$100,000	\$4.62	\$5.12	\$5.54	\$6.05	\$9.23	\$13.85	\$23.54	\$39.23	\$54.05	\$94.11	\$193.34	\$295.85
\$110,000	\$5.08	\$5.64	\$6.09	\$6.65	\$10.15	\$15.23	\$25.89	\$43.15	\$59.45	\$103.52	\$212.67	\$325.43
\$120,000	\$5.54	\$6.15	\$6.65	\$7.26	\$11.08	\$16.62	\$28.25	\$47.08	\$64.86	\$112.93	\$232.01	\$355.02
\$130,000	\$6.00	\$6.66	\$7.20	\$7.86	\$12.00	\$18.00	\$30.60	\$51.00	\$70.26	\$122.34	\$251.34	\$384.60
\$140,000	\$6.46	\$7.17	\$7.75	\$8.46	\$12.92	\$19.38	\$32.95	\$54.92	\$75.66	\$131.75	\$270.67	\$414.18
\$150,000	\$6.92	\$7.68	\$8.31	\$9.07	\$13.85	\$20.77	\$35.31	\$58.85	\$81.07	\$141.16	\$290.01	\$443.77
\$200,000	\$9.23	\$10.25	\$11.08	\$12.09	\$18.46	\$27.69	\$47.08	\$78.46	\$108.09	\$188.22	\$386.68	\$591.69
\$250,000	\$11.54	\$12.81	\$13.85	\$15.12	\$23.08	\$34.62	\$58.85	\$98.08	\$135.12	\$235.27	\$483.35	\$739.62
\$300,000	\$13.85	\$15.37	\$16.62	\$18.14	\$27.69	\$41.54	\$70.62	\$117.69	\$162.14	\$282.32	\$580.02	\$887.54

## SPOUSE VOLUNTARY TERM LIFE and AD&D INSURANCE - BI-WEEKLY DEDUCTIONS (BASED ON EMPLOYEE AGE)

AGE	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.23	\$0.26	\$0.28	\$0.30	\$0.46	\$0.69	\$1.18	\$1.96	\$2.70	\$4.71
\$10,000	\$0.46	\$0.51	\$0.55	\$0.60	\$0.92	\$1.38	\$2.35	\$3.92	\$5.40	\$9.41
\$15,000	\$0.69	\$0.77	\$0.83	\$0.91	\$1.38	\$2.08	\$3.53	\$5.88	\$8.11	\$14.12
\$20,000	\$0.92	\$1.02	\$1.11	\$1.21	\$1.85	\$2.77	\$4.71	\$7.85	\$10.81	\$18.82
\$25,000	\$1.15	\$1.28	\$1.38	\$1.51	\$2.31	\$3.46	\$5.88	\$9.81	\$13.51	\$23.53
\$30,000	\$1.38	\$1.54	\$1.66	\$1.81	\$2.77	\$4.15	\$7.06	\$11.77	\$16.21	\$28.23
\$35,000	\$1.62	\$1.79	\$1.94	\$2.12	\$3.23	\$4.85	\$8.24	\$13.73	\$18.92	\$32.94
\$40,000	\$1.85	\$2.05	\$2.22	\$2.42	\$3.69	\$5.54	\$9.42	\$15.69	\$21.62	\$37.64
\$45,000	\$2.08	\$2.31	\$2.49	\$2.72	\$4.15	\$6.23	\$10.59	\$17.65	\$24.32	\$42.35
\$50,000	\$2.31	\$2.56	\$2.77	\$3.02	\$4.62	\$6.92	\$11.77	\$19.62	\$27.02	\$47.05
\$55,000	\$2.54	\$2.82	\$3.05	\$3.33	\$5.08	\$7.62	\$12.95	\$21.58	\$29.73	\$51.76
\$60,000	\$2.77	\$3.07	\$3.32	\$3.63	\$5.54	\$8.31	\$14.12	\$23.54	\$32.43	\$56.46
\$65,000	\$3.00	\$3.33	\$3.60	\$3.93	\$6.00	\$9.00	\$15.30	\$25.50	\$35.13	\$61.17
\$70,000	\$3.23	\$3.59	\$3.88	\$4.23	\$6.46	\$9.69	\$16.48	\$27.46	\$37.83	\$65.88
\$75,000	\$3.46	\$3.84	\$4.15	\$4.53	\$6.92	\$10.38	\$17.65	\$29.42	\$40.53	\$70.58
\$100,000	\$4.62	\$5.12	\$5.54	\$6.05	\$9.23	\$13.85	\$23.54	\$39.23	\$54.05	\$94.11
\$125,000	\$5.77	\$6.40	\$6.92	\$7.56	\$11.54	\$17.31	\$29.42	\$49.04	\$67.56	\$117.63
\$150,000	\$6.92	\$7.68	\$8.31	\$9.07	\$13.85	\$20.77	\$35.31	\$58.85	\$81.07	\$141.16

## DEPENDENT CHILD(REN) VOLUNTARY TERM LIFE and AD&D INSURANCE - BI-WEEKLY DEDUCTIONS

\$10,000 Life and AD&D Insurance \$1.06

Your Short Term Disability Benefits help to protect you from loss of income due to a Disability as defined under the Policy. Your Short Term Disability Benefits are subject to any limitations, maximums, exclusions and reductions under the Policy, including any reductions by Your Deductible Sources of Income. This page provides highlights only. The Short Term Disability Insurance Certificate will contain complete details of benefits, policy provisions, limitations, etc. Short Term Disability coverage is non-occupational. This means there is no coverage for any Injury or Illness that was caused by or aggravated by any employment for pay or profit.



### **Premium Contributions:**

**Your coverage is Non-Contributory. This means the City of Locust Grove pays 100% of the cost for Your Short Term Disability Benefit coverage.**

### **Eligibility:**

All Active Full-Time Employees working 30 hours or more per week

### **Benefits:**

Plan replaces **60%** of your Basic Weekly Earnings **up to a maximum weekly benefit of \$1,000.**

### **Benefit Waiting Period:**

**7 Day(s)** for Accident; **7 Day(s)** for Sickness

### **Maximum Benefit Period:**

**25 Weeks**

**Maternity coverage same as any other disability.**

**Occupational benefits are excluded.**

### **Definition of Disability**

Due to a Sickness, or as a direct result of accidental injury:

- the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and
- is unable to earn more than 80% of their pre-disability earnings at their Own Occupation for any employer.

**Reduction of Benefits:** Benefits will be reduced by income and recoveries from certain other sources including but no limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.

Below is a brief description of the City of Locust Grove’s group Long-Term Disability insurance coverage underwritten by MetLife. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



**Long Term Disability** insurance is designed to protect an employee from losing his/her ability to earn a living due to long-term or permanent work loss caused by an accident, pregnancy or physical disease.

**Premium Contributions:** **Your coverage is Non-Contributory. This means the City of Locust Grove pays 100% of the cost for Your Long Term Disability Benefit coverage.**

**All Full Time Active Employees:** Plan replaces **60%** of your monthly Earnings, reduced by deductible income to a **\$4,000** Maximum Monthly Benefit.

**180-day** Benefit Elimination Period. This is the time served from the onset of disability to the date benefits begin to accrue.

**Maximum Benefit Period:** If you are eligible for Long Term Disability Benefits under the Policy, We will send You a Monthly Benefit Payment each month up to the Maximum Benefit Period. Your Maximum Benefit Period is based on Your age at Disability as follows:

**ADEA – 65 Reducing Benefit Duration (RBD)**

<u>Age when Disability Begins</u>	<u>Maximum Benefit Period</u>
Less than age 60	To age 65
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

**Pre-Existing Condition (3/12)** means a sickness or accidental injury for which the employee:

- Received medical treatment, consultation, care or services; or
- Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect.

MetLife will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a disability that results from a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.

**Survivor Benefit**

If the employee dies while they are disabled, a single sum payment equal to 3 times the employee’s last net Monthly Benefit is made to the employee’s survivor.

# Employee Assistance Program Service Summary

City of Locust Grove

# Anthem®EAP

The Anthem Employee Assistance Program (EAP) provides solutions to help you balance work and life through confidential and easily accessible services. Anthem EAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. Your Anthem EAP services will include:

**Face-to-Face Counseling.** You and your household members are eligible for up to 4 visits for each personal situation, as needed. You don't have to have Anthem insurance to qualify for this benefit. You can simply call the toll-free Anthem EAP number or access services online using the "Member Center."

**Legal Assistance.** You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms, seminars and a full library of articles.

**Financial Assistance.** Our financial professionals provide free telephonic consultation on the financial topics that are important to you. Counseling sessions have no time limitations, and are available without appointment during regular business. Online resources include an assortment of financial calculators and access to PocketSmith, a budgeting and management tool.

**ID Recovery.** Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft. All services are provided to you free of charge. This may include completing any necessary paperwork, reporting to the consumer credit agencies, and negotiating with creditors to repair debt history. Our specialists will work with you to restore your financial identity to its pre-theft status.

## Tobacco Cessation (Online and Coaching)

**Online Program:** LivingFree™ is a free 10 sessions, online training program which will help you learn how to break the tobacco habit. The program focuses on the root emotional and physical causes of using tobacco.

**Telephonic Coaching:** A free service provided via telephone or through instant messaging. The certified Coach will help you address the triggers of your tobacco use and how to overcome them as well as address issues related to weight management and fitness.

**Dependent Care and Daily Living Resources.** You and your household members can get information on child care, adoption, summer camps, college placement relocation, plus resources on elder care issues and assisted living by accessing the website or calling your EAP toll-free number.

**Other Web Resources.** Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.

**Crisis Consultation.** If you have an emergency, simply call the Anthem toll-free number. Consultants are available 24/7/365 to help or just listen, depending on your needs.

To contact Anthem EAP, please call us toll-free at 1-800-865-1044 or visit us at  
[www.anthemead.com](http://www.anthemead.com).

Enter your company code: City of Locust Grove

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# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## CITY of LOCUST GROVE HEALTH PLAN

### **Introduction**

You are receiving this notice because you have recently become eligible for the City of Locust Grove health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### **You may have other options available to you when you lose group health coverage.**

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

### **What is COBRA Continuation Coverage?**

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **Human Resources, City of Locust Grove, P.O. Box 900, Locust Grove, GA 30248.**

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## **How is COBRA Coverage Provided?**

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

## ***Disability extension of 18-month period of continuation coverage***

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

## ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Plan Contact Information**

Information about the plan and COBRA continuation coverage can be obtained on request from:

**Human Resources  
City of Locust Grove  
P.O. Box 900  
Locust Grove, GA 30248  
Phone: 770-957-5043**





# IMPORTANT CONTACT INFORMATION

## **City of Locust Grove**

Misty Spurling  
City Clerk  
Tel: 770-957-5043  
[mspurling@locustgrove-ga.gov](mailto:mspurling@locustgrove-ga.gov)

Tracey Sullivan  
Human Resources Specialist  
Tel: 770-957-5043  
[tsullivan@locustgrove-ga.gov](mailto:tsullivan@locustgrove-ga.gov)

## **MEDICAL/VISION PLANS**

Cigna  
Customer Service  
Tel: 866-494-2111  
Home Delivery Pharmacy  
Tel: 800-835-3784  
Vision Customer Service  
Tel: 800-244-6224  
[www.mycigna.com](http://www.mycigna.com)

## **DENTAL PLAN**

MetLife  
Customer Service  
Tel: 800-942-0854  
[www.metlife.com](http://www.metlife.com)

## **MSI BENEFITS GROUP, INC.**

Administrative Contact  
Tel: 770-425-1231 / 800-580-1629  
Fax: 770-425-6275 / 800-580-2675  
Email: [HelpMe@msibg.com](mailto:HelpMe@msibg.com)  
Online: [www.msibg.com](http://www.msibg.com)

## **LIFE INSURANCE**

Dearborn Group  
Life: 800-348-4512  
[www.mydearborngroup.com](http://www.mydearborngroup.com)

## **DISABILITY INSURANCE**

MetLife  
Customer Service  
Tel: 800-638-5000  
Disability Customer Service  
Tel: 800-858-6506  
STD Telephonic Claims Intake  
Tel: 866-729-9201  
[www.metlife.com](http://www.metlife.com)

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Anthem  
Tel : 800-865-1044  
[www.anthemeap.com](http://www.anthemeap.com)  
Company Code: City of Locust Grove



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