



2020 – 2021 Benefits Enrollment Guide



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the City of Snellville. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the City of Snellville's leave policies and retirement plans. The plan year is in effect from December 1, 2020 to November 30, 2021.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 23 for more details.

Table of Contents

Topic	Page
New for You	3
Before you Enroll	4
How to Enroll	5
Medical	6
HSA Memo	11
HSA Transfer	12
Critical Illness	13
Accident	14
Hospital Indemnity	15
Dental	16
Vision	17
Basic Life and AD&D	18
Voluntary Life and AD&D	19
Short Term Disability	21
Long Term Disability	22
Employee Assistance Program (EAP)	23
Disclosure Notices	25
NFP Service Center	32
Contact Information	33

This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of City of Snellville and NFP.

New for the 2020-2021 plan year

- The Medical is changing from Aetna to UnitedHealthcare. You now have 3 medical plan options. Please carefully review each plan offering, as employee contributions have changed.
- The HSA account is changing from Payflex to Optum Bank. Please transfer HSA funds from Payflex to Optum Bank within 30 days of the 12/01/2020 effective date. Please note, there are changes to the Employer contribution to the HSA as well.
- The Dental plan is changing from Aetna to UnitedHealthcare. The employee contribution will remain the same.
- The Vision plan will remain with NVA. The plan will remain the same.
- The Life and Disability will remain with Lincoln. The plans will remain the same.
- The Critical Illness, Accident, and Hospital Indemnity policies will remain with Aflac. The plans will remain the same. Elections will now be made through bswift.
- The EAP plan will remain with Aetna. The plan will remain the same.

Before You Enroll – Things to Know

You are REQUIRED to **provide the following information and documentation** for all dependents/beneficiaries:

- Name
- Date of birth
- Social Security number

Annual Enrollment period opens on November 2 and ends at midnight on November 6, 2020.

HOW TO ENROLL

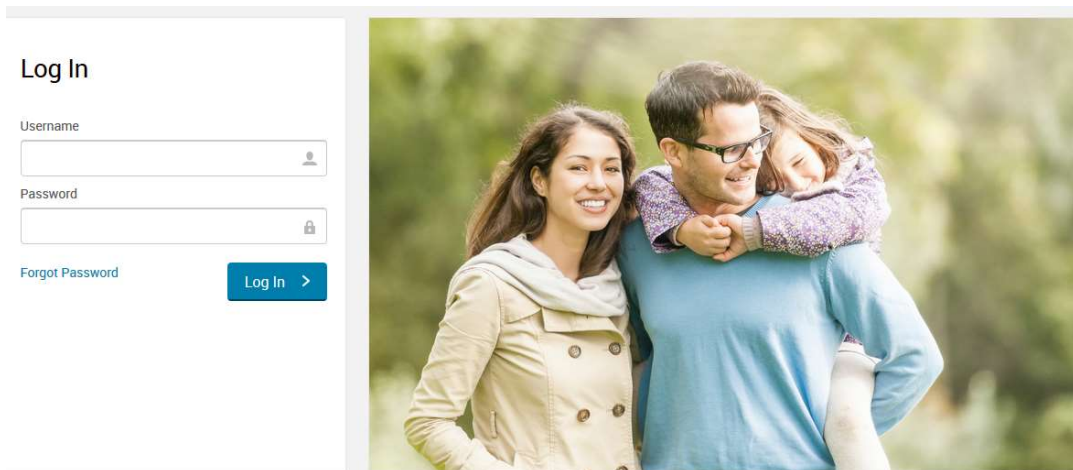
Go to www.cityofsnellville.bswift.com.

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.

The image shows a login form on the left and a photograph of a family on the right. The login form is titled "Log In" and includes fields for "Username" and "Password". Below the password field is a link for "Forgot Password" and a blue "Log In" button with a right arrow. The photograph shows a smiling man in a blue shirt carrying a young girl on his shoulders, with a woman in a tan coat standing next to them outdoors.

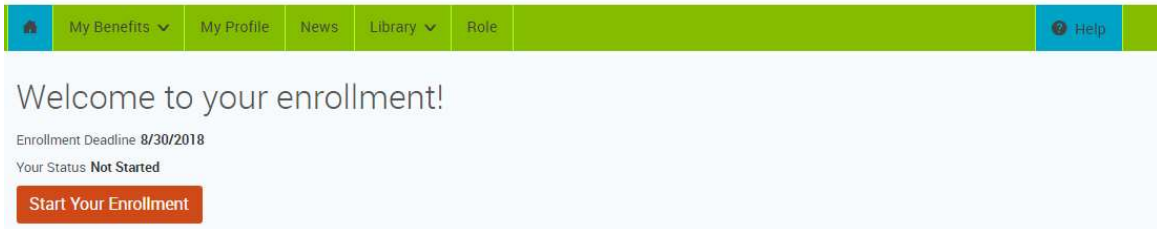
- Please go online and make your elections during the Open Enrollment by the deadline provided.
- Please contact NFP at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

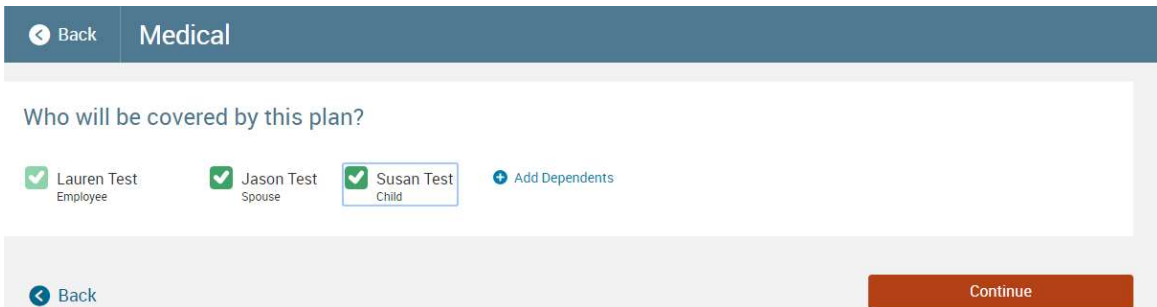
How To Enroll

To Begin:

- 1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process.
- 2) On the “Employee Information Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select “View Plan Options”. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Who will be covered by this plan?” Then press “Continue” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree, and I am finished with my enrollment,” then click on “Complete My Enrollment.”

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

☒ I agree, and I'm finished with my enrollment.

- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

Medical – Base HSA Option (with Motion)

The City of Snellville's Medical Plans will be offered through United Healthcare for 2021. Please review the summaries of the three medical options below and on the following pages. Search the **Choice Plus Network** to find in-network providers.

Benefit	In-Network	Out of Network
Lifetime Maximum	Unlimited	
Deductible	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family
Coinsurance	100% plan / 0% member	70% plan / 30% member
Maximum Annual Out of Pocket Limit	\$6,900 Individual \$13,800 Family	\$15,000 Individual \$30,000 Family
	The Out of Pocket Maximum includes deductible, coinsurance and all copays - Office Visits, Urgent Care, Emergency Room and Prescriptions.	
Routine Preventive Care	Member pays 0%	Member pays 30% after deductible
Office Visits (PCP/Specialist)	Deductible / \$75.00 + deductible	Member pays 30% after deductible
Urgent Care Center	Member pays \$50.00 copay + deductible	Member pays 30% after deductible
Emergency Room Services: life-threatening illness or serious accidental injury only	Member pays \$500.00 copay + deductible	
Inpatient Facility Services	Member pays \$500.00 copay + deductible	Member pays 30% after deductible
Outpatient Facility Services performed at Hospital	Member pays \$250.00 copay + deductible	Member pays 30% after deductible
Outpatient Facility Services performed in freestanding surgical facility	Member pays \$250.00 copay + deductible	Member pays 30% after deductible
Prescription Drugs: Tier 1 Generic Drugs Tier 2 Preferred Brand Drugs Tier 3 Non- Preferred Drugs Tier 4 Specialty Drugs Preferred Tier 5 Specialty Drugs Non-Pref Mail Order	Subject to deductible \$10 after deductible \$40 after deductible \$140 after deductible \$300 after deductible N/A 2.5 x retail	

Tier of Coverage	Employee Cost Per Pay Period
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Family	\$0.00

Refer to your Summary Plan Description and Policy Certificate for full details on the plan



Welcome

Employee receives welcome email from employer and/or UnitedHealthcare.



Activation

Employee creates an account and selects device (if applicable).*



Engagement

Device is sent to employee's home. Employee sets up device, starts walking or performing other eligible activities, and syncs daily.



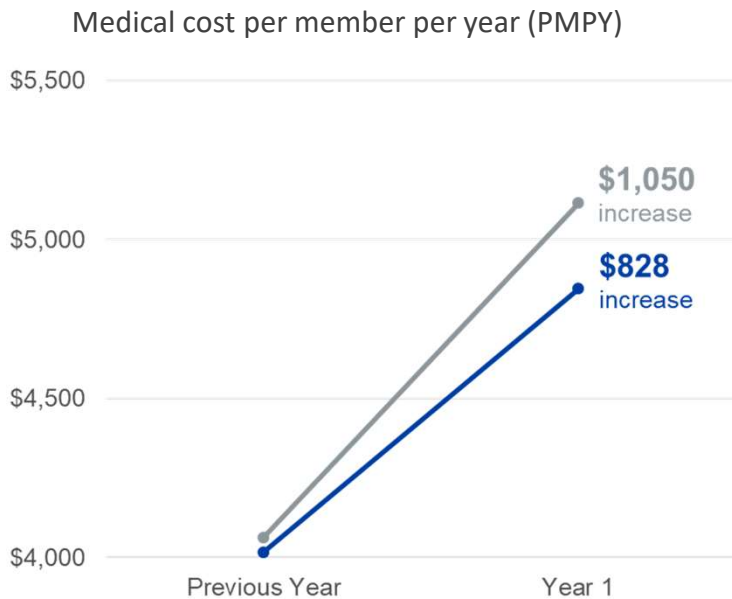
Reward

Employee earns rewards that are deposited into their health savings account (HSA) or prepaid debit card,** or their health reimbursement account (HRA),*** as applicable.

Frequency, Intensity, Tenacity and Participation goals.

Four ways to earn.		HSA or Prepaid Debit Card	HRA
F	Frequency 300 steps in 5 minutes; 6 times a day, at least 1 hour apart.	\$1.00	\$1.50
I	Intensity 3,000 steps in 30 minutes or 30 minutes performing other eligible activities.	\$1.00	\$1.25
T	Tenacity 10,000+ total daily steps.	\$1.00	\$1.25
		\$3/day \$1,095/year	\$4/day \$1,460/year

Analyzing potential savings.



Savings:

\$222 PMPY

- 65% of savings from outpatient care.
- 29% from inpatient care.
- 6% from other care.

In a 500-member population, that's over \$100,000 per year.

Participant experience: Rewards.

Participant may earn rewards daily, which accumulate to their Motion account.

1

2

3

Participant may use the earned rewards to pay for qualified expenses.

Earned rewards are deposited quarterly into their HSA, HRA or prepaid debit card:

- January–March = deposit in mid-April
- April–June = deposit in mid-July
- July–September = deposit in mid-October
- October–December = deposit in mid-January (following year) and noted as “prior-year contribution”

Buy Up HSA Option

Your medical plan is changing from Aetna to UnitedHealthcare. Please refer to the HSA summary page for changes to the employer's HSA contribution. Search the **Choice Plus Network** to find in-network providers.

Benefit	In-Network	Out of Network
Lifetime Maximum	Unlimited	
Deductible	\$3,000 Individual \$6,000 Family	\$10,000 Individual \$20,000 Family
Coinsurance	80% plan / 20% member	60% plan / 40% member
Maximum Annual Out of Pocket Limit	\$6,900 Individual \$13,800 Family	\$15,000 Individual \$30,000 Family
	The Out of Pocket Maximum includes deductible, coinsurance and all copays - Office Visits, Urgent Care, Emergency Room and Prescriptions.	
Routine Preventive Care	Member pays 0%	Member pays 30% after deductible
Office Visits (PCP/Specialist)	Member pays 20% after deductible	Member pays 40% after deductible
Urgent Care Center	Member pays 20% after deductible	Member pays 40% after deductible
Emergency Room Services: life-threatening illness or serious accidental injury only	Member pays 20% after deductible	
Inpatient Facility Services	Member pays 20% after deductible	Member pays 40% after deductible
Outpatient Facility Services performed at Hospital	Member pays \$500.00 copay + 20% after deductible	Member pays 40% after deductible
Outpatient Facility Services performed in freestanding surgical facility	Member pays 20% after deductible	Member pays 40% after deductible
Prescription Drugs: Tier 1 Generic Drugs Tier 2 Preferred Brand Drugs Tier 3 Non- Preferred Drugs Tier 4 Specialty Drugs Preferred Tier 5 Specialty Drugs Non-Pref Mail Order	Subject to deductible \$10 after deductible \$35 after deductible \$75 after deductible \$150 after deductible N/A 2.5 x retail	

Tier of Coverage	Employee Cost Per Pay Period
Employee	\$10.00
Employee + Spouse	\$15.00
Employee + Children	\$15.00
Family	\$20.00

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Medical – POS Option

Your medical plan is changing from Aetna to UnitedHealthcare. Search the **Choice Plus Network** to find in-network providers.

Benefit	In-Network	Out of Network
Lifetime Maximum	Unlimited	
Deductible	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family
Coinsurance	100% plan / 0% member	70% plan / 30% member
Maximum Annual Out of Pocket Limit	\$4,000 Individual \$8,000 Family	\$15,000 Individual \$30,000 Family
	The Out of Pocket Maximum includes deductible, coinsurance and all copays - Office Visits, Urgent Care, Emergency Room and Prescriptions.	
Routine Preventive Care	Member pays 0%	Member pays 30% after deductible
Office Visits (PCP/Specialist)	\$25/\$50	Member pays 30% after deductible
Urgent Care Center	\$50 copay	Member pays 30% after deductible
Emergency Room Services: life-threatening illness or serious accidental injury only	Member pays \$500 copayment; copay waived if admitted	
Inpatient Facility Services	Covered 100% after deductible	Member pays 30% after deductible
Outpatient Facility Services performed at Hospital	Member pays \$500.00 copay + deductible	Member pays 30% after deductible
Outpatient Facility Services performed in freestanding surgical facility	Member pays deductible	Member pays 30% after deductible
Prescription Drugs: Tier 1 Generic Drugs Tier 2 Preferred Brand Drugs Tier 3 Non- Preferred Drugs Tier 4 Specialty Drugs Preferred Tier 5 Specialty Drugs Non-Pref Mail Order	\$10 \$35 \$75 N/A N/A 2.5 x retail	

Tier of Coverage	Employee Cost Per Pay Period
Employee	\$60.00
Employee + Spouse	\$180.00
Employee + Children	\$180.00
Family	\$210.00

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

A health savings account (HSA) allows you to set aside funds on a tax-free basis for qualified medical expenses now or after you retire. HSAs roll over from year to year and may be invested and earn tax-free investment dollars. They are a great way for you to save money for health care costs now or in the future, as well as become more involved in your health care decisions.

Considering an HSA may save money in the short and long-term by:

- Deducting 100% of your HSA contributions from your taxable federal income if you make contributions outside your payroll deductions.
- Having the money in your HSA earn interest and/or gains on a tax-free basis.
- Paying no penalties or taxes when you use your HSA to pay for qualified medical expenses.
- Having a qualified high-deductible HSA-eligible health insurance plan, which typically has a lower premium than a plan with a lower deductible.
- Owning the money in the HSA, so you can keep it if you move, change jobs or locations. Like an IRA, the account belongs to you, not your employer. But unlike an IRA, your employer can contribute to your HSA.
- In addition, you may invest your funds. You must have a minimum of \$2,000 in your HSA before you invest funds.

Each pay period the City of Snellville will contribute to your HSA plan the amounts listed below:

BASE HSA Plan:

- Employee Tier – \$40.00
- All other Tiers – \$80.00

BUY UP HSA Plan:

- Employee Tier – \$20.00
- All other Tiers – \$40.00

The total HSA contributions* for 2021 cannot exceed the below amounts:

- Individual - \$3,550
- Family - \$7,100

*The maximum you can contribute to an HSA in one year is set by the IRS. If you are age 55 or older, you can contribute an additional catch-up contribution of \$1,000. It is your responsibility to make sure your HSA contributions plus your employer's contributions do not go over the IRS maximum amount.



Your Medical plan is changing from Aetna to UnitedHealthcare. The HSA moving from Payflex to Optum Bank. Below is information on what happens with the HSA accounts and the timing for HSA Group Terminations. Additional information regarding Optum Bank registration will be provided throughout the enrollment process.

Please see the below instructions for terminating the Payflex account. The termination will not become effective until 30 days following 12/1/2020.

- If your HSAs are still open after we complete your termination (30 days following 12/1/2020), we'll move their accounts to PayFlex Retail. We'll send them each a letter to explain the PayFlex Retail process.
- Once your employees' HSA moves to PayFlex Retail, we'll turn off their PayFlex debit cards. Then, we'll issue them a new PayFlex debit card under their PayFlex Retail account. They can expect to have their new debit card within 7-10 business days.
- If your employees choose to keep their HSA with PayFlex Retail, we'll charge them a \$5.00 monthly administration fee.
- They will need to re-register with www.payflexwallet.com as a new user, Employee ID is their SSN with no dashes or spaces, and the Registration ID is PFXPFRETAIL.
- If an employee would like to transfer their HSA funds to a new HSA administrator/account they will need to obtain a transfer form from their new HSA administrator. There will be a \$25 transfer fee deducted from the HSA transfer balance.
- Once the HSA account moves to PayFlex Retail, the employer can still administer contributions to the participant's HSA, however it cannot be done through the wealth care admin portal. It must be done through a payroll company, and the employee must provide their HSA account number. I have provided the banking information below that you would need to provide to your payroll company.

Critical Illness with Cancer

Critical Illness Benefits, offered by Aflac, are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Covered Conditions	Cancer, Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Transplant, Sudden Cardiac Arrest, Bone Marrow Transplant, Non-Invasive Cancer (25%), Skin Cancer (\$250)
Initial Diagnosis	
Employee	\$20,000
Spouse	\$10,000
Child(ren)	\$10,000
Benefit Reduction	None
Waiting Period	None
Portability	Included
Wellness Benefit	
Employee	\$50 per year
Spouse	\$50 per year

Monthly Employee Rates per \$10,000		
Age	Non-Tobacco	Tobacco
18-25	4.48	5.99
26-30	5.90	7.94
31-35	6.81	9.91
36-40	8.83	13.41
41-45	10.63	16.13
46-50	12.67	19.27
51-55	19.54	30.37
56-60	19.03	30.69
61-65	39.26	61.49
65+	69.53	106.25

Refer to your Summary Plan Description and Policy Certificate for full details on the plan¹

Accident

Group Accident Benefits offered by Aflac

Accidental Death	
Employee	\$50,000
Spouse	\$25,000
Children	\$5,000
Burns	
2 nd Degree	\$100-\$1,000
3 rd Degree	\$1,000-\$20,000
Skin Grafts for 2 nd & 3 rd Degree Burn	N/A
Catastrophic Accident Dismemberment	
Employees <65	Up to \$25,000
Spouse < 65	Up to \$10,000
Children	Up to \$5,000
Emergency & Initial Care	
Doctor's Office Initial Visit	\$75-\$125
Emergency Room Treatment	\$200
Diagnostic Exam	\$200
Follow Up Doctor Visits	\$30 (6 max)
Hospitalization	
Hospital Admission	\$1,000
Hospital Stay	\$200 per day
Hospital (ICU)	\$400 per day
Surgery	Up to \$600
Ambulance	
Ground	\$200
Air	\$1,000

Tier of Coverage	Monthly Cost
Employee Only	\$19.66
Employee + Spouse	\$29.46
Employee + Children	\$34.46
Family	\$44.26

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Hospital Indemnity

Hospital Indemnity offered by Aflac

Hospital Confinement	\$1,000 per insured per calendar year for confinement
Daily Hospital Confinement	\$200 per day (max 180 days)
Hospital Intensive Care	\$200 per day (max 30 days)
Childbirth	Covered (pregnancy is a pre-existing condition is conceptions was before the coverage effective date)
Pre-Existing Condition Period	12/12

Tier of Coverage	Monthly Cost
Employee Only	\$20.50
Employee + Spouse	\$40.30
Employee + Children	\$29.21
Family	\$49.01

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Dental

Dental coverage is changing from Aetna to UnitedHealthcare. Keep in mind that you will pay less if you use an in-network dentist. For full details on your benefits refer to the Summary Plan Description. To locate participating providers go to myuhc.com and click on Find a Dentist in the center of the page, select your location, network, and search parameters.

Benefit	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
Annual Deductible: Applies to type B and C services	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Type A: Preventive Services	100% (deductible waived)	100% (deductible waived)
Type B: Basic Benefits / Restorative Benefits	80% (deductible applies)	80% (deductible applies)
Type C: Crowns & Cast Restorations / Prosthodontic Benefits	50% (deductible applies)	50% (deductible applies)
Maximum Benefit Per Enrollee:	\$5,000	\$5,000
Child & Adult Orthodontia	50% Lifetime max: \$1,500	50% Lifetime max: \$1,500

In-Network: If an In-Network Dentist performs a covered service, benefit will be based on the percentage of the maximum allowed charge.

Out-of-Network: If an Out-of-Network Dentist performs a covered service, benefit will be based on the percentage of the Usual and Customary Charges, and you may be charged more for the service from the out-of-network dentist.

Pretreatment: While we don't require a pretreatment authorization form for any procedure, we recommend them for any work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate. Your dentist will be informed of the exact amount your insurance will cover and the amount you will be responsible for.

Dependent Children can be covered to the age of 26.

Tier of Coverage	Employee Cost Per Pay Period
Employee	\$0.00
Employee + Spouse	\$5.00
Employee + Children	\$5.00
Family	\$10.00

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Vision

Vision Coverage will continue to be offered through NVA for 2021. Keep in mind that you will pay less if you use an in-network provider. For full details on your benefits refer to the Summary Plan Description. To locate a participating provider, visit www.e-nva.com. If you are not a registered subscriber, you can still search our providers online by selecting the “Find a Provider” link on our home page. Enter group number **8755000001** or the group number on the identification card and enter in your search parameters.

Benefit	In-Network	Out-of-Network (Reimbursement)	Frequency
Vision Exam	\$10 Copay	Up to \$35	Once Every 12 Months
Contact Lenses*			
Conventional	\$130 Allowance (15% discount on balance)	Up to \$105	Once Every 12 Months
Disposables	\$130 Allowance (10% discount on balance)	Up to \$105	
Medically Necessary	Covered in Full	Up to \$210	
Contact Lens Fit & Follow Up Exams	Covered 100%	Daily Wear \$20 Extended Wear \$30	Once Every 12 Months
Standard Plastic or Glass Lenses	100% after \$20 copay		Once Every 12 Months
Single		Up to \$25	
Bifocal		Up to \$45	
Trifocal		Up to \$75	
Lenticular		Up to \$75	
Frames	\$130 Allowance (20% discount balance)	Up to \$65	Once Every 12 Months

*Note: The plan covers either contact lenses or lenses for your glasses once every 12 months.

The discounts available on the balance for lenses and frames may not apply at certain locations, please see summary for further details.

Tier of Coverage	Employee Cost Per Pay Period
Employee Only	\$2.00
Employee + Spouse	\$4.00
Employee + Children	\$5.00
Family	\$7.00

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Basic Life and AD&D

The Basic Life and Accidental Death and Dismemberment Coverage will continue to be offered through Lincoln Financial for 2021.

Term Life Insurance provides valuable financial protection for your family. City of Snellville is pleased to provide Basic Life and AD&D Insurance at no cost to you. The value of the basic life insurance is listed in the below chart. Enrollment is automatic, but you must select beneficiaries.

Benefit	Class	Coverage Amount
Basic Life	Sworn Police Officers	\$50,000
	All other Full Time Employees	\$50,000
Basic AD&D	Sworn Police Officers	\$150,000
	All other Full Time Employees	\$100,000

Benefits Reduction: Benefits will reduce by 35% when you reach the age of 65, and additional 25% at age 70 and an additional 15% of original amount at age 75. Benefits will terminate at retirement.

Additional Benefits: Accelerated Death Benefit, Conversion, Seatbelt, and Air Bag Benefit.

LifeKeys: Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.

TravelConnect: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information contact Lincoln Financial Group at www.lincolnfinancial.com or call (800) 423-2765 and reference ID: CTYSNELLV.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Voluntary Life and AD&D

The Voluntary Life and Accidental Death and Dismemberment Coverage for employees and their dependents will continue to be offered through Lincoln Financial for 2021.

Additional life insurance is made available that will provide financial protection for your family. This additional coverage can be selected through voluntary life and voluntary AD&D coverage. Limits are listed below. In addition, employees are able to insure their spouse and children with the limits listed below.

Late Entrants: If you did not elect coverage as a new hire you are considered a late entrant. These employees can elect up to \$20,000 on themselves and \$2,000 on their spouses at Open Enrollment with no medical questions. Any additional amounts must be approved by Lincoln before coverage can be effective. If you elect additional coverage during open enrollment, at the end of the process you will be directed to the Lincoln website to complete an Evidence of Insurability (EOI). If you are not directed to the site please contact the NFP Service Center at 1-800-994-7429.

Current Employees: Current employees can increase their current coverage up to \$20,000 to a maximum \$150,000 with no evidence of insurability. Spouses can increase their current coverage up to \$10,000 to a maximum \$30,000 with no evidence of insurability. Evidence of Insurability will be required for any amounts above these limits.

Additional Benefits: Accelerated Death Benefit, portability, conversion, seat belt, and airbag benefit.

Benefit	Coverage
Employee Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$10,000 up to the lesser of \$500,000 or 7 times your annual salary. Employee must elect coverage for spouse or dependents to be eligible.</p> <p>New Hires: Newly eligible employees are able to elect up to \$150,000. Elections above these amounts will require evidence of insurability.</p>
Spouse Voluntary Life	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000. This coverage is limited to 50% of the Employee's elected amount.</p> <p>New Hires: Newly eligible employees are able to elect coverage on their spouse up to \$30,000 with no health questions asked. Elections above these amounts or after new hire eligibility require evidence of insurability.</p>
Child(ren) Voluntary Life	<p>You can purchase coverage of \$10,000 for eligible child(ren). No Evidence of Insurability required on children. Child(ren) are covered from the age of 6 months to age 26. Child(ren) age 14 days to 6 months are limited to a reduced benefit of \$250.</p>

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Voluntary Life and AD&D

The rate for both the employee's coverage and the spouse's coverage is determined by the employee's attained age as of December 1st, 2020.

Monthly Rate per \$1,000		
Age	EE Rate	Spouse Rate
<24	0.115	0.115
25-29	0.115	0.115
30-34	0.125	0.125
35-39	0.155	0.155
40-44	0.215	0.215
45-49	0.315	0.315
50-54	0.565	0.565
55-59	0.865	0.865
60-64	1.005	1.005
65-69	1.775	1.775
70-74	3.435	3.435
75-79	9.165	9.165
80+	20.845	20.845

Child Life is \$2.00 for \$10,000 coverage and covers all children.

Conversion or Portability: If you leave your employer prior to Social Security Normal Retirement Age you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of Insurability is not required.

Reduction of Coverage: The Basic and Voluntary Life benefits will reduce when you have attained a certain age.

Percentage Reduced By	Age
35%	65
60%	70
75%	75
90%	80



Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Short Term Disability

The Short Term Disability will continue to be offered at a low cost through Lincoln Financial for 2021.

Short Term Disability is an insurance program that provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Weekly Benefit	\$1,500
Elimination Period	14 days – Accident/Sickness
Maximum Benefit Duration	11 weeks
Pre-Existing Conditions	None

Pre-Existing Conditions: The Pre-Existing rule has been taken out of the plan. What this means is that if you are approved for the STD that no prior medical conditions would affect your claim eligibility.

Late Entrant: If you did not elect coverage as a new hire you are considered a late entrant and will need to provide evidence of insurability that is satisfactory to the Lincoln before coverage can become effective.

Elimination Period: The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Exclusions: Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Integration of Benefits: Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.

You must be under the regular care of a physician in order to be considered disabled.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Long Term Disability

The Long Term Disability will continue to be offered, at no cost to the employee, through Lincoln Financial. Enrollment into this plan is automatic.

Long Term Disability is an insurance program that provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Monthly Benefit	\$6,000
Elimination Period	90 days – Accident/Sickness
Maximum Benefit Duration	Later of 65 or SSNRA
Own Occupation Period	24 months
Pre-Existing Conditions	3/12

Elimination Period: The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Limitations

- Mental/Nervous Illness Limitation – 24 months
- Substance Abuse Limitation – 24 month
- Limited Conditions – 24 months

Pre-Existing Condition: : Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you had received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 3 months just prior to his/her effective date of coverage, you will not be covered during the first 12 months after the employee's effective date of coverage.

Exclusions: Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Benefit Offset: Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: social security disability insurance; any governmental retirement system earned as a result of working for the current employer; any disability or retirement benefit received under a retirement plan; earnings the insured earns or receives from any form of employment; sick leave pay from your employer; and any disability income benefits received under state disability benefit laws.

You must be under the regular care of a physician in order to be considered disabled.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Aetna Resources For Living Employee Assistance Program

Kids, job, bills, health, world events. Life — it happens to all of us.

Some days it can be tough to manage the competing priorities in our lives and keep it all running smoothly. If you need help with everyday issues that are becoming a little hard to handle, or you find yourself in a crisis, your Employee Assistance Program (EAP) is here for you.

The EAP is a confidential round-the-clock service that helps employees and their families balance the demands of work, life and personal issues. We can offer support and resources for your concerns around parenting issues, work-related situations, relationship problems, substance abuse or even self-improvement.

The EAP is available to you and anyone in your household. Your program offers unlimited telephonic consultations for you and each household member per calendar year with an EAP clinician.

Work, life and everything in-between

Sometimes life can become work and work can become your life. Either way, we're here to help you balance the two. Maybe you just need someone to talk to about a recent transition or conflict at work, or maybe you're looking for some guidance with your personal relationships.

Just a call or click away, we can confidentially discuss your situation and help you find resources and information on issues including mental health and well-being, personal and professional relationships, substance abuse, family life, and daily stress.

Confidential conversations

When you call the Aetna Resources For Living EAP, a trained professional will confidentially help you assess your needs and provide referrals to local counselors at your request. We have community and professional services available, such as psychologists, marriage and family therapists and substance abuse counselors, to help you balance your work and home life.

Ready when you are

We're available whenever you are. We're here 24 hours a day, 7 days a week either by phone or online. If it's not convenient to call, you can find resources and self-help tools for your personal, family and work-related concerns on the EAP website.

There is no charge to you or your family for using the service. If you choose to use any referrals to additional resources, their charges, if any, would be your responsibility. Check your company benefits plan for coverage of those additional services.

Services available

A few important services available through the EAP includes 6 confidential face to face counseling with licensed clinician, unlimited telephonic consultation, legal and financial resources, Id Theft, and many other services.

Confidential services available 24 hours a day, 7 days a week, 365 days per year.

1-800-955-6422

www.resourcesforaliving.com

Username: snellville

Password: eap

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Product Features

Telephonic consultation:

Unlimited telephonic access to the EAP call center staff, available 24 hours per day, 7 days per week, 365 days per year for purposes of assessing member need and referring to appropriate EAP Services.

Face-to-face counseling:

Members have access to our EAP network providers for a pre-determined number of face-to-face clinical sessions, as elected by the customer. Each member is entitled, on a contract year, up to the 6 counseling sessions per issue. Face-to-face counseling sessions require prior authorization. The member contacts Aetna Resources For Living to receive referrals and an authorization to a contracted EAP network provider. We consider marital and/or family sessions as one issue for the couple or family and do not authorize sessions individually for each attendee. Some network providers also provide telephonic or televideo options where appropriate.

Worklife support:

This service provides telephonic access to worklife specialists who give a comprehensive consultation and do all the legwork to meet members' everyday needs. They provide qualified referrals for child care, elder care and many other everyday personal, household and family issues.

Legal resources:

Members have unlimited* telephonic consultation with legal professionals or an initial 30-minute face-to-face consultation with in-state legal professionals. If the member retains the legal professional, an additional 25 percent discount is available.

Financial resources:

Members may access financial forms and templates on-line, as well as unlimited* telephonic consultation with a financial professional.

ID Theft:

A staff certified fraud resolution telephonic specialist provides a consultation up to 60 minutes for victims of identity theft.

Member website:

Our member website includes access to information and resources to assist with childcare, home health care, assisted living facilities, school, colleges, health, clubs, pet services and more.

Member mobile app:

Access Aetna Resources For Living on the go with our mobile app. We provide access to resources and content on your schedule and track your mood or email a service request.

* One session per issue with unlimited number of issues.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from the City of Snellville About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Snellville and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of Snellville has determined that the prescription drug coverage offered by United Healthcare CA36 with Rx 740 (High Plan) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Snellville coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the City of Snellville benefit plan during an open enrollment period under the City of Snellville benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Snellville and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Snellville changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: December 1, 2020 to November 30, 2021

Name of Entity/Sender: City of Snellville

Contact Person: Gabriela Downs

Disclosure Notice – Continued

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.cityofsnellville.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. 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 full Notice is available on the web at: www.cityofsnellville.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.cityofsnellville.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.cityofsnellville.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from City of Snellville About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UnitedHealthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Snellville has determined that the prescription drug coverage offered by the United Healthcare CA4T with Rx A52 (Low Plan) and CA4G with Rx AZ0 (Mid Plan) are, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the [Insert Name of Plan]. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Base HSA Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15TH to December 7th.

EMPLOYER SPONSORED GROUP PLAN: However, if you decide to drop your current coverage with City of Snellville, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the City of Snellville benefit plans.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under City of Snellville, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Snellville coverage will not be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). [See pages 9 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current [Insert Name of Entity] coverage, be aware that you and your dependents will [or will not] [Medigap issuers must insert "will not"] be able to get this coverage back.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through [Insert Name of Entity] changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

From: December 1, 2020 – November 30, 2021

Name of Entity/Sender: City of Snellville

Contact--Position/Office: Gabriela Downs

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhcpp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ARKANSAS – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhcpp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprerecovery.com/hipp/ Phone: 1-877-357-3268

Disclosure Notice – Continued

ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)	Website: https://medicaid.georgia.gov/ Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CA_U_co_nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/embers Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

Disclosure Notice – Continued

MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/mashealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800 692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for
Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Why Should I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as it may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Service Center can help you locate in-network providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Service Center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

800-994-7429

NFPsecustomerservice@NFP.com

Contact Information

Plan	Administrator	Website/E-mail	Phone Number
Benefit / Enrollment Questions	NFP	NFPsecustomerservice@nfp.com	(800) 994-7429
Human Resources	Main Number	www.snellville.org	(770) 985-3507
Medical	UnitedHealthcare	www.myuhc.com	(800) 357-1371
HSA	Optum Bank	www.optumbank.com	(866) 234-8913
Dental	UnitedHealthcare	www.myuhc.com	(800) 357-1371
Vision	NVA	www.e-nva.com	(800) 672-7723
Basic Life	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Voluntary Life	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Short Term Disability	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Long Term Disability	Lincoln	www.lincolnfinancial.com	(800) 423-2765



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