



CITY OF GARDEN CITY

**2022
BENEFIT GUIDE**

DISCOVER YOUR BENEFITS



TABLE OF CONTENTS

3	Welcome	14	Dental Benefits
4	Benefit Highlights for 2022	15	Vision Benefits
5	Eligibility	16	Flexible Spending Accounts (FSA & DCFSA)
6	Benefit Terms	18	Income Protection Benefits
7	Change in Status	22	Employee Assistance Program (EAP)
8	Medical Plans (Anthem)	23	Retirement Benefits
10	Pharmacy (Aetna)	25	Via Benefits
11	Anthem Sydney App	26	Key Contacts
12	Anthem 24 hr. Nurse Line	27	Notes
13	Where to Find Care		

Important Notice

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

This enrollment guide updates City of Garden City's current summary plan description (SPD) for significant benefits information and changes. This guide constitutes a summary of material modifications (SMM) to the SPD, and the Company intends that this guide satisfies its disclosure obligations under 29 CFR § 2520.104b-3.

WELCOME

OPEN ENROLLMENT DATES – October 26th – November 5th

Benefits are effective January 1, 2022

What's New for 2022!

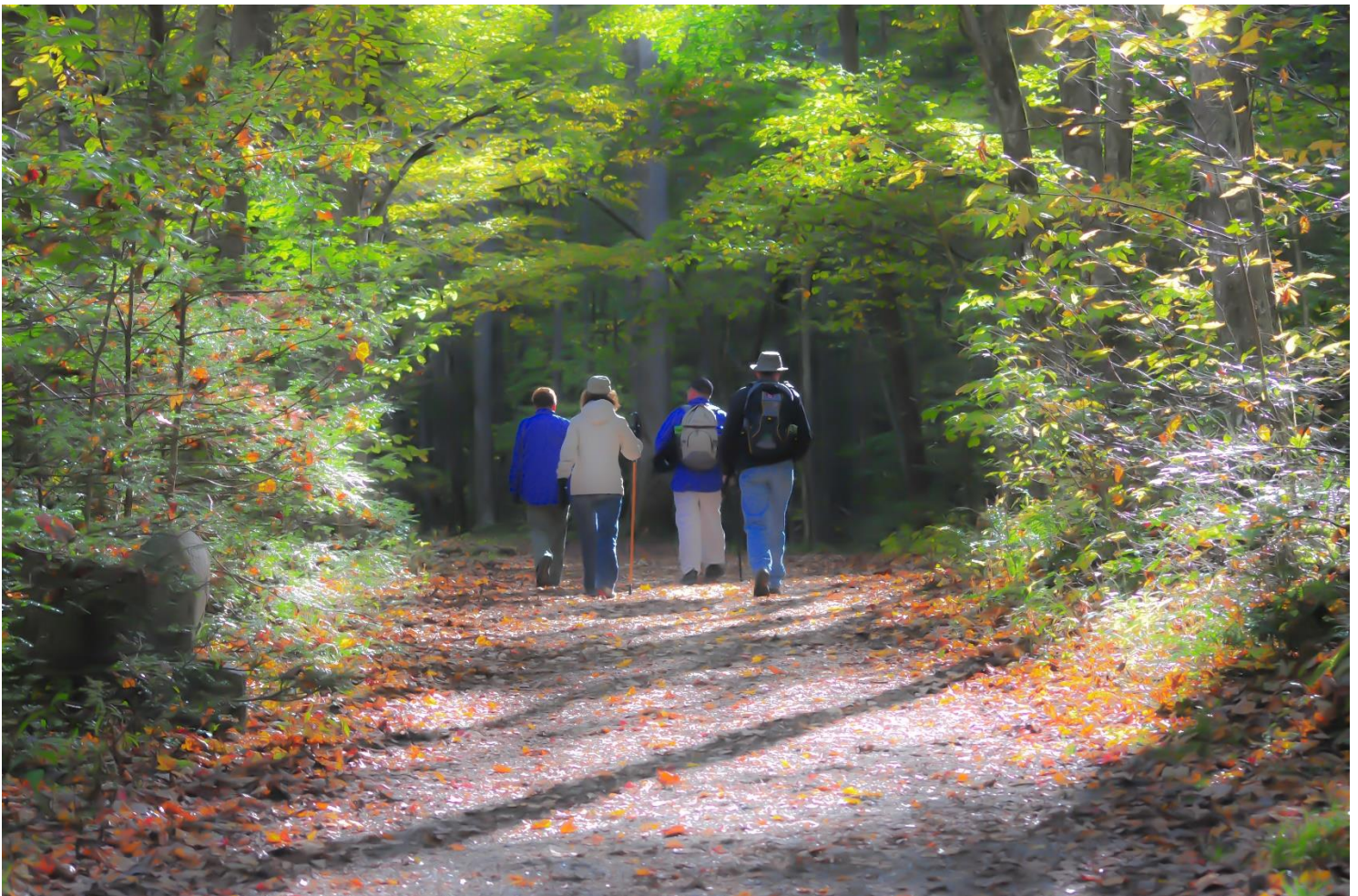
- New Carrier!! Flexible Spending Account (FSA) – **Medcom Benefit Solutions**.
- New Additional Benefit! – Dependent Care Flexible Spending Account (DCFSA) – (see page 16 for details).
- Anthem Medical – HMO deductibles, all out-of-pocket maximums, and ER copays have increased.

You must participate in open enrollment if you wish to do any or all of the following:

- Make changes to your medical, dental, or vision coverage for the upcoming plan year.
- Contribute to a Medcom Benefit Solutions Flexible Spending Accounts – FSA & DCFSA. This must be done annually as enrollment is not automatic..
- Make changes to your income protection benefits – Voluntary Life Insurance or Short-Term Disability Benefits.

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

This guide provides an overview of City of Garden City's benefits choices and enrollment information. Review this guide to choose which benefits are right for you and your family for 2022.



BENEFIT HIGHLIGHTS FOR 2022

At City of Garden City, we truly value the dedication that goes into your work every day. That's why as a City of Garden City employee, we're proud to offer a comprehensive and competitive benefits program designed to meet the diverse needs of our employees and their families.

Insurance Carriers:

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

Important – Medical / Dental Enrollment or Changes:

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

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

ELIGIBILITY

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in City of Garden City benefits. Eligible dependents include:

- Your spouse
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

PROOF OF DEPENDENT ELIGIBILITY

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

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

City Paid Benefits for Which No Enrollment is Required

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

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

- Medical
- Dental
- Vision
- Health and Dependent Care Flexible Spending Accounts (FSA & DCFSA)
- Voluntary Life/AD&D
- Voluntary Short Term Disability
- Accidental, Cancer & Universal Life Benefits

New Hire Benefits Waiting Period

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

Open Enrollment Period

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

BENEFIT TERMS

ESSENTIAL TERMS

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

Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 20%, you would pay 20% of the cost of the service and your insurance would pay the remaining 80%.
Copayment (Copay)	A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
Deductible	The amount you pay in a plan year before your health plan begins to pay benefits.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
Premium	The amount of money that's paid for your health insurance every month. City of Garden City pays a portion of this amount, and you pay the rest.



CHANGE IN STATUS

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

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

Participation:

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

Section 125: Pre-Tax Savings

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

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

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

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

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

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

MEDICAL PLANS – ANTHEM

Summary of Medical Benefits

Benefit		GMA ANTHEM Open Access HMO 90% \$250 Deductible Plan In-Network Only
Deductibles and Maximums		
Deductibles and Out-of-Pocket Maximums run on a Calendar Year		
Annual Deductible		
	<i>Individual</i>	\$250
	<i>Family</i>	\$750
Coinsurance		
	<i>You Pay</i>	10%
	<i>Plan Pays</i>	90%
Annual Out-of-Pocket Maximum (Includes Medical and Rx copays)		
	<i>Individual</i>	\$1,500
	<i>Family</i>	\$3,000
Physician Office Visits		
	<i>Primary Care Physician</i>	\$20 copay
	<i>Specialty Care</i>	\$30 copay
Preventive Care Office Visits		
	<i>Well-Child Care & Immunizations</i>	No Charge
	<i>Periodic Health Exams</i>	No Charge
	<i>Annual GYN Exams</i>	No Charge
	<i>Prostate Screening</i>	No Charge
Inpatient Care		
		Plan pays 90%
Outpatient Surgery		
		Plan pays 90%
Emergency Room		
		\$200 (waived if admitted)
Urgent Care		
		\$60 copay
Prescription Drugs		
		Rx Out-of-Pocket Maximum
Retail Pharmacy		\$4,450 Individual/\$8,900 Family
	<i>Tier 1 – (Generic)</i>	\$10
	<i>Tier 2 – (Brand Preferred)</i>	\$35
	<i>Tier 3 – (Brand Non-Preferred)</i>	\$60
Mail Order Pharmacy		
	<i>Tier 1 – (Generic)</i>	\$20
	<i>Tier 2 – (Brand Preferred)</i>	\$70
	<i>Tier 3 – (Brand Non-Preferred)</i>	\$120
Medical Deductions		Employee Cost (Per Pay Period)
	<i>Employee Only</i>	\$14.41
	<i>Employee + Spouse</i>	\$89.29
	<i>Employee + Child(ren)</i>	\$73.90
	<i>Family</i>	\$179.18
Deductions for medical coverage are taken on a pre-tax basis		

MEDICAL PLANS – ANTHEM

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

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

AETNA PHARMACY BENEFITS PROGRAM



Your AETNA Pharmacy / Prescription Benefits

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

Pharmacy Benefit Program

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

Mail Order Prescriptions - How to get started

1. **Call us or go online.** Call us at **888.792.3862**. Or you can log in to your member website www.aetna.com.
2. **Request home delivery.** By phone or online — you can also print out an order form to send to us.
3. **Get refills your way.** It's easy to reorder online, by phone or by mail.

What will I pay?

Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

Know the cost of your medicine *ahead of time*

How? Log in to your member website at www.aetna.com. Select Manage Prescriptions, then click on "Pharmacy Coverage and Costs." Choose "Estimate drug costs" to see what you'll pay and get the most value from your plan.

You can also do a lot more on your member website, like find a network pharmacy, check on your order or even ask a pharmacist a question.

Quick without the hassle.

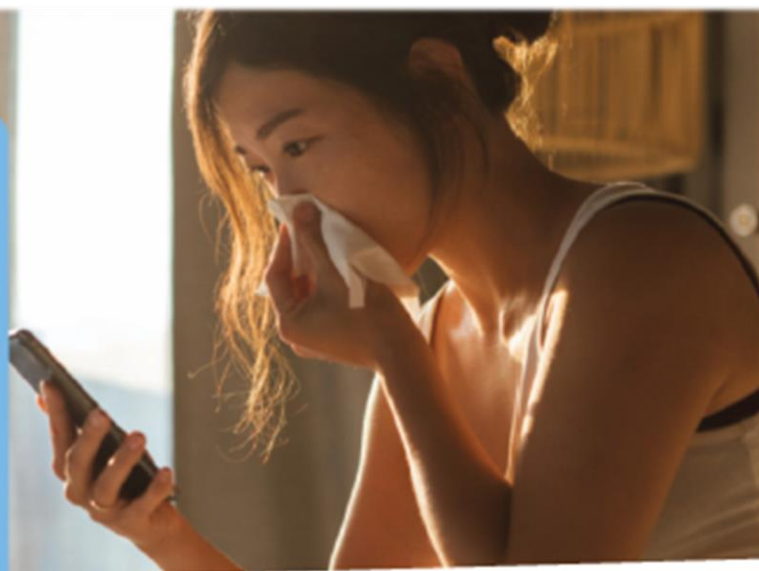
Get your regular medicines through CVS Caremark Mail Service Pharmacy.



ANTHEM – SYDNEY APP

When you're not feeling well, Sydney Health can help

Check your symptoms and connect with a doctor through the app



The Sydney Health mobile app is a quick and convenient way to assess your symptoms when you're sick and connect with a doctor, wherever you are.



Assess your symptoms

Start with the Symptom Checker and answer a few questions about how you are feeling. You'll receive information and advice tailored to your gender, age, and medical history. The Symptom Checker was built with doctors and medical professionals. It intuitively uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you even see a doctor.



Connect with a doctor

The app can connect you to a board-certified doctor through a Virtual Text Visit or Video Visit right from your phone or tablet.

Virtual Text Visits offer the convenience and privacy of texting with a qualified doctor anytime, anywhere. Through a Virtual Video Visit, the doctor will be able to see what you're experiencing and diagnose your symptoms. They can talk about your treatment options and order prescriptions and labs, as needed. They can also let you know whether you need an in-person visit as a next step.



Save money

The Sydney Health Symptom Checker is free. Virtual Text Visits cost less than most copays. Virtual Video Visits through LiveHealth Online are free.



Download the free Sydney Health mobile app today. You'll be able to check your symptoms when you're sick and connect to care directly from your mobile device.



ANTHEM – 24/7 NURSE LINE

24/7 NurseLine

Giving you and your family access to a registered nurse anytime

Your health is priceless. That is why it is so important for you to be able to connect to the resources and expert guidance you need to keep you safe and healthy – day or night.

24/7 NurseLine serves as your first line of defense for unexpected health issues. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care. A nurse is always available to help answer your questions.

We understand the need for care to be accessible. When you need guidance on how to protect your health, we are here to support you for any issue – big or small. For help, call 24/7 NurseLine at **888-724-2583**.



A registered nurse can also:

- Help you find doctors, hospitals, and specialists in your area.
- Give you referrals to LiveHealth Online, an option for care that allows you to have a video visit with a board-certified doctor.
- Enroll you in health management programs for certain health conditions.
- Remind you about scheduling important screenings and exams, including dental and vision checkups.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics.

When you use 24/7 NurseLine, you also have access to Anthem's other health and wellness programs to help you achieve your personal wellness goals.



LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

2006278CAMMABSVPOB 01/21

WHERE TO GO FOR CARE



With so many options for care, how do you know which is best for the flu, a broken bone or physical exam? Depending upon where you receive medical attention, the cost can vary immensely. Here's a general guideline that can help you save on health care expenses.

LOCATION OF CARE	COST	COMMON CONDITIONS	TIME INVESTMENT
VIRTUAL VISITS	\$	<ul style="list-style-type: none"> • Allergies • Bladder infections • Cough/cold/sinus/flu • Behavioral health needs • Pink eye • Diarrhea 	<ul style="list-style-type: none"> • Appointments typically available within an hour • No need to leave home
PRIMARY CARE PHYSICIAN	\$\$	<ul style="list-style-type: none"> • Checkups • Preventive services • Vaccinations and screenings • General health management • Sick visits for minor conditions 	<ul style="list-style-type: none"> • Usually need appointment • Short wait times
URGENT CARE	\$\$/\$\$\$	<ul style="list-style-type: none"> • Fever and flu symptoms • Sprains and strains • Stitches • Minor burns • Minor infections • Minor broken bones 	<ul style="list-style-type: none"> • No appointment needed • Typically have extended hours
EMERGENCY ROOM	\$\$\$\$	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden vision change • Chest pain • Spinal or head injuries • Major broken bones • Severe cuts/burns • Numbness or weakness 	<ul style="list-style-type: none"> • Open 24/7 • No appointments • Wait times can be up to several hours

DENTAL BENEFITS

City of Garden City offers dental coverage through **Delta Dental**. The dental network is **Delta Dental PPO**. You may find a participating provider by visiting the website at www.deltadentalins.com or call 800.521.2651. You can access your benefits and eligibility, print ID cards, and get information about your claims.

DENTAL PLAN SUMMARY

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

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



VISION BENEFITS



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

VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	\$20 copay	Up to \$30	Once every 12 months
Lenses include: Single vision Bifocal Trifocal	\$20 copay	Up to \$25	Once every 12 months
		Up to \$40	
		Up to \$60	
Frames	\$0 copay; \$130 allowance; 20% off balance over \$130	Up to \$65	Once every 24 months
Contact Lenses (instead of glasses)	Elective: Up to \$130 allowance; 15% off balance over \$130 Medically Necessary: Covered 100%	Up to \$104 Up to \$200	Once every 12 months in lieu of glasses
Vision Deductions	Employee Cost (Per Pay Period)		
<i>Employee Only</i>	\$2.84		
<i>Employee + Spouse</i>	\$5.40		
<i>Employee + Child(ren)</i>	\$5.68		
<i>Family</i>	\$8.34		

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



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) & (DCFSA) allows you to set aside money from your paycheck to pay health medical, dental, vision or dependent daycare expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income. The Flexible Spending Accounts are offered through **Medcom Benefit Solutions (New Carrier)**.

Account	What it can be used for:	Maximum Contribution for 2022
Health Care FSA	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. NOTE: If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$2,750
Dependent Care FSA	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time	\$5,000



HOW THE FSAs WORK:

- The total amount you choose to contribute to your Health Care FSA is available immediately
- If you enroll in the Health Care FSA you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care medical expenses please visit www.medcombenefits.com or call 800.523.7542.
- Run-Out Period: You will have 2 ½ months after the plan year ends to incur additional expenses. You will have 90 days to submit claims for reimbursement.

Use-It or Lose-It

- You can rollover up to \$550 of your unused health FSA funds to the next Plan Year.
- The actual amount of any such “unused” health FSA funds will be based upon the amount leftover after the run-out period for the current Plan Year ends.
- Unused health FSA funds above \$550 shall be forfeited in accordance with the usual “use-or-lose” rule for health FSAs.

FLEXIBLE SPENDING ACCOUNT (FSAs)

MEDCOM HEALTH EXPENSE WORKSHEET

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

Tips to Help You Maximize Your Savings

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

INCOME PROTECTION BENEFITS

BASIC LIFE AD&D INSURANCE

Basic Term Life/Accidental Death and Dismemberment (AD&D) is a City of Garden City benefit made available to all eligible employees at no cost to the employee.

Basic life insurance helps provide financial protection to your loved ones at little or no cost to you. In the event of your death, an individual (or individuals) of your choosing will receive a cash payment from the insurance provider.

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

Portability Option

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

Conversion Option

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

Living Benefit Rider / Accelerated Death Benefit

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

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

INCOME PROTECTION BENEFITS

VOLUNTARY (SUPPLEMENTAL) LIFE AD&D

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

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

Guaranteed Issue

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

For Example Purposes Only

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

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

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

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

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

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

All Child(ren) Monthly Rate Table	
Per \$1,000	\$0.130

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

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

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

Please note: Evidence of insurability may be required if you enroll after your initial eligibility period or if you elect amounts over the policy's Guarantee Issue amount.

INCOME PROTECTION BENEFITS

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

- If you enroll in the plan after your initial eligibility, coverage is subject to review of evidence of insurability by the insurance carrier.
- Since you pay 100% of the voluntary short term disability premium, your short-term disability benefit payment will not have taxes deducted.

Maximum Benefit Period

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

Pre-existing Condition Limitations

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

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

Voluntary Short-Term Disability – Plan A		Voluntary Short-Term Disability – Plan B	
Benefit	60% of your weekly income	Benefit	60% of your weekly income
Maximum Weekly Benefit	\$1,000	Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	Up to 12 Weeks	Maximum Benefit Period	Up to 9 Weeks
Benefits Begin		Benefits Begin	
Accident	After 7 Days	Accident	After 29 Days
Illness	After 7 Days	Illness	After 29 Days
Pre-Existing Condition Limitation	3/6 Months	Pre-Existing Condition Limitation	3/6 Months

Monthly Premium Calculation

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

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

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

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

Plan A

Plan B

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

Age Band	Monthly Rate 7/7/12	Age Band	Monthly Rate 29/29/9
<19	\$0.74	<19	\$0.29
20-24	\$0.74	20-24	\$0.29
25-29	\$0.79	25-29	\$0.34
30-34	\$0.76	30-34	\$0.32
35-39	\$0.70	35-39	\$0.33
40-44	\$0.88	40-44	\$0.39
45-49	\$0.87	45-49	\$0.44
50-54	\$1.07	50-54	\$0.58
55-59	\$1.41	55-59	\$0.69
60-64	\$1.74	60-64	\$0.81
65-69	\$1.85	65-69	\$0.83
70-99	\$1.85	70-99	\$0.83



INCOME PROTECTION BENEFITS

LONG TERM DISABILITY INSURANCE (LTD)

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

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

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

Elimination Period

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

Own Occupation

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



Pre-existing Condition Limitations

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

EMPLOYEE ASSISTANCE PROGRAM

ADDITIONAL BENEFITS

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

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

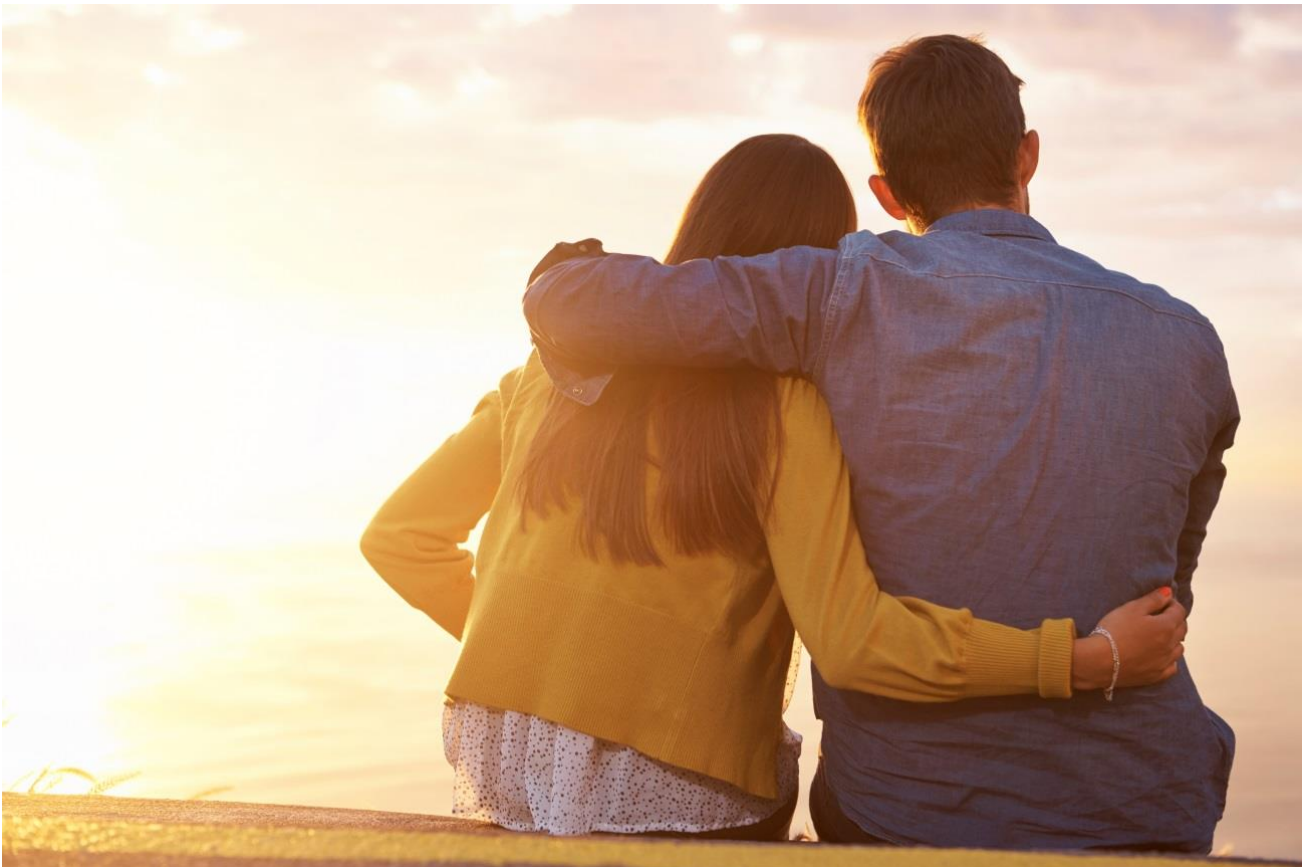
The website includes the ability to search for information on topics such as emotional well-being, mental health, communication, and workplace issues.

Reasons to Call Your EAP

The EAP is here for you and your family.

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

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



RETIREMENT PLAN FEATURES



City of Garden City Retirement Plan

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

Plan Features

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

457/401 RETIREMENT PLAN



457/401 Retirement Plan

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

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

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

Mission Square Retirement is available at different times through out the year to assist or to change enrollment into the 457/401a plan. Contact HR for enrollment forms or to change pre-tax contribution amounts or percentages. Employees may also call or email Mission Square Retirement for direction on choosing funds for investment contributions. Contact info:

Mission Square Retirement
Phone: (866) 792-3256
Email: www.icmarc.org

All enrollment forms are to be turned into HR. Once enrolled, go online to www.icmarc.org and register to view account activity or download the ICMA-RC App. Employees are vested in the 401 Employer Plan (City match) upon completion of 4 years of service – beginning with date of hire for City of Garden City!

The Vesting Schedule:

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

Once enrolled, employees can start, stop, increase, or decrease contributions at anytime by contacting HR. Participation in this retirement plan is totally voluntary.

VALUE ADDED SERVICE

ViaBenefits– Medicare Exchange

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

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

Helpful Online Tools at Your Fingertips

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

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



KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email
Medical	Anthem	855.397.9267	www.anthem.com
Pharmacy	Aetna	888.792.3862	www.aetna.com
24-Hour Nurse Line	Anthem	888.724.2583	www.livehealth.com
Dental (GMA)	Delta Dental	800.521.2651	www.deltadental.com
Vision	EyeMed	866.939.3633	www.eyemedvisioncare.com
Flexible Spending Accounts – (FSAs) & (DCFSAs)	Medcom Benefit Solutions	800.523.7542	www.medcombenefits.com
Life and AD&D Insurance	Mutual of Omaha	800.775.8805	www.mutualofomaha.com
Short-Term Disability (STD)	Mutual of Omaha	800.877.5176	www.mutualofomaha.com
Long-Term Disability (LTD)	Mutual of Omaha	800.877.5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	Mutual of Omaha	800.316.2796	www.mutualofomaha.com
Retirement Plan	Mission Square Retirement	866.792.3256	www.icmarc.org
Medicare Exchange	ViaBenefits	866.322.2824	www.medicare.oneexchange.com
Tina Campbell - Sr. Account Manager	EPIC	678.205.1612	tina.campbell@epicbrokers.com



NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Prepared By



Insurance Brokers &
Consultants